



TRANSCRIPT
PROVIDER FORUM: COVID-19
April 17, 2020 via WebEx

1

00:00:00.149 --> 00:00:08.515 **ANDREW REESE**

Morning or good afternoon everyone this is Andy Reese from the Department Disability Services. We have a little over a hundred and thirty people with us right now.

2

00:00:08.939 --> 00:00:09.359

So,

3

00:00:09.355 --> 00:00:23.844

I want to go ahead and get started. Thanks to everyone for joining us. We are going to start our meeting with some questions for

4

00:00:23.875 --> 00:00:25.675

DC Health and actually,

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00:00:25.675 --> 00:00:27.085

before I turn it over to

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00:00:27.085 --> 00:00:36.475

DC Health, I do just want to review. We sent some guidance, we, posted some new documents on our website and sent these out to our providers this week.

7

00:00:37.109 --> 00:00:48.265

People who were able to see the Mayor's press briefing on Wednesday would have been aware that she issued a Mayor's order this week.

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00:00:48.655 --> 00:00:53.575

And that Mayor's order applies to all of our placements,

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00:00:53.604 --> 00:00:59.844

and that it applies to practices in intermediate care facilities,

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00:00:59.844 --> 00:01:04.254

residential habilitation placements and supported living placements.

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00:01:05.245 --> 00:01:15.025

The Mayor's order also designate individuals who provide direct support services within any of those residents or facilities.

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00:01:16.825 --> 00:01:24.474

As essential healthcare providers necessary for the District's response to the COVID-19 public health emergency.

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00:01:26.754 --> 00:01:34.165

That is important language, because it provides for our provider agencies

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00:01:34.165 --> 00:01:47.605

the same kind of flexibility that Department on Disability Services, DC Health a number of different agencies in the District have as it relates to some of the leave provisions in the Cares Act.

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00:01:48.564 --> 00:01:56.814

The people may be aware that the act that Congress passed included additional leave for some people,

16

00:01:57.114 --> 00:01:57.564

where,

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00:01:57.564 --> 00:02:02.905

if the person has had an exposure or for people who,

18

00:02:03.715 --> 00:02:18.324

because your child is out of school or out of childcare and unable to work or unable to telework have to remain home it provided for twelve weeks of leave there.

19

00:02:18.354 --> 00:02:23.514

It provided for leave to cover the time that a person would have to self quarantine

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00:02:24.150 --> 00:02:28.134

If they have a contact with a person who has COVID.

21

00:02:28.949 --> 00:02:33.294

Those requirements are,



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00:02:34.314 --> 00:02:45.294

Agencies that have staff who are defined as healthcare providers necessary for the response to the COVID-19 public health emergency

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00:02:46.379 --> 00:02:55.794

are exempted from those requirements for those staff. it's a really important exception because,

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00:02:55.794 --> 00:02:56.514

for example,

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00:02:56.514 --> 00:02:57.715

when you have a home,

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00:02:57.955 --> 00:02:59.664

where a person test positive,

27

00:02:59.664 --> 00:03:00.235

that staff,

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00:03:00.840 --> 00:03:09.685

had contact with a person who tested positive and therefore that staff can continue to work and the requirement that they take

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00:03:10.465 --> 00:03:11.544

fourteen days.

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00:03:12.870 --> 00:03:15.865

Self quarantined, they take leave, do not apply and those.

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00:03:18.055 --> 00:03:26.514

The mayor's order also establishes protocols for safety employees and the people that live at these placements that we've identified.

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00:03:28.074 --> 00:03:39.324

It also imposes a requirement that providers inform the appropriate district government agency, oversee the delivery of their services at those placements.



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00:03:40.314 --> 00:03:48.085

When any staff member or resident test positive for COVID-19, this is something we've been asking our providers to do.

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00:03:49.680 --> 00:03:59.935

Some have still not been providing names of people. This does require that that information be provided to us or to DC health and as in the case of

35

00:04:02.215 --> 00:04:03.625

An ICF.

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00:04:09.504 --> 00:04:17.935

And it also for people that were not aware, the public health emergency in the district at this time has been extended through.

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00:04:17.935 --> 00:04:18.894

May 15th,

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00:04:20.545 --> 00:04:27.685

The mayor did mention in her press conference that she has authority from the DC Council at this time,

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00:04:27.685 --> 00:04:32.454

to extend all the way up to June 9th but she'll wait until closer to the May 15,

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00:04:32.485 --> 00:04:39.415

date to make any announcements about any extension beyond that. This order takes effect.

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00:04:39.625 --> 00:04:44.214

today it took effect at midnight or 12:01 a.m. today.

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00:04:48.175 --> 00:04:51.384

And let me just briefly go over for people, the

43

00:04:57.389 --> 00:05:03.084

What it means in terms of, you know, that it established protocols for the safety of employees

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00:05:04.464 --> 00:05:07.884
And people that live in the placement.

45
00:05:12.540 --> 00:05:27.264
This includes and just so people are aware that this Order is available on coronavirus.dc.gov.

46
00:05:27.264 --> 00:05:28.764

47
00:05:28.764 --> 00:05:33.444
We're converting it to a document that is accessible. And it will be available

48
00:05:34.795 --> 00:05:37.915
Our website as soon as we have the accessible version.

49
00:05:38.490 --> 00:05:46.045
So, the requirements in the order regarding these placements are to exclude visitors and non-essential personnel from entry or access to the resident

50
00:05:48.029 --> 00:05:56.725
to screen all individuals, including employees and essential visitors.

51
00:05:57.595 --> 00:06:08.754
To prohibit the entrance of anyone who shows symptoms of infection with COVID-19 and the screening should include a questionnaire on whether the person is currently exhibiting,

52
00:06:08.785 --> 00:06:11.125
or has recently exhibited COVID-19,

53
00:06:11.125 --> 00:06:12.235
or flu,

54
00:06:12.235 --> 00:06:13.134
like symptoms,

55
00:06:13.495 --> 00:06:16.704
or has been in contact with a person recently diagnosed.



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00:06:16.920 --> 00:06:20.634

With COVID-19 as well as a body temperature check.

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00:06:22.285 --> 00:06:28.314

Emergency personnel, of course, are exempted from this, but all other people who visit the facility for any other reason are not.

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00:06:31.375 --> 00:06:32.694

Exclude from

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00:06:33.329 --> 00:06:36.535

the placement, any employee or essential visit

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00:06:37.410 --> 00:06:43.944

Fever or exhibit symptoms of COVID-19, screen all people who share a common area,

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00:06:45.894 --> 00:06:47.875

Such as eating together

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00:06:49.889 --> 00:06:53.665

Or a restroom facilities for their symptoms.

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00:06:57.714 --> 00:07:06.355

There is a provision saying, no universal testing shall be conducted for research purposes but shall be undertaken only for the care of people and the prevention of the spread of

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00:07:06.990 --> 00:07:10.584

COVID-19, so it does anticipate the possibility of people implementing testing

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00:07:11.759 --> 00:07:16.764

People could talk with DC Health about that. There are guidelines currently.

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00:07:17.670 --> 00:07:20.754

Regarding testing of people but this anticipate some universal testing

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00:07:21.750 --> 00:07:32.875

That goes beyond that. Require that each person who enters the placement, wash their hands with soap and water for at least twenty seconds.



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00:07:33.504 --> 00:07:33.865

Or,

69

00:07:33.865 --> 00:07:34.134

disinfect,

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00:07:34.134 --> 00:07:34.464

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00:07:34.464 --> 00:07:40.285

their hands with an improved sanitizer before being allowed to fully enter the facility,

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00:07:41.454 --> 00:07:43.285

cancel any group activities,

73

00:07:43.285 --> 00:07:46.225

except for those that are required to address a medical need,

74

00:07:47.214 --> 00:07:49.345

encourage employees and residents to practice social distancing,

75

00:07:51.810 --> 00:07:56.754

Including, you know, unnecessary physical contacts certainly not shaking hands.

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00:07:58.285 --> 00:08:01.704

Provide adequate sanitizing products, including.

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00:08:03.600 --> 00:08:07.074

Wipes at all entry and exit ways and throughout the resident.

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00:08:08.459 --> 00:08:11.425

restrict seating and communal dining areas,

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00:08:11.785 --> 00:08:12.774

two or four,

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00:08:12.805 --> 00:08:15.865



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and allow people to pick up grab and go Pre,

81
00:08:15.865 --> 00:08:16.915
packaged meals,

82
00:08:17.485 --> 00:08:25.404
or provide in-room dining, if this is not feasible appropriate social distancing practices,

83
00:08:25.860 --> 00:08:30.774
Must be followed such as staggering meal time, spacing individual's at least six feet apart.

84
00:08:32.039 --> 00:08:35.664
Encourage and facilitate the use of electronic communication platforms

85
00:08:37.884 --> 00:08:41.065
For a video conference or telephone visits with residence.

86
00:08:42.264 --> 00:08:53.335
Implement regular disinfection procedures for cleaning high touch surfaces and any shared equipment and require individuals who have left the facility or residence

87
00:08:55.379 --> 00:09:02.934
For Care at the hospital for COVID-19 or for any other approved reason to be allowed to return to the facility or residence.

88
00:09:05.544 --> 00:09:08.725
Also, the following protocols must be in place

89
00:09:09.929 --> 00:09:17.034
For the safety of the workforce and their residence at all placements and for all employees. Inform all employees and in writing,

90
00:09:18.090 --> 00:09:29.514
They should not come to work if they are sick and of any applicable paid leave provisions, inform all employees in writing of social distancing protocols.

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00:09:30.625 --> 00:09:40.945



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If feasible, separate all employee work stations by at least six feet apart or stagger employee shifts to maintain social distance, require all employees that provide direct

92

00:09:42.149 --> 00:09:46.075

care to people or directly involved in food preparation to wear a mask or face covering.

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00:09:49.320 --> 00:09:59.154

Facilities and residences should request masks if the facility or residence is not able to procure such items from the local strategic medical supply, which would be from HEPRRA.

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00:10:02.274 --> 00:10:11.184

And the emergency operations center shall respond to these requests as soon as practicable if supplies are adequate ensure that all employees have

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00:10:12.240 --> 00:10:21.774

consistent access to running water and soap tissues and line trash receptacles store bought alcohol based hand sanitizers

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00:10:22.409 --> 00:10:29.394

Contains at least sixty percent alcohol if permitted in the facility and disinfecting sprays or wipes.

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00:10:33.504 --> 00:10:46.345

And to implement the following practices, to mitigate the risk of transmission, any employee witnessing an individual exhibiting symptoms shall notify the person in charge of the placement,

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00:10:48.570 --> 00:10:57.355

direct individuals exhibiting symptoms to medical care or secure such care and determine or direct a person to determine whether testing is available,

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00:10:57.990 --> 00:11:03.294

Inform the appropriate district government agency when notified that a person has tested positive with written verification of the positive test results.

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00:11:07.769 --> 00:11:15.745

Implement a protocol in accordance with guidance from DC Health that require employees who had confirmed COVID-19



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00:11:18.445 --> 00:11:25.615

Positive test results to present to their supervisor written documentation that they are approved to return to work.

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00:11:26.070 --> 00:11:38.274

So all of the guidance, there's some more specific things that all of the guidances are available in the Mayors order that is available at coronavirus.dc.gov.

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00:11:38.784 --> 00:11:44.634

We've sent this out to all providers and it will be available in an accessible format by early next week on our website.

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00:11:47.190 --> 00:11:51.325

So, after that rather long introduction, I would like to now.

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00:11:53.544 --> 00:11:56.455

Turn it over so that they can respond to questions that people had that are.

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00:11:57.330 --> 00:12:00.205

DC Health related, I believe

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00:12:01.679 --> 00:12:10.164

Sharon Mebane is on the phone, Sharon can introduce the staff that is available with her. I believe Dr. Emily Blake from EPI will be with us as well and maybe

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00:12:10.860 --> 00:12:13.914

Erica Walker, but Sharon could introduce the staff and get those questions started.

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00:12:18.600 --> 00:12:31.674

Good morning Sharon. **SHARON MEBANE** Good morning. Thanks again. We want to thank the service coordinators for the job they're doing. Their efforts in protecting our most vulnerable

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00:12:32.549 --> 00:12:37.554

Residents protecting their health and safety and also helping

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00:12:38.129 --> 00:12:49.884



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With the spread of this virus today. We have Victoria **Alloby**, she is in HEPRA and is responsible for the PPE.

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00:12:51.414 --> 00:13:01.315

We also have **Darrah** Hawkins. She is with EPI so and they would try to answer all your questions. Thank you.

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00:13:03.534 --> 00:13:06.414

Oh, and also Ericka Walker she's with EPI and also

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00:13:07.289 --> 00:13:11.335

We also have Senoia Hanson on the line. She's Executive Director for the Board of Nursing

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00:13:18.750 --> 00:13:22.825 **CRYSTAL THOMAS**

Okay, good afternoon. Is there a process in place for

116

00:13:24.629 --> 00:13:28.825

Staff as well as people we support to offer protection to both from the COVID-19 by way of mask and gloves given,

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00:13:31.529 --> 00:13:42.414

who provides these necessary materials? **VICTORIA**, Hi everyone. This is Victoria _____. Again, I'm the Program Manager for the DC Health and medical coalition.

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00:13:42.929 --> 00:13:47.424

I first wanted to echo Sharon's comments about saying, thank you for all you are doing on the frontlines we

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00:13:51.570 --> 00:14:01.105

Here at DC Health we are doing our best to advocate for all of the different healthcare types that I understand that there are specific challenges.

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00:14:02.190 --> 00:14:13.254

With the populations that you all serve, and I understand that you all are being very diligent and creative during these stressful times. So I just wanted to say, thank you all for what you are doing.

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00:14:15.570 --> 00:14:18.534

For those of you who are not familiar with the coalition.



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00:14:19.350 --> 00:14:23.514

We are a coalition that represents hospitals, skilled, nursing facilities clinic, dialysis centers

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00:14:24.360 --> 00:14:29.995

Centers and of course, you all anyone that's providing healthcare services to our residents and visitors

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00:14:30.870 --> 00:14:34.914

In the District. One component of what we're doing is

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00:14:36.570 --> 00:14:43.345

As we do lots of components for this response that includes planning and information sharing is resource coordination.

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00:14:46.529 --> 00:14:49.975

And one of the resources that we are coordinating for this response is personal protective equipment.

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00:14:52.230 --> 00:15:01.075

What we've been messaging to our members and this is a message across the country for a jurisdictions like DC is that the **cash** of PPE

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00:15:01.075 --> 00:15:12.475

that we have we received from the federal government, known as the strategic national stock pile. And in that stock pile is an assortment of PPE and medications.

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00:15:17.759 --> 00:15:29.965

Depending on the need or the emergency and the stakeholders within the jurisdiction. We do not receive a daily shipment of PPE. It comes to us as we requested, but it also comes as available.

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00:15:30.389 --> 00:15:42.235

So we are in the same boat as you are in, in terms of not being able to get full orders, met timely and to the extent as what you need them.

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00:15:42.924 --> 00:15:51.565

And so what I'd like to tell our members is we are absolutely here as a resource, depending on availability, but we encourage all of our members.



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00:15:52.554 --> 00:16:07.254

To prioritize their primary and secondary suppliers for PPE. Our process generally for those that are interested in our need to fill out a PPE assessment form on many of you have

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00:16:07.284 --> 00:16:08.815

filled out that form.

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00:16:09.360 --> 00:16:22.225

If you are unfamiliar with this form, it's a form that we to ask what your needs are based off of, your daily burn rate your population. If you're doing aerosolize generating procedures.

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00:16:24.629 --> 00:16:31.375

If you have not seen this form, you can access this form by emailing the coronavirus.dc.gov email.

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00:16:32.815 --> 00:16:46.315

And we will send that form over to you after we receive responses from that form, we take it. We analyze it and group it according to several different factors.

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00:16:48.000 --> 00:16:59.245

And based off of availability try to meet the need with the available supplies that we have. We've received questions about, you know, why haven't our

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00:17:01.019 --> 00:17:06.565

Request been met at 100%. So, for example, if we're requesting one hundred masks, we only received 20, as you all can imagine

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00:17:08.339 --> 00:17:12.625

Can imagine we are trying to distribute to limited resources

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00:17:14.309 --> 00:17:27.234

Across all of the various healthcare types to include your very important population and so we absolutely stand the need but unfortunately, because of availability are most likely not going to be.

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00:17:29.099 --> 00:17:37.255

Able to provide the one hundred percent of the need that you have all identified again, we are doing our best to, as we get these resources in, distribute them to you all.



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00:17:40.829 --> 00:17:49.464

Again, another point that I want to highlight is, in one order, we may be able to provide surgical masks and then another order we were able to provide gowns.

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00:17:51.029 --> 00:17:56.184

Again, distribution is based off of the allotments that we receive here at DC Health.

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00:17:57.630 --> 00:17:57.930

So,

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00:17:57.954 --> 00:18:01.255

We will do our absolute best to distribute,

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00:18:01.255 --> 00:18:04.559

based off of the available supply that we have,

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00:18:04.765 --> 00:18:08.394

but we do encourage because we know you all have relationships with one another

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00:18:08.394 --> 00:18:10.375

that you feel free to,

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00:18:10.799 --> 00:18:11.214

Reach out to one,

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00:18:11.214 --> 00:18:19.285

another based off of the need that you have and encourage that you all share amongst your population. Thank you for the opportunity to provide that update.

151

00:18:22.799 --> 00:18:26.694 **CRYSTAL THOMAS**

If a staff person has been exposed to a person

152

00:18:27.450 --> 00:18:30.414

Who has COVID-19 What is in place

153

00:18:31.680 --> 00:18:45.894



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in terms of securing they're Job are they expected to use their own sick leave, in acts of the quarantine for fourteen days? **ANDREW REESE** So, if I could say, DC Health could have a response to this. This is partly addressed by the Mayor's orders

154

00:18:50.670 --> 00:19:00.204

which is that direct care staff who are exposed don't have the same requirement to the

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00:19:01.319 --> 00:19:10.884

14 Day quarantine, which under the law, if you are required to quarantine then you do get paid for that period of time.

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00:19:11.250 --> 00:19:16.704

But many staff who have been identified as necessary for the District's public health emergency

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00:19:20.519 --> 00:19:23.605

And more specifically healthcare providers.

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00:19:26.460 --> 00:19:29.454

And for this purpose many of us are being designated as healthcare providers.

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00:19:30.480 --> 00:19:32.964

For the district's response to COVID-19.

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00:19:34.980 --> 00:19:43.525

Then that time to self-quarantine doesn't apply. We have, in fact, had some folks and maybe Sharon could talk about this.

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00:19:44.605 --> 00:19:54.055

Because I've heard the real time planning of this, where we've had folks who were exposed, and those people were told to self-quarantine outside of.

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00:19:54.779 --> 00:19:58.315

The time that they're continuing to support the person who they had contact with.

163

00:19:59.545 --> 00:20:02.694

And maybe Sharon could share the guidance, the specific guides.

164



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00:20:04.559 --> 00:20:07.974 **SHARON**

Thanks, I believe that the guidance from EPI is that.

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00:20:09.805 --> 00:20:13.615

If you are working with someone that is tested positive.

166

00:20:14.339 --> 00:20:24.954 **DARRYL HAWKINS**

Then, and you are not symptomatic, you can, you want to ask, you can continue to work, right? Yeah. So this is Darryl Hawkins from D. C. of Abbey.

167

00:20:25.950 --> 00:20:40.644

And when it comes to same guidance for healthcare workers, also, CDC has this when there is a staffing issues that if person or individual is exposed to a positive COVID-19 person.

168

00:20:40.674 --> 00:20:42.474

But they are asymptomatic.

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00:20:43.049 --> 00:20:56.815

It is feasible for them to continue working with, with if staffing level permits restricting them from direct contact with individuals that are severely immunocompromised, like, transplant patients, oncology patients.

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00:20:58.410 --> 00:21:01.494

In addition we did just release.

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00:21:02.940 --> 00:21:07.855

Guidance on Universal masking policies, and I, I can speak a little bit more of that, but it seems like from the questions

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00:21:09.180 --> 00:21:15.384

Your folks have read that and with universal masking that is also.

173

00:21:16.410 --> 00:21:29.934

Helpful in terms of those that have been exposed and are asymptomatic however, if somebody was exposed and becomes symptomatic, that's something else. And we would want them to not have direct contact with individuals. Okay.

174

00:21:31.380 --> 00:21:35.724 **CRYSYAL THOMAS**

Of employees that are exposed to a client that tested positive are they tested?



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175

00:21:40.375 --> 00:21:48.625 **DARRYL HAWKINS**

So this is Daryl Hawkins again with DC health EPI, our prioritization for testing our healthcare providers

176

00:21:49.769 --> 00:21:53.184

and mostly people who are symptomatic.

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00:21:54.420 --> 00:22:07.075

I was trying to type into the chat the answer to that someone else is as well about testing individuals that were exposed. If they're not symptomatic. That is not part of our prioritization for testing.

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00:22:07.375 --> 00:22:09.954

However, I one of the things.

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00:22:10.829 --> 00:22:21.085

Pointed out in the chat is the concern for asymptomatic person transmission in while. I understand that. One of the ways to also mitigate that is to ask people to wear.

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00:22:22.259 --> 00:22:33.805

Control wearing a cross piece covering or face mask and other, but if a facility or a group still wanted to test asymptomatic persons, which we do not recommend, they

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00:22:35.220 --> 00:22:50.035

Can also certainly explore that on their own other private testing providers. Another question.

182

00:22:51.984 --> 00:22:58.375 **CRYSTAL THOMAS**

Is it possible for you work with the providers to purchase bulk PPE from a distributor?

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00:23:02.575 --> 00:23:10.194 _____

Right now our priority is managing the SNS allotment that we have through the federal government. **ANDREW REESE** did you say SNS. Can you define SNS?

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00:23:13.920 --> 00:23:26.964 _____

Yes, that's the strategic national stock pile that I referenced before. And that's the alignment that we get from the federal government. That's the managed inventory.



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00:23:28.950 --> 00:23:42.295

That we are working through right now, if the associations or others want work together to put in bulk orders, that maybe something for consideration. But here at DC, Health how we are prioritizing PPE through strategic National Stockpile

186

00:23:51.150 --> 00:23:56.275 **CRYSTAL THOMAS**

Okay, a number of people living in our homes are asked if they're allowed to be in shared living space

187

00:23:57.599 --> 00:24:10.914

If they maintain social distancing and we are oh, sorry. Repeat that last part. This is **DARRAH** from DC Health **CRYSTAL THOMAS** A number of people living in.

188

00:24:13.105 --> 00:24:19.434

Our homes are asking if they're allowed to be in shared living spaces, if they maintain social distancing six feet or more apart and wear face covering?

189

00:24:20.130 --> 00:24:28.615

DARRAH HAKINS, Hi, this is Darryl Hawkins from again.

190

00:24:29.005 --> 00:24:29.515

So,

191

00:24:29.785 --> 00:24:33.414

if in terms of shared living spaces,

192

00:24:33.894 --> 00:24:35.755

maintaining a distance of six feet apart,

193

00:24:36.000 --> 00:24:37.105

wearing a cloth face,

194

00:24:37.105 --> 00:24:37.674

covering,

195

00:24:37.674 --> 00:24:41.575

face covering is helpful for source and control and the,

196



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00:24:41.640 --> 00:24:42.359
Additionally,

197

00:24:42.805 --> 00:24:50.005

I would continue to encourage people to also limit the amount of people in that shared space as well.

198

00:24:50.789 --> 00:25:03.565

We need to do cleaning in disinfection of those spaces, meaning cleaning the surfaces, high touch services on a regular basis. And I think then, at that point, that's reasonable. If all of those things are in place.

199

00:25:20.755 --> 00:25:23.694 **CRYSTAL THOMAS**

Okay, we're looking in the chat box for

200

00:25:24.990 --> 00:25:26.244

Additional questions

201

00:25:42.744 --> 00:25:43.825 **ANDREW REESE**

while you're looking,

202

00:25:44.065 --> 00:25:47.214 **SHARON MEBANE?**

there's been a couple of questions that we received

203

00:25:48.480 --> 00:25:53.154

lately regarding cohorting, moving residents from

204

00:25:55.289 --> 00:25:56.785

One location to another,

205

00:25:57.684 --> 00:25:58.914

and if that's allowed

206

00:25:59.365 --> 00:26:03.654

and I'm speaking about those that are licensed within the District of Columbia,

207

00:26:04.200 --> 00:26:06.384

and so if you want to do that,

208



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00:26:06.384 --> 00:26:07.134
for example,

209
00:26:07.134 --> 00:26:10.825
if you want to cohort positive COVID cases

210
00:26:15.984 --> 00:26:19.765
to one location and they may come from different homes and you can do that under our licensure requirements but there are certain things you have to comply with

211
00:26:22.680 --> 00:26:30.984
You must. Do you want to talk about that Erica? ERICKA WALKER Hi, this is **ERICKA WALKER**. So, in order for that to happen, you will first need to make a request

212
00:26:32.125 --> 00:26:39.295
to DC Health, and your request will be addressed to Dr. Sharon Lewis. She's Sr. Deputy Director for Health Regulation Licensing Administration

213
00:26:41.069 --> 00:26:48.595
and we'll add this information in the chat too. So basically you're asking for the number of people to move from

214
00:26:49.529 --> 00:26:52.825
What is the current location to the new location. We would need the address for both locations.

215
00:26:55.619 --> 00:27:00.654
and you must also indicate in your request that the cohort

216
00:27:01.529 --> 00:27:05.335
is Due to COVID-19 so that we can

217
00:27:11.789 --> 00:27:14.785
include that information as part of the waiver agreement that we have with Systematic?? Medicare Medicaid Services and you also need to include in that request that person

218
00:27:16.589 --> 00:27:20.724
will be returned to the DC facility within 30 days

219



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00:27:24.450 --> 00:27:30.355

After the lift of the public health emergency, so that information will be important for us

220

00:27:31.349 --> 00:27:40.825

to know, in order to approve a request for any license facilities in the District of Columbia, who has an intent to cohort

221

00:27:44.694 --> 00:27:49.255

And please know that the cohort will be allowed to take place if it's in another state.

222

00:27:50.849 --> 00:27:54.924

For example you as a provider has a facility in Maryland.

223

00:27:55.799 --> 00:27:59.484

You will be able to cohort the people in Maryland. You just need to indicate that in your request

224

00:28:02.880 --> 00:28:06.444

If we have any questions about the cohort you can contact myself

225

00:28:07.680 --> 00:28:12.684

Ericka Walker 442-4781 or Sharon Mebane 442-4751. Thank you

226

00:28:20.549 --> 00:28:29.305 **CRYSTAL THOMAS**

Is there a plan to ramp up testing at more sites, or give to PCPs at this time? Oh, **DARRAH HAWKINS** hi. So, this is a.

227

00:28:31.134 --> 00:28:37.585

Hawkins so actually, just typed into answering the chat, but yes, DC Health continues to try to increase the testing. Our public health

228

00:28:38.970 --> 00:28:46.765

Labs have a very quick turnaround of twenty four hours when we do get testing additionally that we had a recommendation for testing in any person that is.

229

00:28:47.880 --> 00:28:59.095

symptomatic or any of your providers that are symptomatic, please encourage them to go to those testing sites. In addition they can also call the EPI hotline and we can try to facilitate that testing for, for all of your.



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230

00:29:00.059 --> 00:29:14.335

For all the people here that are symptomatic, they're patients and your staff. So the number for the EPI hotline, I put in the chat, but again, it's 1 888 349-8323 and that is a priority for us. Yes.

231

00:29:19.974 --> 00:29:21.234 **CRYSTAL**

Okay. I'm looking at additional questions

232

00:29:23.190 --> 00:29:28.944 To ask.

233

00:29:30.119 --> 00:29:32.664 **KIRK DOBSON**

At this time, I don't think there are any more questions specifically for DC HEALTH so were going to more on DDS

234

00:29:36.480 --> 00:29:41.724

is there anything else? Oh, so we're going to move on to the Director

235

00:29:44.609 --> 00:29:47.095 **ANDREW REESE**

So, we had asked.

236

00:29:49.559 --> 00:29:57.984

Saweeda Bulluck from Wholistic, if she could talk today about the measures that Wholistic.

237

00:29:58.589 --> 00:30:01.585

Has implemented in their placement.

238

00:30:03.954 --> 00:30:08.394

In terms of preventing further spread of COVID-19.

239

00:30:09.960 --> 00:30:14.545

Wholistic had a couple of people test positive, I think two or three people.

240

00:30:15.390 --> 00:30:19.974

Test positive they look at their practices across the placements. They.

241

00:30:22.950 --> 00:30:37.164



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Looked at what they could do to stem that tie to flatten their own individual curve as it were, developed a plan discussed that plan with DC Health, and DDS and have implemented that it was a really comprehensive plan.

242
00:30:37.164 --> 00:30:38.335
And I just thought it might be

243
00:30:39.630 --> 00:30:48.474
helpful for them to discuss that with other providers today to give other people the benefit how the implementation has what the plan was, how they implementation has gone and what their progress is so far.

244
00:30:51.480 --> 00:30:55.464
So Saweeda Bullock who is their compliance director or compliance?

245
00:30:56.845 --> 00:31:08.275
Is with us today, and we've asked her to talk about that. So, Saweeda, if you could go ahead. **Soweeda Bullock** Good afternoon. Everyone Thank you. Andy. Can you hear me? Yes.

246
00:31:11.664 --> 00:31:17.605
As Andy said, we have worked on a plan.

247
00:31:18.240 --> 00:31:33.234
To address the spread and our particular settings we have ICF, waiver, Day and Res Hab settings and Day and Residential and we wanted to put together something in collaboration with DDS and DC Health to try and

248
00:31:33.234 --> 00:31:34.224
mitigate the spread.

249
00:31:34.795 --> 00:31:36.654
So, approximately March 13th

250
00:31:38.154 --> 00:31:47.664
We suspended all our dayservices and pulled our person from their day programs and really just started following you know, there wasn't that much guidance at that time.

251
00:31:47.934 --> 00:31:58.795



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We implemented temperature testing for all staff coming on shift and also daily, twice, daily temperature testing for the persons as well as social distancing. And then the other guidelines we'd receive.

252

00:31:59.875 --> 00:32:03.805

Around April 2nd, one of our person's tested positive for COVID-19.

253

00:32:04.974 --> 00:32:12.744

And we had subsequently two other persons tested, and one of our staff people tested positive.

254

00:32:13.734 --> 00:32:27.565

As we had been following all the recommendations and the guidelines, and not attending day programs, and we're limiting the access of other people in and out seemed evident that the staff were bringing in the virus into the homes as we all know our staff work for multiple provider

255

00:32:29.430 --> 00:32:32.904

types and are often not forthcoming about this.

256

00:32:34.890 --> 00:32:39.295

So, as a result in consultation with DDS and DC Health and the IDTs

257

00:32:40.589 --> 00:32:44.184

Our Medical Director, etc. we made the decision to

258

00:32:45.450 --> 00:32:50.845

Two weeks starting a rolling lockdown in April, 8th, and by quarantine we mean

259

00:32:52.049 --> 00:33:00.744

pretty much everything that was in the Mayor's order. No in and out, unless it was essential staff wouldn't be in the homes for at least 14 days

260

00:33:01.589 --> 00:33:09.115

and we wouldn't be changing out the staff, food would be developed and we put together a complete plan.

261

00:33:12.690 --> 00:33:26.335

We also have to create a system. It was essentially shelter in place. We also have to create the system or telemedicine video check in food, medical and other supplies deliveries, communication with the staff. It was an interesting



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262

00:33:28.710 --> 00:33:33.775

process, and so there's a couple of things that we see that we learned.

263

00:33:37.799 --> 00:33:46.015

Finding out new things every day. Communication with our staff with IDT with staff, with the, with other providers, the state agencies that oversee us.

264

00:33:47.190 --> 00:33:50.484

We just found that the more we talked and shared experiences the more we could narrow down best things to try.

265

00:33:54.240 --> 00:34:04.194

Try best practices, suggestions from other people and really just talking through the process helps us to development. There's certain things we have to do.

266

00:34:04.194 --> 00:34:14.664

Like I said, the bulk supplies, what we did specifically, we were signed up for I think it is restaurant Depot.com, because we still have to get foods to not the, the supplies to our person.

267

00:34:15.480 --> 00:34:19.585

We had two weeks of that, but the staff, the supplies for our food person.

268

00:34:21.239 --> 00:34:33.025

We signed up for restaurant Depot dot com, it has a lot of supplies not just food. It has cleaning supplies. It has paper products. A lot of things that we were that we were having a really hard finding. We have 24 homes within the District of Columbia and MD

269

00:34:37.289 --> 00:34:48.414

So, we really needed a way to centralize purchasing. We knew people could get the supplies that we needed. We set up a COVID-19 task force

270

00:34:50.010 --> 00:34:57.085

Within our organization, it had our medical director, a queue, house manager.

271

00:34:57.929 --> 00:35:07.945

RN, DON, compliance, finance manager, and purchasing manager and we have weekly conference calls just to make sure that we're on the right path.



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272

00:35:08.909 --> 00:35:12.894

We also set up smaller cohorts with our RN's who would talk at least every other day our QIDPs who would talk every day

273

00:35:14.070 --> 00:35:22.434

and our house managers, at least every other day it's a lot of conference calls

274

00:35:23.369 --> 00:35:26.545

But what we found is that different House managers or Qs or RN's or whoever are having different

275

00:35:28.619 --> 00:35:37.164

Experiences and the more that we're talking about it, the more that we're streamlining our process and our procedures. One of the things we did also find,

276

00:35:38.994 --> 00:35:43.074

Is it makes a difference what hospital you go to, we had.

277

00:35:43.710 --> 00:35:47.184

Three people going in around the same time and get tested. Two to George Washington.

278

00:35:49.230 --> 00:35:52.675

and one to Washington Hospital Center to get tested. Results at Washington Hospital Center took 7 days to get

279

00:35:53.849 --> 00:35:57.414

The results of the test at George Washington took three days.

280

00:35:58.380 --> 00:36:02.394

George Washington was also really, really easy to communicate with. They updated us.

281

00:36:03.030 --> 00:36:14.664

I understand Washington Hospital Center slammed, so they don't have the bandwidth perhaps, but it made it very difficult for us to get an idea of what needed to happen, is this person tested positive, are they going to come home soon, do they have any other issues going on.

282



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00:36:18.894 --> 00:36:24.474

Obviously, this is when you're going by emergency services, you don't really have an option

283

00:36:30.570 --> 00:36:33.715

But if for some reason someone does not require 911 and we take them to hospital we've been taking them to George Washington Hospital Center.

284

00:36:37.170 --> 00:36:42.925

The other thing is the provider coalition, I think somebody had asked the question about bulk buying.

285

00:36:43.619 --> 00:36:47.635

We're members of the coalition, and it has been extremely helpful for us,

286

00:36:48.960 --> 00:36:55.974

We got an email, I believe on Wednesday that they were putting together bulk order and so we placed an order which we should be getting within the next week, They found a vendor and got all the members together

287

00:37:00.719 --> 00:37:05.215

I know that they got assistance also from DC health link, in terms of figuring out how best to do this

288

00:37:06.900 --> 00:37:12.985

But we were having a real hard time as I'm sure all of you were in trying to get the PPE and the quantities that we needed

289

00:37:16.045 --> 00:37:25.614

The other thing kind of a, it was communication from the agencies, DDS, D.C. Health and all the separate departments

290

00:37:27.329 --> 00:37:41.875

I mean, initially, we sort of we're kind of trying to figure it out a little bit because, I mean, this call everybody from so we were a little unsure about what kind of guidance we were or if we were getting any guidance and how to

291

00:37:43.139 --> 00:37:46.344

really move forward as an agency. What do we do if we

292

00:37:47.130 --> 00:37:57.534



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Want to quarantine, if we want to shelter in place and want to take this action is it going to be allowed? Are we going to have problems when it comes to audits is there going to be issues with HRC and a bunch of other things?

293

00:37:59.425 --> 00:38:03.744

And sort of, it's like, we weren't getting guidance that synthesized.

294

00:38:07.380 --> 00:38:09.594

Information from all the different sources CDC, World Health Organization all the organization DC and Maryland,

295

00:38:10.164 --> 00:38:10.764

etcetera,

296

00:38:11.010 --> 00:38:12.775

having said that I mean,

297

00:38:12.775 --> 00:38:17.454

when we reached out to Winslow to Sharon,

298

00:38:17.485 --> 00:38:18.744

Ericka Kirk,

299

00:38:19.764 --> 00:38:23.304

just QAPMA I found that

300

00:38:24.360 --> 00:38:36.775

As long as you're in constant communication, we got answers, and so what we started doing was we want to do X Y, Z what do you think? And we've got a lot of assistance and help that way. I know.

301

00:38:37.289 --> 00:38:41.125

Especially now with all the notifications we're getting from DC Health, QAPMA and

302

00:38:42.775 --> 00:38:46.735

And coronavirus, what have you? It is a lot smoother of a process now.

303

00:38:49.434 --> 00:39:01.554



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The other thing, an additional big of many, we are all getting a lot of information for a request for information from these agencies and it sometimes can seem a bit overwhelming. And so while we try to manage this process

304

00:39:03.420 --> 00:39:08.844

Your burn rate, I've never seen a burn rate before, but that was that was me, but what I have found.

305

00:39:10.860 --> 00:39:15.054

When we send the information back the agencies act on it. So, I mean, I know.

306

00:39:17.340 --> 00:39:28.974

That when we notified that one location had a positive test. We got DC Health deliver PPE stuff the next day to the location at the door the next day. So we really make it a point to

307

00:39:30.510 --> 00:39:41.454

Provide the information that the agencies are asking for, because this doesn't work without collaboration. You've got a lot of different agencies, a lot of different providers, vendors, and we're all sort of figuring out together.

308

00:39:41.454 --> 00:39:46.585

And as I said, we've had a really good response when we provided

309

00:39:49.949 --> 00:39:54.144

Information or ask for assistance. A couple of more things, tele-medicine

310

00:39:54.780 --> 00:40:01.224

Tele-working has actually been surprisingly successful might be a bit, but a lot better than we thought it was going to be.

311

00:40:02.880 --> 00:40:06.505

We're doing a lot of our training virtually we check in at least three times a day with each home.

312

00:40:08.969 --> 00:40:10.554

We reviewed documentation,

313

00:40:10.554 --> 00:40:10.945

video,



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314

00:40:10.974 --> 00:40:11.304
review,

315

00:40:11.304 --> 00:40:13.704
documentation we review MARs we review

316

00:40:14.130 --> 00:40:20.125
you MEDPASS at least twice a week with different persons who are TME's LPNs

317

00:40:20.724 --> 00:40:22.045
Who are in the homes,

318

00:40:22.195 --> 00:40:26.304
the RN's check in they all know that they can contact us at anytime.

319

00:40:26.755 --> 00:40:32.905
And we spend a lot of time sending information to all our staff. The.

320

00:40:34.590 --> 00:40:38.994
People in the homes, I'm emphasizing communication because it these are really uncertain times

321

00:40:43.019 --> 00:40:57.775
So the more information that we have, that we would pass on, we found it just makes it a little bit easier to dispel some of the myths and the miscommunication and misunderstanding around what we're doing and how we're doing it. We are currently

322

00:40:58.679 --> 00:41:03.534
Planning on extending our quarantine for another two weeks based on the information that were getting,

323

00:41:05.070 --> 00:41:08.155
For, at least another two weeks, including the information that we're getting at least from the Mayor's orders

324

00:41:11.275 --> 00:41:14.545
From Wednesday, at this point, we have no additional persons have tested positive

325



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00:41:17.699 --> 00:41:21.775

Or display any signs and symptoms, 95% of the staff who are currently quarantined with the people

326

00:41:24.179 --> 00:41:28.764

Have indicated they'd be willing to stay on for another two weeks. As you can imagine the. Overtime is a huge financial commitment and we are waiting on

327

00:41:32.130 --> 00:41:38.695

On clarification as to how this is be addressed we also have some concern, I think.

328

00:41:39.480 --> 00:41:50.514

In regards to what happens when we get audited for the cost reports and promoted, et cetera, et cetera. But I have received assurances that these things this unusual situation will be considered.

329

00:41:53.335 --> 00:41:58.074

Another thing we did was we applied for the paycheck protection package. We're still waiting on hearing back on that

330

00:41:59.309 --> 00:42:12.175

From what I understand they're running out of money and then I just wanted to say we, we really have no idea how this is going to end or how we even plan long-term when the situation is constantly evolving.

331

00:42:12.864 --> 00:42:16.465

And it has appeared to me.

332

00:42:18.539 --> 00:42:26.545

The thing that really is going to help all of us. I mean, even communication amongst providers and all that is that we do continue to collaborate and communicate, and

333

00:42:27.539 --> 00:42:30.775

That has been our experience so far. Thank you.

334

00:42:35.579 --> 00:42:40.344 **ANDREW REESE**

Thank you so much for that really comprehensive overview of

335

00:42:42.119 --> 00:42:47.065



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All the steps that you have taken I want to respond to one small piece of information in there,

336

00:42:48.659 --> 00:42:52.855

Appendix K was approved today and so we'll be sending that out to everyone.

337

00:42:54.474 --> 00:42:57.385

And then will be, you know, then we'll be able to discuss those things.

338

00:42:58.829 --> 00:43:03.954

One of the things that we looked at and looking at Wholistic's request was, you know, the medical necessity of quarantine.

339

00:43:06.264 --> 00:43:13.344

In making that decision to provide the support necessary. So I think, a couple of things that you said that really resonated

340

00:43:15.239 --> 00:43:21.505

with me, one is, we're all learning and what I recognizes is that our providers are learning on the front lines

341

00:43:23.579 --> 00:43:26.934

And all the rest of us are also learning and doing our best to support you.

342

00:43:28.824 --> 00:43:32.485

I'm really impressed with how the providers are

343

00:43:33.894 --> 00:43:47.664

trying to learn this, how their staff are really stepping up and doing everything possible to figure out how to get through this and ensure the, the safety and the health, of the people that we support and their staff and

344

00:43:48.300 --> 00:43:54.715

You know, we're all trying to support you as best we can, but I really want to emphasize that in these calls Winslow has given out his number repeatedly.

345

00:43:58.014 --> 00:44:01.885

And when there are questions, he answers that call. I mean, he and I were on the phone half the day yesterday

346



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00:44:04.014 --> 00:44:16.855

And so, you know, it is really important that coordination, because all along the way that Wholistic was taking these steps, they were taking them in consultation as you said, with DC Health with DDS.

347

00:44:17.574 --> 00:44:23.844

And it, it was that it really helped move this along. So, there's a couple of questions that people had. And I think we've been able to unmute.

348

00:44:26.579 --> 00:44:32.724

So, first of all, Danielle, I Daniel Darby from RCM. If you're on unmute.

349

00:44:34.195 --> 00:44:38.065 **DANIELLE DARBY**

Thank you, Andy. Can you hear me?

350

00:44:40.230 --> 00:44:51.144

So, I'm just curious, we tried to do the lockdown. We have a couple of homes with positive folks and we, (a) can't get staff to commit to it, but (b) I'm curious.

351

00:44:51.565 --> 00:45:01.164

One of the things we've talked about internally was how do we pay, you know, the, the staff that are locked down for fourteen days. Did you pay them Twenty four hours a day, or did you pay him sixteen hours a day?

352

00:45:01.195 --> 00:45:09.804

Eighteen hours a day like, how did you, what did you come to as far as payment and then what did you say to them to get them to stay?

353

00:45:12.625 --> 00:45:17.934 **SOWEETA**

Hi, Daniel. So the way we pay them is that we have them working shifts and we paid them for

354

00:45:18.599 --> 00:45:26.394

eighteen hours a day, but they worked sixteen hours a day essentially. But yeah, we pay them. 18 hours a day.

355

00:45:31.074 --> 00:45:35.335

We have furloughed our employees who are not

356

00:45:37.045 --> 00:45:48.565



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In the quarantine home, our DSB's or we're still paying the health insurance and once we get some clarification about how we will, of course, come back and bring back as many as we can. But as you can imagine it's really, really

357
00:45:49.590 --> 00:45:53.454
Expensive we're running a lot of DSB cost.

358
00:45:54.780 --> 00:45:59.065
Generally speaking our employees and we don't have that much turnover.

359
00:46:00.510 --> 00:46:03.594
Relatively speaking and our settings we have.

360
00:46:04.949 --> 00:46:12.114
A waiting list we called every single person on ask them if they'd be willing to do this and then we told them that we would, you know, how the payment structure would be

361
00:46:14.094 --> 00:46:21.894
And said it would be for two weeks and yeah, we got a lot of people we set up for them

362
00:46:23.579 --> 00:46:37.164
Bedding, pillows, food will be delivered, you give us a list, you know, we picked I mean, we really, really it took it was a very painful process. Great. Thank you. For the insight. I appreciate it.

363
00:46:44.304 --> 00:46:54.985 **KIRK DOBSON** there is another question SOWEETA?? that has come in from Metro Homes. There's a few Metro Homes on the line. And the question is where all your locations locked down at the same time or were you locked down on an as needed basis?

364
00:47:00.000 --> 00:47:02.155 **SOWEETA**
So, I think.

365
00:47:04.230 --> 00:47:07.315
Hello I'm sorry. I'm yeah, so.

366
00:47:08.969 --> 00:47:14.034
Our first home to lock down we lockdown on April 8th, and that was a home where we had a positive test.



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367

00:47:14.789 --> 00:47:26.574

And right on the same day, we had a staff member informed us that they tested positive. So then we, we locked down it. Basically, as I said, we have twenty four homes. It took us.

368

00:47:27.989 --> 00:47:37.914

five days to lock down all our homes, and we just prioritize based on that. We locked down our ICF first because, you know, they had more people in one settings

369

00:47:39.804 --> 00:47:48.505

And then based on groupings, by our QIDPs and acuity levels.

370

00:48:01.525 --> 00:48:02.635 **KIRK DOBSON**

So I think that's all the questions that have come in for you that has come in for you. Thank you again.

371

00:48:07.530 --> 00:48:12.534

I'm going to turn it all back over the Director. **ANDREW REESE** Okay once again for sharing that.

372

00:48:15.539 --> 00:48:21.235

I mean, all of our providers are certainly doing everything they can, but I do want to thank you Saleeta and all the staff at Holistic

373

00:48:24.114 --> 00:48:27.744

For the steps that you all are taking to ensure the protection of your staff

374

00:48:28.530 --> 00:48:36.625

And the folks that you support, and I'm really anxious to keep looking at the results of this and I'm glad you were able to share all those measures with other folks here.

375

00:48:38.550 --> 00:48:42.954

Now, our next question, **CRYSTAL THOMAS** in terms of

376

00:48:45.835 --> 00:48:50.304 **CRYSTAL THOMAS**

We may need to increase various caseloads. Could their rates be discussed?



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377

00:48:53.664 --> 00:49:04.434

No. The short answer I mean, unfortunately, so, in terms of the.

378

00:49:08.905 --> 00:49:12.474

rates that we have for the nurses right now, those are rates that are established for the nurses, that provides waiver services it is in the waiver

379

00:49:15.985 --> 00:49:27.085

I don't know, you know, that that had not been anticipated in the Appendix. K and, as I said, it was just approved and unfortunately, you know, we did share it as we were moving along.

380

00:49:29.340 --> 00:49:33.534

That was not a consideration when we were developing our ppendix K.

381

00:49:34.675 --> 00:49:37.945

Which we shared with providers we also look at Appendix K's across the country. That was not something that had been seen so it was not something that had considered.

382

00:49:46.769 --> 00:49:50.994 **CRYSTAL THOMAS**

Have any details regarding retainer billing for Day Providers been developed?

383

00:49:59.364 --> 00:50:04.284

So, today, as I said, our Appendix K has been approved and we will be sending that out to all of our providers today and that includes what the

384

00:50:07.320 --> 00:50:10.375

retainer rates are.

385

00:50:11.579 --> 00:50:17.755

And then next week we'll get out to you guidance on how those will be implemented because.

386

00:50:23.304 --> 00:50:29.215

For retainer payments many of those will require invoices being submitted to DDS that same thing, I think is true for payments regarding quarantine

387

00:50:30.360 --> 00:50:33.835



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Where we'll have to gather the information, the documentation and forward the invoices to DHCF.

388

00:50:36.329 --> 00:50:49.644

but we've been working these processes out with the DHCF and so we'll send that information out to people next week, but we will get the Appendix K out to everyone today.

389

00:50:51.505 --> 00:50:56.425 **CRYSTAL THOMAS**

How is the District reaching out to providers to assist them in preventing the spread of COVID-19?

390

00:50:58.739 --> 00:51:05.574 **ANDREW REESE**

So all of the communication that we've provided, you know, in terms of there was updated guidance this week from DC Health,

391

00:51:08.304 --> 00:51:11.005

You know, the guidance about staying at home, using face covering

392

00:51:14.094 --> 00:51:18.144

All of these different measures have been our efforts to reach out to the Providers to provide them the guidance necessary to

393

00:51:21.900 --> 00:51:36.025

To reduce the spread of COVID-19, which is, you know, which is guidance being provided by the providers, but there's also guidance provided by the city to all the residents of the District.

394

00:51:37.525 --> 00:51:48.295 **DARYL HAWKINS**

This is Darrah Hawkins from D. C. Health, EPI I also want to remind them that they can also attend the weekly coalition calls as well.

395

00:51:48.684 --> 00:52:03.235

So **Victoria lobby** with of the medical coalition again, we do a weekly call at four o'clock where we provide updates the EPI team provide updates. Dr. Lewis and her team provide any relevant updates. We try to highlight any new guidances.

396

00:52:05.969 --> 00:52:17.425

Its only a half hour call, but it's a quick way to just do a regular check in. And if there are things that we need to be prioritizing from the coalition, or from DC health, we can, you know, it can be elevated on those



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397

00:52:17.940 --> 00:52:20.664

Calls, so I'll make sure that that's on Sharon's

398

00:52:22.679 --> 00:52:27.505

calendar, so she can forward it to whoever needs to be on those calls. Again we are here for any questions. Thank you so much.

399

00:52:35.815 --> 00:52:37.494 **CRYSTAL THOMAS**

Do we still conduct fire and

400

00:52:38.429 --> 00:52:41.664

Natural disaster drills? **ADREW REESE** yes. I think those should still be conducted.

401

00:52:43.139 --> 00:52:46.585

Keeping in mind, you know, the need for social.

402

00:52:50.940 --> 00:52:54.114

distancing as appropriate there are certainly people that require assistance with getting

403

00:52:55.375 --> 00:53:03.534

outside, so they would need someone to be close to them for that purpose. But also

404

00:53:04.405 --> 00:53:09.175

All of us need some time outside anyway so, so make sure that your gathering place allows for social distancing between the people to gather outside,

405

00:53:15.925 --> 00:53:19.344

But I don't see a reason that we would know that we would be suspending

406

00:53:20.699 --> 00:53:23.934

Fire drills during this period of time.

407

00:53:25.289 --> 00:53:29.215

People are struggling with what do I do all day? This will take up thirty minutes.

408

00:53:33.719 --> 00:53:38.215 **CRYSTAL THOMAS**

Please clarify if RSA Day Providers are allowed the same retainer



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409

00:53:43.170 --> 00:53:48.235

as identified for DDA Day providers as outlined in the Appendix K . The Appendix K is to our

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00:53:48.929 --> 00:53:54.295

IDD waiver as well EPD waiver so it relates to our Medicaid funded services.

411

00:53:57.360 --> 00:54:06.985

Does not relate to any services provided by RSA,

412

00:54:12.449 --> 00:54:19.644 **CRYSTAL THOMAS**

For providers who provide RSA Day services like job placement, supportive employment will RSA consider reissuing new job development authorizations to providers to who may be approaching full utilization,

413

00:54:30.119 --> 00:54:34.554

or exhausted the hours of their existing authorization for the person they are supporting for Job Development, authorizations in order to provide continuous JD support to the person we are supporting in addition to providing much needed financial support to ensure

414

00:54:36.900 --> 00:54:40.074

viability of the RSA Day Provider community?

415

00:54:43.344 --> 00:54:50.275 **ANDREW REESE**

I think this question came in last week as well and question from the provider essentially was can we defer.

416

00:54:50.849 --> 00:55:00.025

Providing job development until after the public health emergency, and the stay at home order has been lifted because

417

00:55:00.869 --> 00:55:12.114

A number of people we're working with could not go to work at this time anyway. And so, for those people who, and I think like the example last week, hat I gave

418

00:55:13.260 --> 00:55:18.864

If you have a person who's employment goal is to become a barber, then this would not be the best time to be



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419

00:55:20.400 --> 00:55:27.324

doing job development activities with them and so that authorization should probably put on hold until after the public health emergency ends.

420

00:55:33.599 --> 00:55:48.295

If you have a person who is interested in Customer service, like, you know, to do stocking shelves, this kind of thing, a grocery stores Walmart, CVS, they are hiring and if that person is interested in going to work right now.

421

00:55:49.260 --> 00:55:53.574

you may be able to help them find a job right now. So, you know, in terms of

422

00:55:54.269 --> 00:55:59.545

Provision of that service it's individualized. The time it takes to help a person get a job

423

00:56:01.170 --> 00:56:05.545

Hasn't changed and so when you help the person get the job it will be an individual decision you'll make with them.

424

00:56:08.275 --> 00:56:10.824

But, no, we won't be giving additional job development.

425

00:56:12.625 --> 00:56:23.454

If there's not a reason to do job development now, I would defer doing it until later and for small employers,

426

00:56:24.630 --> 00:56:29.934

whose business could be affected, you really do need to be looking at the options that are available.

427

00:56:30.385 --> 00:56:40.434

That's Soweeta mentioned that their agency had taken advantage of **CRYSTAL THOMAS** considering that some employers are not hiring and are closed as a result of COVID during this time

428

00:56:41.219 --> 00:56:44.454

What concessions are being made at this time regarding provider performance evaluations?

429



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00:56:51.809 --> 00:57:05.335 **ANDREW REESE**

So, really the only performance evaluation measure that we have for RSA is maintaining a particular replacement rate.

430

00:57:06.414 --> 00:57:08.875

We haven't adjusted that in our

431

00:57:10.105 --> 00:57:13.465

Human Care Agreement if we see that is an issue because the way that it works right now a providers is required to maintain a particular

432

00:57:19.409 --> 00:57:23.454

Placement rate, and when they fall below that rate, they don't get new.

433

00:57:24.360 --> 00:57:30.985

Referrals, until they reach that placement until they reach the appropriate placement rate.

434

00:57:33.025 --> 00:57:40.344

If that becomes an issue with individual providers, we can talk about it because in reality, the people who they have.

435

00:57:41.309 --> 00:57:47.574

Who they are not working on placing could be seen as in suspended services and not count against them against in terms of their placement rate.

436

00:57:49.349 --> 00:57:53.844

But I would just recommend if they are individual instances where the agency.

437

00:57:54.449 --> 00:57:58.764

Is looking at suspending referrals based on a placement rate that this issue be raised and it certainly would be considered.

438

00:58:06.894 --> 00:58:18.114 **CRYSTAL THOMAS**

Are there any VR waivers being put in place for RSA Day Provider RSA management can elaborate on? You know.

439

00:58:20.309 --> 00:58:27.385

Vocational rehabilitation, and the independent living grants that we have don't have the same kinds of provisions that



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440

00:58:28.349 --> 00:58:31.76

Medicaid waiver has and so these kinds of Appendix K that we've been talking about

441

00:58:34.380 --> 00:58:38.065

The eleven, thirty five at DHCF have done is done, Those are.

442

00:58:39.414 --> 00:58:43.914

Medicaid Provisions in terms of our RSA, were following the guidance from the department of education you know,

443

00:58:46.585 --> 00:58:50.605

And thus far, there has been nothing they continue to look at this.

ANDREW REESE

444

00:58:52.344 --> 00:59:06.744 **CRYSTAL THOMAS**

Last comment, we feel alone and desperate. **ANDREW REESE** and I get it.

445

00:59:07.650 --> 00:59:20.244

Are really overwhelming times. We are all dealing with a brand new experience for all of us. I do want

446

00:59:21.119 --> 00:59:29.605

To refer Back to what Soweeta said which is, that there was a period where she felt that they weren't getting the guidance that they needed

447

00:59:31.914 --> 00:59:34.945

And I think that was probably a combination of

448

00:59:36.210 --> 00:59:39.445

We hadn't figured the guidance out and maybe they had not asked.

449

00:59:41.695 --> 00:59:44.034

You know, I think that the best thing

450

00:59:45.539 --> 00:59:50.034

When you're feeling that way is to talk with someone else. One of the reasons.

451

00:59:52.440 --> 00:59:55.614

We wanted providers to share with each other was to develop that kind of support and.



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452

00:59:57.054 --> 01:00:01.045

And networking across providers, it's also one.

453

01:00:02.010 --> 01:00:05.664

That, you know, from what I've seen DC health has been.

454

01:00:08.875 --> 01:00:15.625

accessible to both quality the quality resource specialist, reach out at least weekly to everyone.

455

01:00:16.139 --> 01:00:26.304

Please use the resources that you have. That is the reason that we're here, I think for all of us, this is a difficult time. I check in with someone three times a week.

456

01:00:29.815 --> 01:00:33.054

That I use part of that call to get my own support.

457

01:00:33.599 --> 01:00:40.644

So, you know, I think all of us need to figure out ways that we can get support, you know, as I hear

458

01:00:41.460 --> 01:00:45.085

From the Mayor's presentation this week that.

459

01:00:46.195 --> 01:00:50.125

Our peak will come at the end of May. This is a marathon and were near the beginning of it.

460

01:00:52.289 --> 01:00:56.875

And so people really do need to be aware of what the resources are.

461

01:00:58.860 --> 01:01:03.925

You know, connect with the people that you need to connect with so that you can continue to get the support you need.

462

01:01:06.690 --> 01:01:11.125

Is that we're all out of time unfortunate.



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463

01:01:12.269 --> 01:01:18.534

This hour today went by very quickly. I want to thank the people who shared information with folks. I also.

464

01:01:19.079 --> 01:01:22.945

Want to share again with all of you

465

01:01:26.844 --> 01:01:29.844

I don't think it can be said enough how much we appreciate how hard the providers are working

466

01:01:32.550 --> 01:01:33.744

How dedicated you,

467

01:01:33.744 --> 01:01:44.905

and all of your staff are to ensuring the protection of all the people that we support and that you are to ensuring their protection as well as all of your staff you know,

468

01:01:46.164 --> 01:01:46.974

I have said,

469

01:01:47.034 --> 01:01:48.864

as it's probably not enough but as often as I can

470

01:01:51.025 --> 01:01:55.795

to our staff here, how much I appreciate how flexible they've been, we really appreciate as I said today

471

01:01:58.284 --> 01:02:01.704

Our provider staff are on the front lines of learning, about something brand new figuring out how to do this.

472

01:02:06.090 --> 01:02:10.135

We are attempting to be as supportive to you and your staff in that process as we can, so just know and please communicate that to your staff

473

01:02:13.050 --> 01:02:23.244



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The hard work they're doing and their dedication to these folks, as I said, we received notification of our approved Appendix K and we will send that out to every this afternoon.

474

01:02:26.639 --> 01:02:27.954

So thank you very much and we'll talk to everyone next week.



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