



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

1

00:00:00.000 --> 00:00:12.894 **DIRECTOR ANDREW REESE**

Hi this Andy Reese from DDS. Thanks for joining us today we have about a hundred and sixty people on the line we're going to do our best to be as interactive as possible. We have received questions from people.

2

00:00:13.289 --> 00:00:26.635

We often we'll be responding to those. We also, fortunately have some folks with us today from both from DHCF as well as from DC Health.

3

00:00:27.144 --> 00:00:33.984

So before we get started, I just want to because this is going to respond to a number of questions. I've seen people raise.

4

00:00:34.435 --> 00:00:40.884

I want to give a brief update in terms of where we are with the Appendix K,

5

00:00:41.310 --> 00:00:55.975

The Appendix K was submitted to CMS as people know we shared what we had submitted. We have been to the extent we're able sharing information with providers

6

00:00:55.975 --> 00:00:58.314

about what's included in the Appendix K.

7

00:00:59.729 --> 00:01:11.545

I do want to caution people and, you know, I hope that we've been careful enough to provide this caution all along that is not yet approved by CMS.

8

00:01:11.814 --> 00:01:20.724

And so what we have provided, so far is, and it was frankly, quite helpful to have provided early on what our early thoughts were



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

9

00:01:20.724 --> 00:01:30.265

so, that we could get input from different agencies about other aspects that we would want to consider for inclusion in the Appendix K.

10

00:01:31.224 --> 00:01:45.144

But it is with CMS now, so a lot of your questions about it today, it may be that we can't respond to them because we don't know what CMS's final response will be Angelique Martin from DHCF

11

00:01:46.674 --> 00:01:52.045

Wanted to just speak briefly about where things stand in terms of rate issues with the Appendix K.

12

00:01:52.405 --> 00:01:52.734

So,

13

00:01:52.765 --> 00:01:58.495

if we could have Angelica unmuted,

14

00:01:58.795 --> 00:01:59.155

essentially,

15

00:02:00.599 --> 00:02:13.705

we'll have to reach out to her one second come up soon Amanda and Angela.

16

00:02:13.735 --> 00:02:24.564 **Amanda**

I just received an email from Angelique, she's on the call so I think she's either just logging in or needs to unmute herself. Okay and she did say that she's only doing.

17

00:02:27.474 --> 00:02:32.365

Okay, one second.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

18

00:02:42.384 --> 00:02:55.974 **KIRK DOBSOB**

Hi, Mary, do you have Emily so number? I just want to make sure I want to be in the right number one, second one to move on and then I will reach out to her. Why don't we do that?

19

00:02:55.974 --> 00:03:04.405 **SHARON MEBANE**

So we also have I just saw Angelique. I see her name there, so I don't know whether she's there she has. We're good.

20

00:03:04.435 --> 00:03:14.514

Okay so she is not muted so actually good morning you can go ahead.

21

00:03:26.604 --> 00:03:26.965

Okay.

22

00:03:33.025 --> 00:03:44.004 **ANGELIQUE MARTIN**

Yes, now we can yes. My apologies. He didn't know I'll get my other phone.

23

00:03:47.754 --> 00:03:55.854 **ANDREW REESE**

Okay, go ahead although you're kind of fading in and out. So if you could just be cautious to talk right into whatever device you're using.

24

00:03:56.905 --> 00:04:08.724 **ANGELIQUE MARTIN**

Yeah, so good morning everyone or good afternoon since its afternoon and Andy covered the majority of what I wanted to express to everyone.

25

00:04:09.145 --> 00:04:20.365

Right now when you look at the enhanced rate section of the Appendix K, I will take responsibility in how it's written.

26

00:04:20.665 --> 00:04:28.194

I can understand why it may be confusing to some providers who are reviewing it or reading it.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

27

00:04:28.644 --> 00:04:38.185

And so what my staff and I have been doing over the course of the last two days is we've been working with our policy department and DDS staff.

28

00:04:38.430 --> 00:04:53.095

And what we're going to do is we're going to separate the sections related to enhanced rate where we are specific to what is happening in the EPD waiver and the rates that correspond to what we're paying home, health agencies.

29

00:04:53.454 --> 00:05:07.165

and then in a separate section. We will represent what services we'll be getting an enhanced rate and the IDD waiver, and provide a schedule by service of what those enhanced rates would be

30

00:05:07.584 --> 00:05:18.745

That will be paid to providers. And then that way, there's no confusion as to the expectation of the District of the dollar value that's paid to the DSP or the PPA.

31

00:05:18.774 --> 00:05:23.064

and then what's actually paid to the provider.

32

00:05:23.964 --> 00:05:35.485

And so I want to apologize up front for any confusion and we're working really hard now, to make sure that we had our initial meeting with CMS yesterday morning.

33

00:05:35.754 --> 00:05:40.285

And so there's some adjustments and clarifications that we want to make in the Appendix K.

34

00:05:40.285 --> 00:05:40.675

35

00:05:41.004 --> 00:05:55.194

and we will supply the updated information to you guys that actually go by service line that explains what your current rate is versus what the enhanced rate will be as well as making sure that we are able to



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

36

00:05:55.194 --> 00:05:59.904

operationalize it as a District agency to get you the payment.

37

00:06:02.425 --> 00:06:04.855 **ANDREW REESE**

Thank you very much Angelique and maybe you could comment.

38

00:06:04.855 --> 00:06:19.254

My impression from that call with CMS is that this will be a very fast turnaround on all sides so that people should be hearing within a reasonably short period of time about a final CMS approved appendix K.

39

00:06:20.399 --> 00:06:20.819

Yeah,

40

00:06:20.904 --> 00:06:24.595 **ANGELIQUE MARTIN**

That's right, they are fast tracking it as a matter of fact,

41

00:06:24.959 --> 00:06:28.704

just to show you how fast they're working Eugene,

42

00:06:28.704 --> 00:06:30.504

our Policy Director,

43

00:06:30.805 --> 00:06:33.925

he actually submitted the information,

44

00:06:34.584 --> 00:06:36.024

on Wednesday,

45

00:06:36.714 --> 00:06:43.404

and they asked for a call Thursday morning and that is likely.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

46

00:06:43.464 --> 00:06:50.904

CMS never responds to us that quickly. So they are fast tracking, but we also want to make sure that we're very clear.

47

00:06:51.714 --> 00:07:01.795

Some of the complaints or concerns that I received yesterday when I had a conversation with some DDS providers was when they read the enhanced rate section,

48

00:07:02.125 --> 00:07:07.644

they thought we were saying that we were going to be paying a PCA,

49

00:07:07.644 --> 00:07:13.314

\$32 or a DSP worker \$32 and that was not the intention,

50

00:07:13.314 --> 00:07:14.425

the intention is to say,

51

00:07:14.425 --> 00:07:16.464

that's what we would pay the provider,

52

00:07:16.824 --> 00:07:25.764

assuming that the provider is required to pay time and a half for the DSP or the PCA worker.

53

00:07:26.035 --> 00:07:36.324

So, we also told CMS that we're going to provide clarifications to them as well so that they know what our true intent is. So, yes, Andy, it will be a quick turn around.

54

00:07:38.274 --> 00:07:50.425 **ANDREW REESE**

So, thank you very much and, like I say, most of my responses to anything Appendix K related today will be, we will be getting a final very shortly and we'll share that once we have a final approved Appendix K.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

55

00:07:51.925 --> 00:07:56.814

So, next, we do have some folks from DC Health on the line.

56

00:07:57.654 --> 00:08:08.665

So I'm going to ask if Sharon Mebane is unmuted if it would be possible for her to introduce the folks from DC health

57

00:08:08.904 --> 00:08:17.064

And then we can go through some of the questions that people had that we felt could more fully be responded to, by DC Health.

58

00:08:19.464 --> 00:08:29.670 **SHARON MEBANE**

Hi, everyone my name is Sharon. I'm the program manager for the Intermediate Care Facility division. We have answers to questions.

59

00:08:30.055 --> 00:08:40.345

We have DR. JOEL from EPI also Sarah Hawkins from EPI also. Erica Walker is here as well.

60

00:08:42.955 --> 00:08:48.534

Great, welcome to all of you. Thank you. Good afternoon. **CRYSTAL THOMAS**

61

00:08:49.315 --> 00:08:50.184

First question,

62

00:08:50.184 --> 00:08:54.835

It says that the increased staff payments are triggered by medically quarantined,

63

00:08:55.230 --> 00:09:03.955

does the medical director directing us the quarantine suffice even though there is not a confirmed case in that particular setting and if not,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

64

00:09:03.955 --> 00:09:04.735
what does?

65

00:09:07.345 --> 00:09:17.904 **ANDREW REESE**
Actually, could I just jump in because to me, that's more of an Appendix K question, because this is about rates related to when people are quarantined.

66

00:09:17.904 --> 00:09:31.524
So, I'm not gonna, I mean, it may be that DC Health can talk to us about what medically quarantine means, but this isn't related. But as it relates to our Appendix, K, we'll make sure that people have guidance on what it means for the Appendix K.

67

00:09:33.029 --> 00:09:44.004
But if you all can comment on, you know, medical doctors, telling people to quarantine, that's fine. **DR. JOEL** Sure. If there's a specific question about quarantine of course, we're happy to answer it.

68

00:09:46.470 --> 00:09:46.769 **ANDREW REESE**
Yeah,

69

00:09:46.764 --> 00:09:47.004
I mean,

70

00:09:47.004 --> 00:09:50.695
it seems to me that so far DC Health has coordinated,

71

00:09:50.695 --> 00:10:00.085
closely with our providers to give them guidance about what needs to be done in any placement where we've had a positive results to make sure that everyone in the home is safe,

72

00:10:00.085 --> 00:10:01.524
including the people that worked there,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

73

00:10:01.794 --> 00:10:03.684

so I'm just hoping that it'll continue.

74

00:10:04.014 --> 00:10:06.565

The other aspect of this is really just about the rates.

75

00:10:09.625 --> 00:10:14.245 **DR. JOEL**

Okay, yeah, that's why we're in contact on a daily basis with all the facilities that have had positives.

76

00:10:19.225 --> 00:10:31.644 **CRYSTAL THOMAS**

What has been done, or could be put in place to ensure available and rapid test results for COVID, currently we are waiting three to seven days for results. Although there are tests that could provide results in less than thirty minutes.

77

00:10:32.514 --> 00:10:43.105

Who can we contact or EPI to participate on the call to lobby for this accommodation for our vulnerable population and our DSPs who are on the front line?

78

00:10:45.504 --> 00:10:55.825 **DR. JOEL**

Yeah, so this is DR. JOEL again. So there's a couple different processes that people can follow in order to get a test. On one hand, Any kind of commercial process is fine. On the other hand,

79

00:10:55.825 --> 00:11:05.394

We have the DC public health lab, which is providing COVID-19 testing and prioritizing symptomatic healthcare workers as one of the priority groups.

80

00:11:06.144 --> 00:11:20.875

There's a process whereby you would need to get what's called a PUI or person under investigation number. But, DC, public health labs can supply both the test kits and also, of course process the results with the turnaround time of about one day.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 • NOON -1 P.M. via WebEx

81

00:11:22.195 --> 00:11:29.215

I'd be happy and I can provide my contact information. I'd be happy to provide the the steps required to get that.

82

00:11:29.365 --> 00:11:40.254

But, typically, it involves calling the PUI team listing the, the patients or residents or employees that you have, we need to get tested in a bit of information about them after, which you'll receive an email.

83

00:11:40.254 --> 00:11:53.965

that indicates to you how you can go ahead and summon of the courier to pick up the lab tests, that whole process presumes that the facility that's calling has the ability to do the swabs themselves. That is to obtain the samples from the patient.

84

00:11:54.414 --> 00:12:05.455

We do not have a system to send people out to do testing although I'm told, for example, that GW has a team that will go out to people's homes for people who are unable to leave their homes.

85

00:12:05.725 --> 00:12:12.174

But for facilities again, we're recommending first of all testing, only symptomatic staff and patients or residence.

86

00:12:12.539 --> 00:12:27.445

And there is a process, whereby we can get you a turnaround time in about a day. My email is Joel.selanikio@dc.gov

87

00:12:27.445 --> 00:12:42.264

And I'd be happy to provide that information to anyone on the call and hi.

88

00:12:42.264 --> 00:12:50.424 **SARA HAWKINS**

Sorry, I want to add this is Daryl also from EPI if you do go to coronavirus.dc.gov there is a tab up top for testing.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

89

00:12:51.654 --> 00:13:03.115

Again references what DR. JOEL just mentioned about the prioritization for testing symptomatic individuals specifically those that are hospitalized patients and healthcare facility workers.

90

00:13:03.745 --> 00:13:17.605

And if you scroll to the mid part of that website, there is information about testing being done at the United Medical Center is another option for those that are symptomatic. Thank you.

91

00:13:19.169 --> 00:13:19.884 **CRYSTAL THOMAS**

Thank you,

92

00:13:20.514 --> 00:13:24.024

I'm aware the DC Health will intervene and provide support for, ICF and

93

00:13:24.745 --> 00:13:28.794

any other setting that they license if there's an outbreak at the facility,

94

00:13:29.004 --> 00:13:33.414

what agency will provide that support for settings that are not licensed by DC Health,

95

00:13:33.745 --> 00:13:47.605

such as supported living and host homes?

in terms of support we have QRS staff who are reaching out. **WWINSOW WOODLAND**

96

00:13:51.264 --> 00:13:58.195 **WINSLOW WOODLAND**

first and foremost, like to say that all positive cases are being followed by DC Health.

97

00:13:58.524 --> 00:14:07.014

So, in terms of support, I guess we need to determine what exactly that means.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

98

00:14:07.404 --> 00:14:19.014

I'm on a call almost daily with DC Health and we're sharing information on where all positive cases are. So I'm not aware that supports not there.

00:14:20.335 --> 00:14:26.125

But DC DDS is also supporting providers when they need support.

100

00:14:30.085 --> 00:14:43.345 **ANDREW REESE**

And DC Health, you could confirm that right? Sharon you all have worked with us on all positive results. Not. I know that typically you're working with licensed jobs, but in this instance, we're getting support from DC Health on every positive result.

101

00:14:44.215 --> 00:14:58.134 **SHARON MEBANE**

Absolutely. We are not just spoke license facilities any, and every facility home anyone that's supported by DCR we are making it a priority.

102

00:14:58.315 --> 00:15:01.735

Especially if those that are have presented positive cases.

103

00:15:03.360 --> 00:15:13.254 **ANDREW REESE**

In fact, it was DC Health that work with a person we support who was in their own home to identify another place where they could stay to ensure the protection of the other people in at home.

104

00:15:16.524 --> 00:15:27.325 **CRYSTAL THOMAS**

On the last few calls it was suggested that providers should have PPE's or make arrangements on their own.

105

00:15:27.654 --> 00:15:40.794

We have been ordering supplies for the last five weeks, including decline, because we are not the government or a hospital. Amazon now has COVID-19 storefront. They have declined our orders, because we are not essential healthcare.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

106

00:15:41.154 --> 00:15:55.524

Some suppliers will only take large bulk orders. They're all kinds of scam sites, setups, trying to take our money. The other dangers, that we don't know who we might be dealing with. Would be extremely beneficial.

107

00:15:55.524 --> 00:16:02.995

If the DDS and DC Health would coordinate an effort to order on our behalf and then allocate supply to us.

108

00:16:03.384 --> 00:16:16.554

I'm happy to pay, but have had challenges getting suppliers to take our orders because we are not a hospital or government. It is extremely dangerous to be in this position. I know that information was sent via HEPRA DC.

109

00:16:17.250 --> 00:16:26.725

Perhaps that was the intent of the process. If so when can we anticipate support which supplies that potentially will be exhausted because of the anticipated length of this crisis?

110

00:16:29.514 --> 00:16:33.475 **SARA HAWKINS**

Hi, this is Darryl Hawkins again from DC Health.

111

00:16:34.644 --> 00:16:46.615

You're right HASPRA does have that survey link, and they are encouraging you to if you did not get that link to request to email coronavirus.dc.gov and ask for that link.

112

00:16:47.184 --> 00:17:01.524

Of course, those requests are not guarantee it as to when you would get that disbursement. However, the other thing I could offer from DC Health is that on our, if you go tocoronavirus.dc.gov.

113

00:17:01.799 --> 00:17:12.775

Under resources and health notices, there is a, we release guidance on March 26th, on ways to conserve the supply of PPE in PE facilities.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

114

00:17:13.079 --> 00:17:18.444

And I think that's also another way to help with the PPE supply issue.

115

00:17:21.535 --> 00:17:22.285 **SHARON MEBANE**

And I just want to say,

116

00:17:22.285 --> 00:17:28.075

that has made it already for those facilities that have been caring for,

117

00:17:28.224 --> 00:17:31.315

for people who have been released from the hospital positive,

118

00:17:31.585 --> 00:17:36.954

and they are taking priority in giving the for those facilities.

119

00:17:37.494 --> 00:17:50.664 **DR. JOEL**

Right? This is talk to Joel again, from DC Health, I agree we every facility that has had positive as sufficient to proceed currently, thank you.

120

00:17:52.134 --> 00:18:04.494 **CRYSTAL THOMAS**

DOH Completes the criminal background check for staff should we continue to enter staff information into the portal that we currently use, even though the staff might not be able to complete the fingerprint part of the background check

121

00:18:04.884 --> 00:18:19.555

Or are we allowed to use any other criminal background company pending when all this is over. If we are to continue to input staff information into the portal system will DOH be able to run a background check based on the information and give a go ahead to hire?

122

00:18:19.555 --> 00:18:23.335 **SHARON MEBANE**

As we speak,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

123
00:18:23.335 --> 00:18:26.605
we have a task force looking into that question,

124
00:18:26.664 --> 00:18:28.134
and I will get back with everyone,

125
00:18:28.134 --> 00:18:29.184
sending everyone a link.

126
00:18:29.730 --> 00:18:30.805
As to what the decision is.

127
00:18:34.765 --> 00:18:47.484 **ANDREW REESE**
Thank you. Okay, I think that's the last of our specific for DC Health that we're aware of so far, but fortunately, I believe we have folks from DC Health who will be on the line the whole time.

128
00:18:47.694 --> 00:18:57.174
So, we may be coming back and unmuting you to help to ask for help giving a full response to other questions that come in. But thanks for those responses. Very welcome.

129
00:18:59.095 --> 00:19:08.009 **KIRK DOBSON**
Okay, just in regards to retain just real quick while we have DOH on the line. I don't know if you want to look at these chat questions that came in the. Its DOH and DDS.

130
00:19:14.994 --> 00:19:20.184
And then there was another, just ask another on rate for medical quarantine.

131
00:19:24.329 --> 00:19:28.494 **AND**
So someone typed in a question for



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

132

00:19:28.494 --> 00:19:32.305

I would say it for the EPI people at DC health,

133

00:19:32.609 --> 00:19:35.275

which is, it says,

134

00:19:35.275 --> 00:19:37.704

keeping in compliance with HIPPA,

135

00:19:37.795 --> 00:19:39.265

although the rest of the question,

136

00:19:39.414 --> 00:19:39.865

anyway,

137

00:19:40.404 --> 00:19:55.075

will DC Health and DDS be issuing a list of agencies with person and staff who have positive COVID results? **ANDREW REESE** no details need to be disclosed except providers need to know staff are

138

00:19:55.075 --> 00:19:58.734

employed at multiple agencies and do not self-report.

139

00:19:58.734 --> 00:20:11.365

Truthfully, if they've been exposed providers are complying with CDC guidelines, but this extra layer of knowing direct contact with a call exposure would assist providers to further enhance mitigation.

140

00:20:11.694 --> 00:20:19.105

So a background for DC health, in case, you don't know, we do have direct support professionals who may work for more than one agency.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

141
00:20:19.529 --> 00:20:25.914

And so I guess the agencies are concerned if they know that their person works at both their agency in somewhere else,

142
00:20:27.115 --> 00:20:27.444
you know,

143
00:20:27.474 --> 00:20:35.305
is there any notice that's given of positive results that other agencies Hi,

144
00:20:35.305 --> 00:20:36.654 **DARRYL WALKER??**
this is Darryl from EPI

145
00:20:38.490 --> 00:20:45.595
We are doing our best in terms of whenever we do find out any positive from employee exposures,

146
00:20:45.595 --> 00:20:46.345
for example,

147
00:20:46.585 --> 00:20:48.505
and when they do disclose that to us,

148
00:20:48.835 --> 00:20:51.085
and we have contact with that facility,

149
00:20:51.085 --> 00:20:54.355
we do certainly let that facility where the employee works.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 • NOON -1 P.M. via WebEx

150

00:20:55.525 --> 00:21:03.714

No. However, obviously, that is it is difficult to really ascertain the all of them.

151

00:21:03.984 --> 00:21:15.924

So we really encourage facilities to try to talk and communicate with each other to make sure that that's being communicated at all the different facilities.

152

00:21:18.775 --> 00:21:19.795

I hope that answers your question.

153

00:21:34.224 --> 00:21:40.914 **CRYSTAL THOMAS**

If a location had someone who is positive, does it makes sense to only test so staff who are symptomatic.

154

00:21:41.994 --> 00:21:54.295

Wouldn't we want to test everyone, so we know who are the carriers and you can remove them from continuing to provide care. **DR. JOEL** Yeah, this is DR. JOEL from DC Health.

155

00:21:54.625 --> 00:22:08.244

No, the current recommendation is only to test is symptomatic patients or providers or employees and a part of the reason has to do with the false negative reading and part of the reason has to do with the fact that you can get a negative test

156

00:22:08.244 --> 00:22:13.674

that's a correct negative test and then we positive the next day we're going by symptoms there.

157

00:22:13.674 --> 00:22:23.934

Because we believe that this is the most important indicator for a facility to determine how they're going to change their PPE and how they're going to change the assignment of people to locations within that facility.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

158
00:22:24.444 --> 00:22:24.684
So,

159
00:22:24.684 --> 00:22:24.984
again,

160
00:22:25.015 --> 00:22:28.974
our recommendation continues to be is that only symptomatic people,

161
00:22:28.974 --> 00:22:30.714
whether they are patients or residents,

162
00:22:30.714 --> 00:22:45.444
or employees are tested and only those symptomatic people will be prioritized at the testing Labs. **CRYSTAL THOMAS** will DDS and DOH coordinate the distribution of PPE?

163
00:22:48.654 --> 00:22:51.115 ANDREW
Well, I can speak from DDS perspective.

164
00:22:51.144 --> 00:22:51.805
No,

165
00:22:51.835 --> 00:23:00.325
but my understanding from the response before HEPRA is that is coordinating with our providers and I don't want to speak to,

166
00:23:01.644 --> 00:23:01.914
you know,

167
00:23:01.914 --> 00:23:02.095
the,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

168
00:23:02.125 --> 00:23:03.535
what DC health will be doing,

169
00:23:03.535 --> 00:23:18.414
but my understanding was and has been the DC health is working with providers who have to address their PPE needs **SHARON MEBANE** yes HEPRA is coordinating

170
00:23:18.414 --> 00:23:24.625
that if we are made aware of a case and HEPRA is not aware of it,

171
00:23:24.625 --> 00:23:25.674
we will let them know.

172
00:23:25.674 --> 00:23:31.884
So supplies can be to that facility, but no HEPRA is doing all the coordination.

173
00:23:38.065 --> 00:23:51.684 **ANDREW REESE**
So someone then raised a question, if they have PPE needs, hat are not being addressed, because they have a positive result. We did hear someone just represent that all of the needs are currently met.

174
00:23:51.684 --> 00:24:04.464
But they're saying based on a recent diagnosis that their needs are not being met, whom do they contact to address that? **DR. JOEL** Yeah, this is talk to Joel again.

175
00:24:04.464 --> 00:24:14.095
So of course, we would want to hear about the facility that has a positive, that doesn't feel they have adequate PPE and I think my email, in fact, I'm sure my email has been listed in that chat window.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 • NOON -1 P.M. via WebEx

176

00:24:14.365 --> 00:24:23.815

So, please feel free to email me or actually, I would hope that you would email me after this call, or during the call, and I can get more information from you and see what we can do again.

177

00:24:23.815 --> 00:24:31.855

The goal here, of course, is that any facility that has a positive is able to use adequate PPE to protect the employees on the staff who are negative.

178

00:24:54.299 --> 00:25:06.595 **KIRK DOBSON**

Okay, in the interest of time, we're just going to continue on with the questions that were provided to DDS so we can make sure we get to those. We'll address all other questions and call if there's additional time. Alright. **CRYSTAL THOMAS** For our non-holistic, small group Day Hab

179

00:25:06.625 --> 00:25:18.505

_____ participants just want to confirm that we contact them to verify that they're not getting FCH and IDH, and then we can bill for the authorized services.

180

00:25:19.440 --> 00:25:30.954 **ANDREW REESE**

So, this sound similar to an, issue we addressed last week, which was about billing for services, provided not services authorized. Certainly.

181

00:25:32.095 --> 00:25:46.224

So, under Medicaid, you can't bill for two services at the same time, because you can't be providing two services at the same time. So it's not just a matter of making sure that no one else is billing,

182

00:25:46.434 --> 00:25:59.904

but when you bill, you're certifying that you provided a service. So, if you've been given an authorization for a service, and you're not providing that service, you should not be billing for that service.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

183

00:26:00.865 --> 00:26:10.434

We are leaving those authorizations in place, because we don't want as soon as this ends to have to go through and issue new authorizations to anyone to everyone.

184

00:26:10.829 --> 00:26:24.654

But also, as this is going on, it's very important that the billing offices in the provider agencies are connected with the service provision. So that the bills reflect services provided.

185

00:26:27.505 --> 00:26:40.045 **CRYSTAL THOMAS**

We were approved to provide companion services in our residential debilitation and support living settings. If there also an expectation that day providers are calling and checking in providing prompts and suggestions for activities.

186

00:26:40.494 --> 00:26:48.775

And some ways these calls have been helpful. But, in other ways, they can be disruptive as our teams worked, establish new routines and activities with people at home.

187

00:26:49.045 --> 00:26:56.125

What expectations were communicated to day providers in terms of contact with program participants, who are now at home?

188

00:26:58.164 --> 00:26:58.464 **ANDREW REESE**

So,

189

00:26:58.464 --> 00:27:01.674

what was communicated was that,

190

00:27:02.244 --> 00:27:02.454

you know,

191

00:27:02.454 --> 00:27:02.994

to the extent,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

192
00:27:02.994 --> 00:27:05.184
the day provider was the residential provider,

193
00:27:05.184 --> 00:27:09.924
that they could continue providing the day services through the residential provider,

194
00:27:10.164 --> 00:27:12.025
sort of side of the house,

195
00:27:12.535 --> 00:27:17.875
and where there were separate day and residential providers that those provider should coordinate with each other,

196
00:27:18.144 --> 00:27:21.144
It's going to be an individual decision for each person,

197
00:27:21.414 --> 00:27:22.285
whether,

198
00:27:22.589 --> 00:27:22.944
you know,

199
00:27:22.974 --> 00:27:26.664
having that close coordination over time is helpful or not.

200
00:27:29.184 --> 00:27:42.444
One thing about our retainer payments, we will work out what the specific details of how the payments are made is done, but we did in constructing the payments.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

201

00:27:42.684 --> 00:27:57.295

What's left out is the direct care. The other aspects of it are left in and so the staff that do the sort of the supervision piece of it, that's left in the retainer payments. So they are available for that support.

202

00:27:57.595 --> 00:28:01.855

But as with any case, it's an individual issue.

203

00:28:01.914 --> 00:28:12.835

We haven't told people they should be checking up on the people they support and keeping in mind, you know, a person can't be billed for two services at the same time.

204

00:28:15.750 --> 00:28:25.045 **CRYSTAL THOMAS**

For all upcoming, ISPs and ISPs since March 11th, are service coordinators still being directed to include the waiver day services.

205

00:28:25.075 --> 00:28:34.375

We can continue to bill during the new ISP, even though they are authorizing companion services for the residential provider at the same time.

206

00:28:34.434 --> 00:28:44.305

And if so, can we ensure that service coordination and Medicaid waiver unit are aware of that? **ANDREW REESE** they've received all the same guidance on many of them are on this call.

207

00:28:45.865 --> 00:28:58.615

And this is what we've talked about, the importance of while it may appear by authorization that we have two services authorized at the same time. We're doing that to make sure that there's a seamlessness



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

208

00:28:58.825 --> 00:29:10.015

Once the public health emergency is over. So, that people, when they returned to the day service, they don't need to amend an ISP to return to it. So, both of those services would be included.

209

00:29:10.795 --> 00:29:18.835

Providers would only bill for the services provided. **CRYSTAL THOMAS** we need clear direction about medical documents.

210

00:29:18.894 --> 00:29:25.224

What form a documentation is required for medical appointments missed due to the current state of emergency? do we,

211

00:29:25.674 --> 00:29:28.464

the most recent current consultations instead

212

00:29:29.184 --> 00:29:33.684 **ANDREW REESE**

I think just a note suffices that you've consulted with the doctor's office,

213

00:29:33.684 --> 00:29:37.494

and they delay the appointment related to the COVID public health emergency.

214

00:29:50.964 --> 00:30:00.924 **CRYSTAL THOMAS**

For annual and quarterly assessments for other services P/T speech, etc. if the staff in the home is still documenting can we continue providing the service?

215

00:30:01.075 --> 00:30:11.184

Even if the consultant is not coming to the home? We still need mealtime, ambulation protocols, exercise that the staff perform in the home with the person's etc.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

216

00:30:12.894 --> 00:30:19.914 **ANDREW REESE**

So, I think it goes back to the same issue that if a services being provided, it can be. I mean, so.

217

00:30:21.234 --> 00:30:22.555

It seems to be,

218

00:30:22.555 --> 00:30:24.654

and we've seen some other questions about this,

219

00:30:24.654 --> 00:30:26.095

in terms of Tele,

220

00:30:26.095 --> 00:30:26.575

health,

221

00:30:26.970 --> 00:30:31.315

and how can telehealth services We talked a lot last week about,

222

00:30:31.615 --> 00:30:31.884

you know,

223

00:30:31.884 --> 00:30:38.095

the appropriateness of being able to provide fitness remotely.

224

00:30:38.275 --> 00:30:45.684

The same thing would apply for P/T, for speech, nutrition.

225

00:30:46.134 --> 00:30:48.984

A question arises in each of these cases,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

226

00:30:49.259 --> 00:31:00.714

First of all does the professional body that supervises their work endorse the ability to provide that service via tele-health?

227

00:31:01.494 --> 00:31:04.375

is that allowed under DC,

228

00:31:04.375 --> 00:31:04.914

Medicaid,

229

00:31:04.914 --> 00:31:05.605

which has gotten,

230

00:31:05.964 --> 00:31:10.404

which has really relaxed it's rules to allow for this to the extent it is possible,

231

00:31:10.674 --> 00:31:16.224

but then the next part of it is what service is needed and if the services being provided,

232

00:31:16.494 --> 00:31:17.154

then,

233

00:31:17.460 --> 00:31:17.904

you know,

234

00:31:17.934 --> 00:31:19.555

it certainly would be billed.

235

00:31:21.835 --> 00:31:22.944

For some of these,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

236

00:31:22.944 --> 00:31:23.244

I mean,

237

00:31:23.275 --> 00:31:25.404

what we might be learning is,

238

00:31:25.734 --> 00:31:37.765

did you need a nutritionist to come in every week to develop a menu for the person for a week when you have an assessment quarterly that says what their diet needs to look like? you know,

239

00:31:39.085 --> 00:31:40.944

maybe you don't need someone writing menus,

240

00:31:40.944 --> 00:31:47.065

weekly I don't know many of us who have three hundred and sixty five different menus a year.

241

00:31:47.694 --> 00:31:58.585

And so, you know, what's been interesting in the midst of this crisis is that we're also learning interesting things about sort of our day to day operation prior to this.

242

00:31:58.585 --> 00:32:12.835

But, if a service is provided and able to be provided in a safe and effective manner in consultation with the team, then it should be. **WINSLOW WOODLAND**

And I would also add that mealtime protocols,

243

00:32:12.865 --> 00:32:27.444

ambulation protocols should be established on all persons who meet them prior to COVID and to the extent something has changed then I would add that to ensure that the service



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

244

00:32:27.444 --> 00:32:30.835

coordinator knows that that service is needed.

245

00:32:31.704 --> 00:32:45.835

The director was very kind. What I'm going to say is, we're not in the business of ensuring that people who otherwise earn their money by providing these services.

246

00:32:46.230 --> 00:32:49.045

That's not our first priority. And I don't want to sound

247

00:32:50.125 --> 00:33:04.315

Negative, but our first priorities ensuring people are safe that they're actually getting what they're needing and that at this to the point, when we talk about remote support, is it reasonable?

248

00:33:04.525 --> 00:33:18.325

And is it possible for that person to safely receive that? As I mentioned swallowing studies, I don't believe a swallowing study can be done safely, remotely.

249

00:33:18.684 --> 00:33:21.295

So there will be no blanket yes on that.

250

00:33:22.315 --> 00:33:24.474

Regardless of how the question is asked.

251

00:33:27.984 --> 00:33:39.204 **CRYSTAL THOMAS**

Now that most facilities have restricted entry into the homes, our telehealth assessments available are acceptable with the nursing health and safety assessments and physician annual physical.

252

00:33:41.484 --> 00:33:53.154 **ANDREW REESE**

I mean, it seems to me that, to a large extent, those are questions for the healthcare provider. If it is, that needs to be delayed, because the healthcare provider feels they can't do it.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

253

00:33:53.755 --> 00:33:57.174

We've addressed the ability to delay those,

254

00:33:57.414 --> 00:34:05.875

but many healthcare providers are now doing through telehealth what they previously did in person and so that really it depends on sort of,

255

00:34:06.055 --> 00:34:14.545

the nature of the assessment that needs to be done and how it would be accomplished and coordinating that discussion with the healthcare provider that's doing it.

256

00:34:16.585 --> 00:34:18.505

For the participant hospitalized **CRYSTAL THOMAS**

257

00:34:18.625 --> 00:34:32.934

Is the provider only authorized to bill if the services are being provided to the person while they're in the hospital? **WINSLOW WOODLAND** so that question is regarding the

258

00:34:32.934 --> 00:34:33.804

provider.

259

00:34:34.105 --> 00:34:34.375

So,

260

00:34:34.375 --> 00:34:34.764

there's,

261

00:34:34.795 --> 00:34:43.974

there's two point to that in the waiver residential setting and in the ICF residential setting,

262

00:34:44.309 --> 00:34:50.695

there is a portion of the rate that has allowed for.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

263
00:34:51.114 --> 00:34:54.625
And I see if they call it a bedroll and waiver their days,

264
00:34:54.960 --> 00:34:57.864
that are covered under the rate,

265
00:34:57.864 --> 00:35:06.985
where a person actually is being supported by the supported living or Res Hab staff while they otherwise would be somewhere else.

266
00:35:07.260 --> 00:35:18.594
So the answer to that question is, to the extent, you were able to bill for a person in the hospital, prior to COVID, nothing has changed with regard to that.

267
00:35:19.014 --> 00:35:26.425
And, you know, I'd like whoever asked that question to call me personally, and we can talk about it.

268
00:35:28.375 --> 00:35:35.994 **ANDY REESE**
And that would be 730-1618. **WINSLOW WOODLAND** Thank you. Director.

269
00:35:52.014 --> 00:35:57.894 **CRYSTAL THOMAS**
Is anything being considered for the DSPs in terms of a pay increase, even if only temporarily?

270
00:36:01.465 --> 00:36:01.675 **ANDREW REESE**
So,

271
00:36:01.675 --> 00:36:05.184
I think this relates sort of to the Appendix K,

272
00:36:06.054 --> 00:36:07.014



and we will be, **TRANSCRIPT**
PROVIDER FORUM: COVID-19
APRIL 10, 2020 • NOON -1 P.M. via WebEx

273

00:36:07.014 --> 00:36:19.224

including in the Appendix K any modifications to the pay for the people who have already seen what was anticipated there. While we don't have the specific information about the different rates,

274

00:36:19.224 --> 00:36:27.175

you can see that circumstances under which enhanced pay is available and it's not an, across the board pay increase.

275

00:36:38.304 --> 00:36:50.994 **CRYSTAL THOMAS**

Where do the DSP stand in relation to this guidance? Are they essential non healthcare and therefore should be wearing some type of mask protection?

276

00:36:51.690 --> 00:37:05.454

Medical masks can be used, but used for a storefront brought fabric masks, or homemade mask is also sufficient or are there essential healthcare workers who are required, or instructed to wear medical masks?

277

00:37:06.295 --> 00:37:18.114

They're not clear about the instructions, because if they need real masks, that's an inventory problem. And if they should be wearing homemade ones, the person supported should be made aware of the recommendation.

278

00:37:18.114 --> 00:37:24.264

So that they are not even more worried about the new limitations, an unusual processes within their surroundings.

279

00:37:25.170 --> 00:37:36.414 **ANDREW REESE**

So, I'm going to say I have responded to this by email and copy DC Health so that they could weigh in to make sure that what I'm saying is accurate from their perspective.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

280

00:37:36.414 --> 00:37:49.494

And I'll just respond as I have before, which is that we had shared on our website information. That's also on the coronavirus.DC.gov website the guidance's from

281

00:37:49.494 --> 00:38:04.224

DC, Health on the usage of PPE and there are several different documents, including on the conservation of PPE the information for non-healthcare providers and then some general information about PPE.

282

00:38:05.514 --> 00:38:12.385

And the important thing is that all of those need to be read together and,

283

00:38:13.494 --> 00:38:26.844

When read together, my interpretation is the circumstances where PPE, surgical mask and N95, for example, are required or only those times where a person has tested positive.

284

00:38:27.085 --> 00:38:34.315

And in those cases, DC Health is working with a provider agency to provide them advice about proper use of PPE.

285

00:38:35.454 --> 00:38:49.135

And to ensure that they have a sufficient supply so if anyone at DC health wants to add to or correct that I'd be happy. **DC HEALTH** Oh, that's exactly what we would say. Thanks.

286

00:38:53.695 --> 00:39:05.574 **CRYSTAL THOMAS**

Is there written guidance for RSA providers regarding COVID-19 impacts that providers can refer to. If so, where can this information be found? **ANDREW REESE** So we did send this out to all providers.

287

00:39:06.414 --> 00:39:10.945

There's guidance on our website up at the top.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

288

00:39:10.945 --> 00:39:23.695

There's a link about regarding COVID information and it's the Guidelines for Day and Employment providers and that would be the guidance that's applicable to our RSA providers.

289

00:39:29.574 --> 00:39:42.684 **CRYSTAL THOMAS**

Is it possible to delay sending in billing until the pandemic is over? The reason why I ask is because DDS is still open, and we should still be looking to place as many people during these times as possible.

290

00:39:43.434 --> 00:39:48.744

The issue that many agencies MBA?? included phase is that we now, bill.

291

00:39:50.034 --> 00:39:59.244

Bill now, and then once the pandemic has run its course in the job market opens up once again, we will then be working without payment for some of the people in our program.

292

00:39:59.815 --> 00:40:14.275

Even though we are communicating with the people we serve and would rather wait until this is over to bill so that we could be reimbursed when our job developer can physically meet with the people in our program provide job development assistance,

293

00:40:14.304 --> 00:40:17.905

accompany them to interviews and provide job coaching support as needed.

294

00:40:19.105 --> 00:40:32.425

With the limited number of businesses actually open, limited public transportation, a government mandate to stay home people, we provide service to not wanting to leave their homes in the record number of unemployment benefits being filed daily.

295

00:40:32.425 --> 00:40:43.315 **ANDREW REESE**

The job market clearly is at a standstill. So, I do believe that this is a great question. I do believe that this question is addressed in the guidelines.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

296

00:40:43.375 --> 00:40:49.284

So if people haven't seen it, please, do look at our website at the guidance for day and employment providers.

297

00:40:49.614 --> 00:41:02.065

But what I want to really emphasize, and it's the same for RSA as it is for DDA, as any of our essay providers know, when they start working with the person, they do a person centered employment plan.

298

00:41:03.625 --> 00:41:18.204

If those were done, as we move into this public health emergency, then I would think that these current circumstances would be considered. It may be that some adjustments are needed.

299

00:41:18.775 --> 00:41:32.994

What is very clear is exactly what you're saying for many people, this is not the right time to go looking for a job. If I, for example, wanted to be a barber all the barber shops are closed.

300

00:41:33.239 --> 00:41:47.304

So, if my employment goal is to become a barber, then what would happen is that there would not be job development activity until you get to a point when job development activity is appropriate. Because, as you mentioned, which is accurate.

301

00:41:49.554 --> 00:42:01.885

The payment rate for RSA services is an outcome based payment rate, and we paid milestones and so you wouldn't want to sort of create work during the crisis.

302

00:42:01.885 --> 00:42:06.175

And then when you have actual work, you've already used up those milestones.

303

00:42:06.775 --> 00:42:07.945

On the other hand,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

304

00:42:08.304 --> 00:42:15.235

if you had a person who was very interested in going to work right now and had a customer service goal,

305

00:42:15.474 --> 00:42:16.914

or had a goal related to,

306

00:42:16.914 --> 00:42:17.244

like,

307

00:42:18.324 --> 00:42:19.704

I'm trying to think of the right name,

308

00:42:19.704 --> 00:42:19.974

like,

309

00:42:20.094 --> 00:42:23.574

to stock shelves at a grocery store,

310

00:42:24.090 --> 00:42:31.405

some of those jobs are places where people are really looking to hire right now.

311

00:42:31.585 --> 00:42:38.335

And if you have a person who is actually really looking to work, then it may be that you can connect them to work and continue with them.

312

00:42:38.755 --> 00:42:53.514

So, as I say, it's an individualized question for each person, do you need to submit a monthly report saying, you know, I'm waiting until the crisis is over or come up with some way to have three contacts absolutely. Not.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

313

00:42:54.510 --> 00:43:08.994

You need to have a discussion with each person and perhaps the, VR counselor is joined on that about what their plan is. Right now, if someone just gets referred to you and you figure out where you're going with some, do you want to be clear about where you're going?

314

00:43:09.204 --> 00:43:21.235

Does that include doing job development activities now? Or is it waiting until the public health emergency is over, the stay at home order is lifted and the person is actually able to start looking for work.

315

00:43:25.105 --> 00:43:36.295 **CRYSTAL THOMAS**

For persons who are served through day habilitation, employment, job readiness or supportive employment and are currently at home in a natural home, or supported living and are not receiving services in the home during the day.

316

00:43:36.690 --> 00:43:49.675

Can they receive tele-health where staff would be able to call them and offer guidance reassurance and information to them during a difficult time with staff being able to build under the existing waiver service?

317

00:43:50.934 --> 00:44:04.434

So that's really related to an Appendix K question about the ability to provide services remotely. And what you would need to do is look at the services that you can provide remotely.

318

00:44:05.605 --> 00:44:14.394

Can you provide day services remotely? The answer is no, so calling someone at home to check in on them,

319

00:44:15.054 --> 00:44:25.914

If we did not include that in our Appendix K as a remote service that could be provided that's not engaging in a service during the day.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

320
00:44:27.114 --> 00:44:30.355
But we did include in the Appendix K that day service.

321
00:44:30.804 --> 00:44:37.855
And so I think what you will find is the flexibility for remote services on the one hand,

322
00:44:38.304 --> 00:44:48.775
or the possibility for retainer payments on the other and you'll see the final approved Appendix.

323
00:44:48.775 --> 00:44:50.125
K. as soon as it comes out.

324
00:44:53.304 --> 00:44:58.135 **KIRK DOBSON**
I'm just going to turn over at this moment to DC health who had additional guidance to share on PPE.

325
00:45:03.414 --> 00:45:03.804 **SHARON MEBANE??**
Hi,

326
00:45:03.804 --> 00:45:03.985
This is Sharon.

327
00:45:05.155 --> 00:45:18.960
I just let you guys know that my staff is going to be calling the providers to determine their status of their PPE how many they have, what their needs are what?

328
00:45:18.954 --> 00:45:28.434
I so far a found that there are a couple of providers that have more than probably they really would need and still asking for more.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

329

00:45:28.824 --> 00:45:42.264

For example, I had one provider less than twenty five residence, and they have four hundred and ninety five and it's a lot more of other things that's me is more than they're asking.

330

00:45:42.474 --> 00:45:57.114

Course, I just wanted to that, you know, that please if you have enough, because this particular facility did not have any positive cases. So if you have enough right now, please be patient.

331

00:45:57.510 --> 00:46:01.105

If you have positive cases. Yes please call me and let me know.

332

00:46:03.059 --> 00:46:13.164

So, I just want to please also, if you can work as a community and share, do you have some, that, you know, that another provider is lacking if you can share that would be great. Thank you.

333

00:46:21.360 --> 00:46:31.945 **WINSLOW WOODLAND**

Hi Sharon. Could you also speak to ICSPT and OT remote provisions.

334

00:46:31.945 --> 00:46:46.769

The question comes from ICF provider who wants to know the HR latest guidance on remote supports for PT/OT.

335

00:46:46.764 --> 00:46:58.829

OT yes. So Aisha Nixon, is going to come shortly.

336

00:46:58.945 --> 00:47:13.465 **SHARON MEBANE**

So, she's coming if you give me about a couple of minutes, she will come in and answer that question. She is the executive director Allied Health if you were to speak Sharon see, also on muted.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

337

00:47:13.465 --> 00:47:21.295 **KIRK DOBSON**

So she can speak as you liked it. Okay. Oh, she's coming here. I'm sorry.

338

00:47:25.590 --> 00:47:32.125 **ANDREW REESE**

So why don't we answer another question and then we'll get back to Aisha oh, okay.

339

00:47:32.125 --> 00:47:44.664 **AISHA NIXON**

as it relates to additional guidelines when it comes to telehealth practice for the physical therapist occupational therapist,

340

00:47:45.239 --> 00:47:48.114

the District does not have any additional guidelines.

341

00:47:48.449 --> 00:47:58.465

We advise that PTs, OTs and speech therapist practice in accordance with their standard of care set forth by their national association.

342

00:47:59.724 --> 00:48:12.864

So the things that can be done remotely, they would do remotely the things they cannot, they would not engage. Okay. Well, we have DC Health on the line.

343

00:48:12.864 --> 00:48:19.735 **KIRK DOBSON**

We also have a new question that came into our chat box, our new guidelines for social workers. The CDC recommends exposed employees

344

00:48:19.735 --> 00:48:32.815

take their temperature before their shifts, wear face masks and practice social distancing at work. As we know most of our ID ICF homes had a one to one individuals required arm length supervision.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

345

00:48:33.144 --> 00:48:47.485

How will this be possible for DSP staff to practice social distancing? Please advise. Thank you. **DR. JOEL** Yeah, this is DR. JOEL from DC Health? Yeah, of course we understand that there are special circumstances that require you to be closer than social distancing.

346

00:48:47.485 --> 00:48:57.445

Would advise we're talking with all facilities that have questions about this and explains and what we want people to do is the best that they can do under a particular circumstance.

347

00:48:57.835 --> 00:49:09.144

Obviously, if you're required to get within touching distance to somebody, then you're going to wear a higher level PPE and otherwise with regard to social distancing, we want to be able to maintain care,

348

00:49:09.175 --> 00:49:22.224

Obviously, and care is going to supersede social distancing as long as we can provide care in a way that's safe for the employee. Again, my email is in that in that stream and I'd be happy to elaborate on that if anyone has a specific question.

349

00:49:26.610 --> 00:49:37.914 **KIRK DOBSON**

Thank you so much I think we have some other questions here. They are DDS specific. **CRYSTAL THOMAS** For those clients that we need to amend IPE's for

350

00:49:37.914 --> 00:49:48.684

It seems like it's taking too long for clients to sign and send the IPE back. Is it okay for RSA providers to start supporting clients before the IPE has been received? **ANDREW REESE** Yes.

351

00:49:49.644 --> 00:49:57.954

So, what happens is the IPE is developed over the phone and then sent out to the person.

352

00:49:58.135 --> 00:50:06.445

We don't need to wait for the IPE to get back with the persons signature in order to begin the service.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

353

00:50:07.795 --> 00:50:21.775

If it is that, you know, and this frankly is not a unique situation, because we have many circumstances where IPEs are amended and the person amended it over the phone.

354

00:50:21.954 --> 00:50:32.304

And in some of those circumstances that provider in those cases is working directly and seeing the person. And we've then asked the provider to get the IPE from the person. So, there is no need to wait.

355

00:50:32.304 --> 00:50:42.295

As long as your confirmation from the counselor that they have, in fact, finalize the IPE with the person and sent it out for their signature. Then we're good to go.

356

00:50:44.485 --> 00:50:50.875 **CRYSTAL THOMAS**

Can someone please clarify temporarily permit payment for services rendered by family givers

357

00:50:52.074 --> 00:50:58.465

Or legally responsible individuals, it's not already permitted under the waiver. Is this applicable to IDD?

358

00:50:58.704 --> 00:51:06.355

I think you're referring to a provision in the Appendix K that relates to an EPD waiver provision,

359

00:51:07.135 --> 00:51:16.585

but it along with all of our other Appendix K questions would be responded to once the final Appendix K is approved and sent to us from CMS.

360

00:51:21.175 --> 00:51:34.704 **KIRK DOBSON**

We have one question that came in following up on care payments. It says, I understand Medicaid can't be billed for two services at the same time, but the retainer payment information and the Appendix K says differently.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

361

00:51:37.045 --> 00:51:51.144 **ANDREW REESE**

The final Appendix K will be approved by CMS and it will go out to everyone. I don't believe it says differently, but we will have a finalized Appendix. K

362

00:51:52.855 --> 00:52:04.105

that will go out to folks. I guess what people are referring to is and this is the circumstance where, in some respect, you would see a person sort of billing twice for the same thing.

363

00:52:05.215 --> 00:52:07.195

And we can make sure that we're addressing this,

364

00:52:07.195 --> 00:52:07.644

which is,

365

00:52:07.644 --> 00:52:08.635

for example,

366

00:52:08.934 --> 00:52:12.445

if someone is getting Day services from a provider,

367

00:52:12.445 --> 00:52:15.445

who does only Day services and so,

368

00:52:15.445 --> 00:52:19.554

during this public health emergency they're at home,

369

00:52:19.764 --> 00:52:23.335

and their residential provider is now providing.

370

00:52:25.045 --> 00:52:26.635



Companion services **TRANSCRIPT**
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

371

00:52:27.085 --> 00:52:31.914

we would be paying the retainer rate to the Day Provider,

372

00:52:32.244 --> 00:52:36.985

who is not providing that service to the person while at the same time,

373

00:52:37.164 --> 00:52:41.065

providing a payment for the services that are actually being provided.

374

00:52:41.820 --> 00:52:46.855

I don't believe that retainer payments count as payment for services.

375

00:52:46.855 --> 00:52:48.744

Provided because they're payment,

376

00:52:48.744 --> 00:53:03.235

because services could not be provided. And we will make sure that when the finalized document is approved that all of those questions and answers can be provided to folks.

377

00:53:04.139 --> 00:53:14.065 **KIRK DOBSON**

One last question, are we billing the way we typically submit our waiver claims that is outlined and Appendix K. or are we sending in manual invoices? Like we do for ACH payments?

378

00:53:17.244 --> 00:53:32.125 **ANDREW REESE**

When the appendix K has been approved by CMS, we will send it out to everyone. And then we'll have some sessions going over the specifics of what's included in it and how to operationalize it.

379

00:53:38.125 --> 00:53:48.864 **KIRK DOBSON**

Our evidence based providers have been advised that we cannot provide services until we receive authorization from the counselor. If the IPE is not signed, we will not get authorization. How



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

380

00:53:49.739 --> 00:53:54.625

does this align with the statement that we can provide services before the counselor get the IPE

381

00:53:56.215 --> 00:54:10.465 **ANDREW REESE**

If the counselor has an approval from the person over the telephone. They can then finalize the IPE and issue an authorization. There are people who work here at DDS, and who are on this call.

382

00:54:10.885 --> 00:54:20.875

And we'll make sure that those people get that word out to anyone who is confused about this. **KIRK DOBSON** a secondary question came in for DDS and for DC Health.

383

00:54:20.905 --> 00:54:29.454

I am concerned about only testing people supported, or staff who are displaying COVID-19 symptoms. There's evidence that person's asymptomatic and positive.

384

00:54:29.485 --> 00:54:36.594

The current approach, it overlooked the situation we could have people getting sick, but overlook the person who actually is shedding the virus.

385

00:54:36.690 --> 00:54:44.574 **ANDREW REESES**

I think DR. JOEL answered this question for people already, which is one false negative two, testing someone today,

386

00:54:44.574 --> 00:54:52.614

doesn't tell you what the result is tomorrow there's a reason that they only test people who are showing symptoms and furthermore,

387

00:54:52.614 --> 00:54:54.144

just a sort of a reminder,



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

388

00:54:55.585 --> 00:54:55.945
you know,

389

00:54:55.945 --> 00:54:59.875
the kinds of precautions that we should all be taking every day.

390

00:55:00.355 --> 00:55:14.815
I'm talking about keeping distance about having solid face covering when you're out, washing your hands regularly should also be protecting people and DC Health can certainly chime in since I think that was more of their

391

00:55:14.815 --> 00:55:15.864
questions in mind,

392

00:55:15.864 --> 00:55:17.695
but given that it had been answered.

393

00:55:17.695 --> 00:55:18.114
I saw it.

394

00:55:19.195 --> 00:55:30.414 **DR. JOEL**
Andy, I think you've, hit all the points, so I would only this DR. JOEL I would only add that, we also have to be concerned with the, with our ability to test and provide testing for everyone who needs it, which is why we're one of the other reasons.

395

00:55:30.445 --> 00:55:44.934
In addition to what you've mentioned, we're prioritizing testing symptomatic people. I think we'll have to see how things go in DC in terms of the number of cases, and the number of potential positives for the number of exposures that see whether those recommendations will be will be modified in the future.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

396

00:55:45.204 --> 00:55:59.755

But for now, we're sticking with the exit for exactly the reasons you mentioned. And again, also, the supply of testing, the availability of testing, we're sticking with testing symptomatic folks. I think your second point about protecting yourself, we're not protecting ourselves through testing.

397

00:55:59.755 --> 00:56:07.704

We're protecting ourselves through our behavior and our PPE I think that's probably the most important answer to your question.

398

00:56:11.545 --> 00:56:16.885 **SHARON MEBANE**

Can I also add something while we are prioritizing, at

399

00:56:16.885 --> 00:56:31.465

DC, Health testing symptomatic patients and employees as DR. JOEL was mentioning if a facility wants to, at their discretion, goes through a commercial laboratory to test asymptomatic persons.

400

00:56:31.494 --> 00:56:34.494

They certainly have the opportunity to do that on their own.

401

00:56:35.070 --> 00:56:47.574 **ANDREW REESE**

So what I want to say, and they should consider all the cautions that DR. JOEL mentioned before if they do that because all, it gives them is a point in time.

402

00:56:48.539 --> 00:56:57.355 **SHARON MEBANE**

Correct and we do like to say, we have to ask ourselves, you know, what is the point of doing the testing? Would you do anything differently?

403

00:56:58.530 --> 00:57:07.525

The results came back so for asymptomatic persons, we should be doing all of the precautions that's already outlined in DC Department of health.



TRANSCRIPT
PROVIDER FORUM: COVID-19
APRIL 10, 2020 ▪ NOON -1 P.M. via WebEx

404

00:57:08.425 --> 00:57:20.605

But again, that is things that they could pursue, but with all of this in mind, thank you. Thanks a lot. So, we just have two or three minutes left if anyone else has any questions.

405

00:57:23.094 --> 00:57:35.994 **KIRK DOBSON**

I, well, I know a lot of people RSVP'd but in the interest of time, and won't be on mute on the individual lines. We'll try to get to that next week. We just have a lot of questions to handle this week, but thank you and I'll send out another link for next week.

406

00:57:38.125 --> 00:57:51.030 **ANDREW REESE**

So, if that's all of our questions, thank you very much. Especially thanks to our partners from DC Health, and DHCF who helped to respond fully to these questions. And we will talk to folks again next week.

407

00:57:51.324 --> 00:57:56.514

Usually I turn around and there's another question behind me, but okay thanks a lot. We'll talk again next week bye now.