



TRANSCRIPT
PROVIDER FORUM: COVID-19
MAY 1, 2020 ▪ 12:00 NOON via WebEx

1 ANDREW REESE

00:00:04.884 --> 00:00:08.875

Good afternoon everyone, this is Andy Reese. Thanks for joining us today.

2

00:00:10.734 --> 00:00:22.315

I want to remind people that this is recorded and as soon as possible the recording along with a transcript of the recording will be posted on our website.

3 - 6

00:00:25.045 --> 00:00:25.434 - 00:00:25.464 --> 00:00:27.085 00:00:27.864 -->

00:00:29.515 - 00:00:30.144 --> 00:00:32.814

So, just to provide an update, in terms of the data, people may have noticed that starting Tuesday morning,

7

00:00:34.225 --> 00:00:40.765

COVID related diagnoses, deaths and recovery are posted on the Districts.

8

00:00:41.005 --> 00:00:45.085

Coronavirus.dc.gov website regarding DDS.

9

00:00:46.679 --> 00:00:55.914

One just gives a small explanation regarding recovered because the recovered number might look low to you,

10 - 12

00:00:56.274 --> 00:00:56.664 - 00:00:57.895 --> 00:00:58.134 - 00:00:58.134 -->

00:01:02.335

but, you know, if you look at the recovered number for the overall cases in the District,

13

00:01:03.085 --> 00:01:07.644

they don't have the direct day to day contact with people.

14

00:01:08.305 --> 00:01:22.614

They have all the data on people who have tested positive and they have data on who's been hospitalized and who's been released. So when they're looking at recovered, they're looking



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at people who completed treatment in the hospital and we're discharged. When we look at recovered.

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00:01:22.614 --> 00:01:31.075

we are following people post discharge and making sure that the person has fully recovered and is doing well again.

16

00:01:31.165 --> 00:01:45.474

And so that's why our number initially may look a little low, but we are following a number of folks, the nurse consultants as well as service coordinators are following up to track people. As of yesterday afternoon.

17

00:01:45.775 --> 00:01:52.254

There had been 135 people supported by DDS who have tested positive.

18

00:01:55.015 --> 00:02:04.825

Just to provide some context for you, people may recall that last week we reported 86. So that seems to be quite a significant jump for the week.

19

00:02:06.055 --> 00:02:10.134

But if we look at the data as broken down,

20

00:02:11.395 --> 00:02:21.474

I also track the data according to sort of where people are in terms of their health out of the 135 people.

21

00:02:21.805 --> 00:02:28.525

37 are currently hospitalized. It does include 17 people who have died.

22

00:02:30.175 --> 00:02:33.775

It also includes 19 people who've been discharged from the hospital,



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23

00:02:34.134 --> 00:02:40.974

and it includes 62 people who are being monitored many of whom are asymptomatic,

24

00:02:40.974 --> 00:02:46.344

but had been tested that number is up from 26 people last week.

25 -26

00:02:46.405 --> 00:02:46.735 - 00:02:46.735 --> 00:02:55.014

So, while there is a big jump in the number of people testing positive on the positive side,

27

00:02:55.944 --> 00:03:05.724

the increase in deaths between last week and this week was only three and the most significant increase was the number of people testing positive.

28

00:03:07.014 --> 00:03:15.444

And that was people who are being monitored, as I said, many of whom who are asymptomatic and

29

00:03:16.314 --> 00:03:19.134

That increase is due in part to,

30

00:03:19.884 --> 00:03:21.564

as we discussed last week,

31

00:03:21.564 --> 00:03:25.104

there has been a change by DC,

32

00:03:25.104 --> 00:03:25.465

Health,

33

00:03:25.465 --> 00:03:29.395

in terms of the recommendations for testing and at this,



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00:03:29.965 --> 00:03:30.805
initially,

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00:03:30.835 --> 00:03:39.384
testing was only recommended in order of priority for people who were experiencing symptoms.

36

00:03:39.564 --> 00:03:41.574
There were different categories of people,

37

00:03:41.574 --> 00:03:43.104
but all of those categories,

38

00:03:43.104 --> 00:03:46.645
where people who were currently experiencing symptoms and then,

39

00:03:46.645 --> 00:03:52.944
as of last week that was updated to include people who are at high risk,

40

00:03:52.974 --> 00:03:56.185
who have had a contact and in just a couple of moments.

41

00:03:56.485 --> 00:04:08.395
Winslow Woodland is going to talk about the steps we're taking with all of our providers, so that we can identify the people at high risk and take the steps necessary to get everyone tested.

42

00:04:10.675 --> 00:04:12.955
So that we will see our numbers perhaps go up.



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43

00:04:12.955 --> 00:04:21.024

But so that we have a better handle on what the current situation is in terms of the most vulnerable people that we're supporting,

44

00:04:22.884 --> 00:04:34.074

primarily people in ICF and Res Hab but we'll be looking at all of our placement types in terms of looking at people who may have had an exposure in another placement as well.

45

00:04:35.274 --> 00:04:47.125

Lastly, I just want to say, as people may be aware, or I expect people are aware based on some questions that we're already seeing the Appendix K transmittal did go out to providers yesterday.

46

00:04:49.915 --> 00:05:03.564

And one small note, there's a clerical error in it in the one column for the modifier code there is a one in where it should be an.

47

00:05:03.595 --> 00:05:15.295

I, and we will be sending out that correction by Monday. So that when people bill, you will submit the bill with an accurate modifier. So, they so that does go through smoothly.

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00:05:17.125 --> 00:05:28.345

We are also, once again, today, joined by DC Health as well as.

49

00:05:31.404 --> 00:05:44.904

So, we have staff from DC Health, so if there are questions, particularly questions have come up regarding testing and PPE, DC Health may be able to step in to help us with some of those.

50 - 53

00:05:47.964 --> 00:05:48.504 - 00:05:48.535 --> 00:05:49.464 - 00:05:49.884 -->

00:05:50.095 - 00:05:50.095 --> 00:05:50.665

So, with that, oh, I'm sorry,



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54
00:05:50.935 --> 00:05:53.875
in addition in terms of tracking,

55
00:05:54.865 --> 00:06:06.295
we have had to date 109 provider staff who have tested positive for COVID-19 and 4 provider staff,

56
00:06:06.444 --> 00:06:09.475
who have died related to COVID-19,

57
00:06:13.194 --> 00:06:13.915
So we do,

58
00:06:14.305 --> 00:06:15.985
in addition to DC Health

59
00:06:15.985 --> 00:06:20.754
we do also have the DHCF on the call and with that,

60
00:06:20.754 --> 00:06:31.014
I do want to turn it over to Winslow so that he can talk some about how we're coordinating with providers to get appropriate folks tested.

61
00:06:31.555 --> 00:06:40.105 **WINSLOW WOODLAND**
Good morning. Everyone last week a resource was made available to DDS as testing guidance changed.

62
00:06:41.125 --> 00:06:44.725
We began working with the DC public health lab,

63
00:06:45.264 --> 00:06:52.704
and we reviewed the process for having testing kits delivered,



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64

00:06:53.694 --> 00:07:04.014

and we develop guidance and instruction for how specimen should be obtained the chain of custody of the specimen.

65

00:07:04.495 --> 00:07:05.785

And the process.

66

00:07:07.045 --> 00:07:09.475

I'm happy to report to you that yesterday,

67

00:07:09.475 --> 00:07:24.415

we did have a provider utilize the process that was developed with in conjunction with the public health lab, specimens were obtained and they were to be

68

00:07:24.415 --> 00:07:26.394

picked up by a 8 PM yesterday,

69

00:07:26.394 --> 00:07:34.824

Which a courier does provide that service working with the public health lab. with that said,

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00:07:35.485 --> 00:07:38.214

prior to the process being implemented,

71

00:07:38.214 --> 00:07:45.475

the assigned health and wellness nurses were tasked with conducting an assessment of their assigned providers,

72 - 75

00:07:46.314 --> 00:07:47.125 - 00:07:47.125 --> 00:07:47.485 - 00:07:47.485 -->

00:07:47.845 - 00:07:47.875 --> 00:07:48.475

ability, skill set, willingness.



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76

00:07:48.475 --> 00:07:57.235

However, you want to define it to be able to acquire this specimen safely and whether they had the appropriate PPE to do

77 - 78

00:07:57.235 --> 00:07:57.654 - 00:07:57.925 --> 00:08:03.625

So, and whether they had the resource to store it according to guidance from the public health lab.

79

00:08:03.894 --> 00:08:08.694

We did have one provider obtain two specimens yesterday,

80 - 81

00:08:08.725 --> 00:08:09.564 - 00:08:09.564 --> 00:08:14.725

as I said, and we're very pleased to offer that as a resource where available to providers.

82

00:08:15.295 --> 00:08:24.595

I'd also like to acknowledge the fact that our physician consultant Ernest Brown has also conducted testing.

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00:08:24.654 --> 00:08:32.065

working with at least two providers prior to the implementation of this new testing process.

84

00:08:32.460 --> 00:08:45.534

Dr. Brown is as, you know, our consultant and he also is a community based physician who does house calls. The process is being refined as we go along.

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00:08:45.534 --> 00:09:00.475

I haven't met with the team to determine if they had any new information to add to refining the process. But I would just like to share that and offer that as a resource to anyone who has had someone that's exposed.



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86

00:09:00.504 --> 00:09:02.995

And those who are considered at risk.

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00:09:04.105 --> 00:09:16.585 **ANDREW REESE**

And just so people are aware, there are the public testing sites that are available in the District, and you can make appointments and go to those sites for testing as I look at them for many of the people we support,

88

00:09:16.585 --> 00:09:28.794

I'm not sure that's the most appropriate way to do the testing aside from requiring an appointment, which is fine. There is a caution on the site that although you're making an appointment.

89

00:09:29.664 --> 00:09:39.504

You can expect to wait between forty five to seventy five minutes when you arrive. And there are no public restrooms available so, keeping that in mind.

90

00:09:39.835 --> 00:09:53.274

If you go to [Coronavirus.dc.gov](https://coronavirus.dc.gov) you can see the information about those public sites, and how to make the appointments there. **WINSLOW WOODLAND** I should also add that from nurses, reaching out

91

00:09:53.514 --> 00:10:00.865

We have found that providers are using other resources to also provide testing.

92

00:10:09.894 --> 00:10:24.774 **CRYSTAL THOMAS**

Good afternoon everyone, Wednesday afternoon the DC hospital association updated it's guidance for hospital visitor restriction for COVID-19 to expressly allow for designated support person for patients with

93

00:10:25.315 --> 00:10:26.875

developmental disabilities



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94

00:10:27.210 --> 00:10:37.585

How will DDS ensure people receiving DDS services? Their families and DDS providers are aware of this policy change? How will DDS work with providers to ensure

95

00:10:37.585 --> 00:10:46.404

They proactively identify that willing to serve as a designated support person during a hospital stay or stay for a person they support?

96 -98

00:10:47.995 --> 00:10:48.414 **ANDREW REESE** - 00:10:50.304 --> 00:10:51.804 -
00:10:51.804 --> 00:10:53.215

So, as people should be aware, the providers that are on the line,

99

00:10:53.215 --> 00:10:58.345

we sent this updated guidance out this week as soon as we received it,

100

00:10:58.914 --> 00:11:13.855

advising them of the change that was made by the hospital association this change in guidance is reflective of the understanding that there are occasions when a

101

00:11:13.855 --> 00:11:22.195

person with a developmental or intellectual disability may require support from someone in order to adequately access their care at the hospital.

102

00:11:23.065 --> 00:11:27.115

You know, we have this isn't new for our providers.

103

00:11:27.115 --> 00:11:41.455

We have had people in the past who, when they are in the hospital, have a need to have a familiar person there with them to help them in receiving whatever treatment or to help them with eating meals if that's an issue.

104

00:11:41.784 --> 00:11:46.195

And so this is something that I think our providers have dealt with before,



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105

00:11:47.065 --> 00:11:49.735
and as the providers are aware of,

106

00:11:49.764 --> 00:11:51.625
it is included in the Appendix K,

107

00:11:51.625 --> 00:11:58.284
that staff that are needed to support the person when they are in the hospital can be paid under the waiver

108

00:11:58.315 --> 00:11:59.695
even while the person is,

109

00:12:00.085 --> 00:12:02.725
billing a state plan for the,

110

00:12:03.024 --> 00:12:04.315
for the hospital stay.

111

00:12:08.034 --> 00:12:20.184
But it's not expected to be, I don't think this was included to say that there is relax visitation for people with intellectual and developmental disabilities.

112

00:12:20.184 --> 00:12:29.605
It's a recognition that there are circumstances where people with particular disabilities need additional support in order to adequately access the care in the hospital.

113 -114

00:12:30.024 --> 00:12:30.955 - 00:12:31.644 --> 00:12:33.115
And so, when this is an issue,



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115

00:12:33.325 --> 00:12:35.965
what I had asked in my instruction,

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00:12:35.965 --> 00:12:38.934
when I forwarded this new guidance to be sent out to,

117

00:12:38.934 --> 00:12:41.605
everyone was to just say to providers,

118

00:12:42.355 --> 00:12:45.835
if there are any issues that you have with a hospital,

119

00:12:46.164 --> 00:12:49.164
allowing for this to please get in touch with us,

120

00:12:49.225 --> 00:12:56.034
or my understanding was that Quality Trust would also make themselves available to help providers in these circumstances.

121

00:12:56.365 --> 00:13:04.315
So you could contact either of us for advocacy. If there are a circumstance where this is going to be required.

122

00:13:09.299 --> 00:13:16.495 **CRYSTAL THOMAS**
Previously, there was a section on MCIS for providers to enter vital information for all hospitalization.

123

00:13:16.889 --> 00:13:31.705
I've noticed that the hospitalization section is no longer on which also provided ticklers to the nurse transition specialists and DDS on the information needed surrounding someone's hospitalization is that information obtainable for providers.



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124

00:13:31.735 --> 00:13:33.715

If needed and why was it removed?

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00:13:33.955 --> 00:13:47.815

It would be helpful to have a tracking tool when reporting hospitalizations due to COVID right now. **WINSLOW WOODLAND** first of all the system that, that was a former system first.

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00:13:48.144 --> 00:13:58.495

Secondly, I was unclear about the question, because it sounded is though, it was to be used to assist providers and tracking

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00:13:58.914 --> 00:14:12.445

and that was a bit confusing to me, because I would expect the providers have their own system of tracking people that they support when they're hospitalized with regard to transitions specialist,

128

00:14:12.894 --> 00:14:21.534

Our transition specialists received a daily report of all reported hospitalizations through the serious reportable incident

129

00:14:21.870 --> 00:14:30.235

System. That is daily. I get a tickler for every serious reportable incident, entered into the system. So I also am aware of those.

130

00:14:30.600 --> 00:14:34.884

And our transition specialist,

131

00:14:35.184 --> 00:14:36.745

which are nurse practitioners,

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00:14:37.014 --> 00:14:39.085

use that tracking mechanism,



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133

00:14:39.445 --> 00:14:47.544

the SRI forwarded to them to know where people are in terms of their hospitalization.

ANDREW REESE I will add.

134

00:14:47.544 --> 00:14:50.934

And I should, I'm putting Winslow on the spot to ask this question.

135

00:14:51.205 --> 00:15:04.044

I had never heard of the hospitalization log people who know me know that in the four years that I've been in this position I regularly go into MCIS.

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00:15:04.044 --> 00:15:15.534

and, you know, for various reasons, checking on the status of people that we support when necessary and appropriate, and hadn't heard of this tab,

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00:15:15.894 --> 00:15:21.355

I was surprised to see that in fact, it is a tab that is still there and available.

138

00:15:21.654 --> 00:15:24.865

But my thought is that people that are currently entering,

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00:15:25.195 --> 00:15:26.784

it's not necessary,

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00:15:26.784 --> 00:15:27.625

because we do,

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00:15:27.835 --> 00:15:29.695

we have had for a number of years,



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142 - 143

00:15:29.965 --> 00:15:34.794 - 00:15:35.850 --> 00:15:37.644
another system for the tickler of advising the transition,

144

00:15:37.705 --> 00:15:41.335
the nurse transition specialist about people who are hospitalized.

145

00:15:43.470 --> 00:15:47.304
But in following the COVID related.

146

00:15:48.835 --> 00:15:51.774
Hospitalizations that hospitalization tab.

147

00:15:51.774 --> 00:16:04.855
Actually, it is very helpful because what I currently do is for everyone who has been diagnosed with COVID I am looking regularly at all of the notes.

148

00:16:05.034 --> 00:16:18.654
And now I see that there's a place I can look for their discharge take from the hospital, but I was going to say to Winslow. I don't know that there is a need for those of you who are still using it to continue to do so. Not at all.

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00:16:19.825 --> 00:16:25.345
to the extent. It's helpful to you. Please continue to use it. It is there. And it is active.

150

00:16:25.404 --> 00:16:38.154
If it feels to you, like, it is an additional responsibility, it is not recording information that I think much of anybody is looking at through that system.

151 - 152

00:16:38.274 --> 00:16:40.764 - 00:16:41.245 --> 00:16:42.539
We have other ways of monitoring that information. And I,



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153

00:16:42.534 --> 00:16:45.294

in response to a lot of questions today,

154 - 155

00:16:45.625 --> 00:16:54.235 - 00:16:54.235 --> 00:16:54.955

want to sort of repeat the theme of many of the steps that we've been taking for the last six weeks, last month,

156 -157

00:16:54.955 --> 00:16:57.144 - 00:16:57.174 --> 00:17:05.454

Especially, are our, efforts to support the providers in the work that you are doing right now and so to the extent

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00:17:05.759 --> 00:17:16.494

That that support feels more to you like a burden, and they were asking for you to do something that feels more burdensome then helpful. Please let us know.

159

00:17:16.974 --> 00:17:22.615

Because what we are attempting to do is to be a partner to you in getting through this very difficult time.

160

00:17:25.674 --> 00:17:34.734 **CRYSTAL THOMAS**

The Mayor's order indicates that we must screen all persons who come in contact with someone who has tested positive as soon as practical.

161

00:17:35.069 --> 00:17:47.904

If a home is quarantine. Does waiting until the staff indoor persons are out of the quarantine qualify as soon as possible? Does this apply to staff as well?

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00:17:48.055 --> 00:17:56.394

The order also requires that screening includes a questionnaire regarding COVID-19 symptoms when, how frequently?



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163

00:17:56.394 --> 00:18:06.444 **ANDREW REESE**

And for how long? So just to be clear, the Mayor's order requires screening of anyone who comes into the home.

164

00:18:08.184 --> 00:18:19.375

And so, that would be staff as they enter the home each day for those placements for those providers that have instituted, sort of a shelter in place,

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00:18:20.305 --> 00:18:31.105

when we have seen those plans, those have included daily screening of everyone in the home monitoring, whether they have any current symptoms, checking their temperature.

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00:18:31.884 --> 00:18:36.444

The screening of staff that's required is outlined in the order.

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00:18:36.714 --> 00:18:48.384

It is simply checking with the person to ensure that they don't have any current symptoms of shortness of breath, coughing or fever, checking their temperature.

168

00:18:51.025 --> 00:18:53.035

And that's it.

169

00:18:57.325 --> 00:19:06.775

Ensuring that the person is healthy when they come on duty and ensuring that anyone who enters a home is healthy. The

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00:19:07.825 --> 00:19:17.154

Mayor's order was posted to our website, and we also sent out a transmittal that detailed all the requirements of the Mayors order. And that is also on our website.

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00:19:18.210 --> 00:19:23.125

It sounded like a question because it was the answer was yes.



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172

00:19:25.914 --> 00:19:36.984 **CRYSTAL THOMAS**

Providers have received calls from DDS, requesting names of staff members regarding the tracking of COVID positive staff findings. What is the plan for the usage of this information?

173

00:19:37.319 --> 00:19:44.575

Will providers be receiving communication from DC Health or DDS sharing the staff health information

174

00:19:44.575 --> 00:19:54.414

which was gathered? Has there been any written policy statement from DDS directed to the workforce or providers indicating that this information is being sought?

175

00:19:55.494 --> 00:19:58.315

Yes the, it's not from DDS.

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00:19:58.315 --> 00:19:59.275

It's from the Mayor,

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00:20:00.599 --> 00:20:03.025

so the Mayor issued the Mayor's order,

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00:20:03.174 --> 00:20:17.335

which requires that anyone contracting with a government agency that is aware of someone that they're working with becoming positive has to report that in front of any staff person becoming positive has to report that information to the

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00:20:17.785 --> 00:20:19.585

agency that they contract with,

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00:20:19.704 --> 00:20:21.115

that is in the Mayor's order,



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00:20:21.265 --> 00:20:31.674

and it's explained in the transmittal. We share that information with DC health to make sure that it is a report that they've received.

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00:20:32.095 --> 00:20:44.964

Because it is possible that the person who test positive is not a District resident so they would have to be relying on their coordination with the surrounding jurisdictions to get the information.

183

00:20:45.234 --> 00:20:49.345

So, Winslow daily shares that information with DC Health.

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00:20:52.164 --> 00:20:59.275

People's personal health information is not shared by DC Health, or DDS with anyone else. What

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00:20:59.275 --> 00:21:03.835

DC health does though is reach out and they're here and could answer if they wish,

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00:21:03.835 --> 00:21:17.275

but they reach out to people who test positive to make sure that the person has everything that they need to make sure that they understand what needs to be done to take care of themselves that they are able to stay at home,

187

00:21:17.275 --> 00:21:19.285

which is what they're required to do that.

188

00:21:19.285 --> 00:21:29.605

They have all the things they need to do that. And, you know, to the extent we had a concern that the person was potentially exposing people. We would let DC Health know



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189

00:21:29.605 --> 00:21:36.714

they could follow up because they are the appropriate folks from epidemiology at DC Health to deal with this.

190

00:21:36.744 --> 00:21:47.994

And if they want to respond to that now, I know that someone from

191

00:21:49.075 --> 00:21:53.670 **DC HEALTH**

DC Health EPI and I think you outlined it perfectly.

192

00:21:53.694 --> 00:21:56.904

That that is exactly what we do and if there is,

193

00:21:57.359 --> 00:21:58.015

for example,

194

00:21:58.015 --> 00:22:00.115

employee gets reported to us,

195

00:22:00.115 --> 00:22:14.875

we do try to make sure that we follow up and ask questions to see if there were other potential exposures and asking if that employee might be working for another agency to try to help with that and to see if there's anything we can do to help us this in that

196

00:22:14.875 --> 00:22:15.295

regard

197

00:22:15.325 --> 00:22:18.684

So I think you, you outlined it perfectly. That's correct.



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198

00:22:20.369 --> 00:22:34.734 **CRYSTAL THOMAS**

Thank you. What is DDS actual written plan for dealing with this crisis like the provider emergency plans? is there a written document that the departments have drafted,

199

00:22:34.734 --> 00:22:41.904

which outlined the possible issues what will be done to address or resolve them who will be responsible for different aspects?

200

00:22:42.265 --> 00:22:50.065

And what the measurement of success will be, if so, can you share the written plan with the stakeholders so providers can see the Department's pathway forward.

201

00:22:50.994 --> 00:22:59.515 **ANDREW REESE**

So there's an operations plan for every agency in the District government, and those are posted on our websites.

202

00:23:06.805 --> 00:23:21.174 **CRYSTAL THOMAS**

Is there a post COVID hospital a plan for post COVID hospital discharges? a written statement was submitted to is monitoring a person's support its progress through treatment and post

203

00:23:21.174 --> 00:23:25.615

hospitalization who is responsible for oversight of this post hospitalization.

204

00:23:25.615 --> 00:23:38.244

And what is the standard expected from DDS staff? There are providers who have received no post COVID hospitalization contact from DDS. **ANDREW REESE** So I want to say first of all, and then Winslow's going to jump in.

205

00:23:42.119 --> 00:23:54.714

To the extent that's true, please call Winslow. Anyone who's been on these calls probably knows his number by now. (202) 730-1618.



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206

00:23:57.684 --> 00:24:09.595

And, as I said earlier, I look at the notes for everyone and I'm not seeing it. So I'd be very concerned if it were true because it meant not only was there not follow up, but someone documented something that didn't occur.

207

00:24:10.224 --> 00:24:18.535

But Winslow can talk about what the nurse consultants are doing as well as the transition nurses and service coordination.

208

00:24:20.095 --> 00:24:21.384 **WINSLOW WOODLAND**

So that

209

00:24:22.164 --> 00:24:23.964

When a person has been hospitalized,

210

00:24:23.994 --> 00:24:35.394

the nurse practitioner is assigned to the case to work on the transition process from the hospital to the home and follows the cases

211

00:24:36.265 --> 00:24:43.674

while they remain in the hospital. Once a person's discharge the nurse consultant assigned to that provider

212

00:24:43.795 --> 00:24:58.494

Then takes responsibility of monitoring that case working with the assigned provider clinicians and I should add that these nurse consultants are also monitoring people

213

00:24:58.795 --> 00:25:01.105

who have a potential exposure.

214

00:25:01.375 --> 00:25:13.045

So the nurse consultants are monitoring, COVID positive people, post discharge. They're monitoring COVID positive people who have not been admitted.



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215

00:25:13.349 --> 00:25:14.244

For symptoms,

216

00:25:14.244 --> 00:25:18.744

and they also are monitoring people who have had an exposure,

217

00:25:18.744 --> 00:25:31.015

even through someone who lives with them and their staff and as Director Reese has stated to the extent that anyone has knowledge of a COVID positive person that we support,

218

00:25:31.255 --> 00:25:36.265

and those things that I just mentioned has not occurred, please give me a call.

219

00:25:42.234 --> 00:25:51.654 **CRYSTAL THOMAS**

It was stated that quality resource specialists have at least weekly contact with all provider agencies to track current staffing levels. When did that start?

220

00:25:51.654 --> 00:25:59.305

How are those calls confirmed by the leadership team, who is doing the staffing level tracking? And what does that data indicate?

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00:25:59.305 --> 00:26:07.704

Thus far, so our, **KIRK DOBSON** our QR specialist quality resource specialist do reach out to every provider, at least weekly in addition to quality resource

222

00:26:07.734 --> 00:26:21.505

Supervisors are also reaching out to providers if issues arise and I get a report almost every day, on what's going on with any issues that come from providers in addition QR's team report to our team's reports to their providers. At least, at least twice a week.



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223

00:26:21.984 --> 00:26:35.184

On just a full status update of what's happening for every providers in the field and then every other week I get a report from cure directly each QR specialist outline what they've done who they've contacted the issues that have been raised.

224

00:26:35.845 --> 00:26:43.914

We've also completed the list, combine all the list of employees that are currently processing now in real time on a frequent basis.

225

00:26:47.335 --> 00:26:58.045 **CRYSTAL THOMAS**

It was stated a DDS' nurse educator had met remotely with directors of nursing of all provider agencies and has develop technical assistance materials for provider staff,

226

00:26:58.529 --> 00:27:08.845

What do those TA materials consist of and how have they been disseminated to the providers? There are providers who do not have any DDS materials with respect to TA.

227

00:27:09.474 --> 00:27:21.115 **WINSLOW WOODLAND**

So these questions came in likely before the actual resource that was developed embedded thoroughly went out the nurse educator,

228

00:27:21.115 --> 00:27:23.424

along with the supervisory community health,

229

00:27:23.424 --> 00:27:24.265

nurses,

230

00:27:24.355 --> 00:27:31.674

who lead the nurse consultants have met with all of the directors of nursing and provided technical assistance.



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231

00:27:31.914 --> 00:27:43.855

And to the extent that the follow up to people exposed as well, as people diagnosed, the expectation is technical assistance is also provided during those calls.

232

00:27:44.279 --> 00:27:57.115

So, if anyone has not received that material, please have your nurse director of nursing, reach out to myself or Dr. Nwachukwu or to Titilayo Ilori or

233

00:27:57.115 --> 00:28:07.944

Michael Sigelman because all were involved in a development and dissemination and sharing of that information.

234

00:28:10.825 --> 00:28:16.914 **CRYSTAL THOMAS**

Many providers have hospitalizations for COVID where there has been no contact from the DDS consultant.

235

00:28:16.944 --> 00:28:31.375

What is the definition for medically complex cases that the DDS physician consultant responds to? **WINSLOW WOODLAND** DDS/DDA developed the clinically complex referral process in August of 2019

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00:28:31.375 --> 00:28:46.015

this process has specific diagnosis and or changes in health that would prompt a referral to the physician consultant and with regard to the COVID cases,

237 -238

00:28:47.275 --> 00:28:47.664 - 00:28:47.694 --> 00:28:58.765

Dr. Ernest Brown has been consulted in those cases where there are seemingly critically complex issues relating to the COVID diagnosis,

239

00:28:59.125 --> 00:29:04.704

not all COVID diagnose cases has Dr. Brown been involved in.

240

00:29:04.944 --> 00:29:09.654

But when sought, he has responded and provided his consultation.



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241

00:29:15.954 --> 00:29:25.494 **CRYSTAL THOMAS**

Dr. Chioma and Titilayo have an understanding that safety is the number one consideration at this point. But what are the health and wellness nurses, present role with respect to supporting providers?

242

00:29:25.944 --> 00:29:35.305

What have they been asked to do under Department's plan? **WINSLOW WOODLAND** they've been asked, as is stated before to follow all discharge COVID related cases.

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00:29:35.575 --> 00:29:50.095

They've been asked to follow people who have tested positive for COVID and have not been hospitalized. They have been tasked with monitoring those people who've had exposure. With regard to their role

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00:29:50.394 --> 00:30:02.545

the expectation is that they are to start with providing the most recent guidance in terms of mitigation and isolation and infection control strategies,

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00:30:02.545 --> 00:30:07.255

related to those categories that I mentioned before.

246

00:30:07.769 --> 00:30:08.934

And at that point,

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00:30:08.934 --> 00:30:23.845

they're following up afterward to ensure that this information is understood and that they get reports on any changes in symptoms on people and any unusual

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00:30:23.845 --> 00:30:30.865

occurrence is related to the person because keep in mind people who tested positive with COVID often



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249

00:30:30.865 --> 00:30:33.865

Have other comorbidity that could.

250

00:30:34.585 --> 00:30:45.055

Be an issue at the time so their role is to support the nurses who are actually out there doing the work to the extent that they are needing that support.

251

00:30:45.384 --> 00:30:55.285

I do recognize that there's some very qualified and skilled nurses working within the provider network who may not need as much support,

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00:30:55.285 --> 00:31:01.585

but to the extent that they do need the support or just the shoulder to share on

253

00:31:01.615 --> 00:31:08.065

And because that is also critical professional to professional through this pandemic

254

00:31:25.855 --> 00:31:26.184

255

00:31:28.704 --> 00:31:43.494 **CRYSTAL THOMAS**

What is being done to address the funding shortfall occasion by the companion rate being used for residential supports? The DDS companion rate needs to equal the

256

00:31:43.494 --> 00:31:44.515

residential rate?

257

00:31:44.515 --> 00:31:51.444

So, this is tied into the Appendix K, **ANDREW REESE** I think what you need to look at when you're looking at the companion, rate because



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258

00:31:52.049 --> 00:31:57.924

people who are using the companion service currently are aware of the folks are not leaving home.

259

00:31:58.345 --> 00:32:07.255

And so if you compare the companion group rate to the supported living rate, I think you'll find that those rates are pretty similar.

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00:32:09.654 --> 00:32:14.845 **CRYSTAL THOMAS**

What is DDS guideline policy related and all COVID-19

261

00:32:15.295 --> 00:32:30.055

incidents investigations due to this pandemic progressing, can DDS work together with DC Health to come up with one specific guideline pertaining to COVID=19 incidents?

262

00:32:32.994 --> 00:32:37.164 **ANDREW REESE**

Can you read that again?

263

00:32:37.164 --> 00:32:38.904

Guideline of policy related,

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00:32:38.904 --> 00:32:53.424

and all COVID-19 incident litigation due to this pandemic progresses can DDS work together with DC Health to come up with one specific guideline pertaining to COVID-19 incidents.

265

00:32:55.015 --> 00:33:07.315 **KIRK DOBSON**

So, I imagine this question has to do with just the general reporting of RI's and SRI's and as it pertains to COVID related cases. So I'll start there just kind of addressing that. Okay. I've received a couple of questions on this.

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00:33:07.559 --> 00:33:16.525

So, in entering RI's and SRI's the requirement here is that you enter an RI for anybody who has that you served has tested positive for COVID-19.



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267

00:33:17.005 --> 00:33:27.565

In a description of that RI you need to just include anyone that they've come into contact with, if it's a family member or anything like that in the description of the RI, that's it.

268

00:33:27.565 --> 00:33:40.464

I would say, not the name just like if there was a partner in the home, or their parent was in the home, just put that details in there, was somebody else within the home in a natural home or if they're in another facility just say the person had another roommate.

269

00:33:40.974 --> 00:33:51.924

So for that is the number one. That's the first type of RI that needs to be entered. For the people that you support if they've come into contact or have been exposed to someone with COVID-19, that also requires an RI and that RI you should put in the

270

00:33:52.585 --> 00:34:02.365

description, their roommate was exposed, and a roommate was confirmed to be positive. They were exposed by that roommate. So, that is the second type of RI that is necessary.

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00:34:02.724 --> 00:34:14.695

If they are hospitalized with COVID-19 an SRI needs to be entered in the same way it was entered before for anyone else who was hospitalized and all the information that is required in

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00:34:14.695 --> 00:34:29.065

there is just, you know, it's going to be assigned the person who was hospitalized and basically any detail of how, you know, any details that you can share. That doesn't it doesn't violate privacy as to what happened and, which a place for that person. For staff,

273

00:34:29.125 --> 00:34:35.425

we are asking if a member of your staff test positive for COVID-19 an RI needs to be entered.



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274

00:34:35.699 --> 00:34:49.045

And for that, and in that description, we're asking that you don't put the name will reach out for the name but we're asking that you just also for that staff an RI for every single person that you support that they've come into contact with.

275

00:34:49.494 --> 00:34:54.085

So that is the only time that that's supposed to happen for the opposite of that is not true.

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00:34:54.085 --> 00:35:05.994

So, for somebody who you support, if they test positive, you do not need to enter an RI for every single staff person that they've come in contact with so that is only the staff person who test positive is the only time that you enter RI

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00:35:06.025 --> 00:35:14.574

underneath the name of each individual that they support so just wanted to clarify that as it comes to align with DC Health and DDS

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00:35:15.414 --> 00:35:22.885

I imagine if something's having to do with issues will continue in the same way that it has been past.

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00:35:22.914 --> 00:35:37.405

If we see something environmental or something along that line, we'll continue to assign an issue and the issues to be closed, in investigating all incidents, going back incident investigations for staff, there is no investigation as needed.

280

00:35:37.434 --> 00:35:51.085

we'll close that on our end. We just want you to put this pertinent information as to what happens, but for people that you support, you need to continue your investigations and the investigation is not intensive. So I think your investigation is just putting the results of what took place.



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281

00:35:51.295 --> 00:36:04.045

So, the person who was later hospitalized or whatever, the other outcome may have been just noted and that closes your RI for COVID-19. I hope that answers all those questions as it pertains to that issue.

282

00:36:07.559 --> 00:36:17.034 **CRYSTAL THOMAS**

DDS Health and Wellness nurses are indicating that all person supported should have their healthcare management plan updated to reflect COVID-19 risk.

283

00:36:17.094 --> 00:36:31.644

However, the supervisory nurse during the nursing roundtable, indicated that the person supported does not need to have this on their HCMT. Please clarify the expectation regarding the HCMT during COVID-19 risks.

284

00:36:32.429 --> 00:36:39.175 **WINSLOW WOODLAND**

So thank you for that question during the nursing roundtable,

285

00:36:39.505 --> 00:36:51.054

as stated the nursing supervisors corrected the process and the nurse has been advised that her guidance was incorrect.

286

00:36:51.625 --> 00:37:06.534

It is the expectation if a person has a COVID-19 diagnosis that their healthcare management client be adjusted to reflect that for the period with which they are being monitored for COVID-

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00:37:06.534 --> 00:37:07.344

19.

288

00:37:11.934 --> 00:37:26.755

CRYSTAL THOMAS

When will DHCF and DDS have a coordinated effort to test all DSPs and provide adequate PPEs to all providers. Everyday more and more persons supported and DSPs are getting infected,



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289
00:37:26.815 --> 00:37:28.525
at this rate, before long

290
00:37:28.525 --> 00:37:38.454
the majority of the vulnerable population will be infected. It would be much more cost effective to do testing and provide PPE's than hospital admittance.

291
00:37:38.454 --> 00:37:53.335 **ANDREW REESE**
And so I may ask DC Health to address this, just in terms of testing. But I will say as, as we said, last week, the DC Health guidance regarding testing did change last week.

292
00:37:53.335 --> 00:37:56.724
But what changed was previously,

293
00:37:56.994 --> 00:38:01.945
the guidance was only people currently experiencing symptoms would be tested.

294
00:38:02.275 --> 00:38:03.684
Beginning last week,

295
00:38:04.824 --> 00:38:08.394
people who fall into the category of being high risk,

296
00:38:08.730 --> 00:38:13.914
which would be people with underlying respiratory cardiac,

297
00:38:13.945 --> 00:38:16.945
or diabetes,



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298

00:38:17.275 --> 00:38:31.224

or other issues that put them at higher risk for having a serious outcome for COVID who have a contact are also currently included in the people that could be tested

299

00:38:32.034 --> 00:38:33.114

There is not

300

00:38:33.114 --> 00:38:38.905

at this time a recommendation that staff be tested part of the reason for that.

301

00:38:38.905 --> 00:38:46.224

We had this question earlier today, part of the reason for a number of reasons, as I understand them from DC health.

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00:38:46.224 --> 00:38:55.074

But part of the reason is, if we were to test staff, when they arrived to work today, that tells us nothing about their status tomorrow.

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00:38:55.914 --> 00:39:09.114

And, you know, what we, what has been put in place are a number of measures to ensure that appropriate infection control practices are in place in homes that people are making sure

304

00:39:09.775 --> 00:39:23.815

there's a requirement that when people arrive to work, they wash their hands. As soon as they arrive, there's requirements regarding face coverings requirements regarding, making sure that social distancing is maintained. So we need to make sure that we're addressing all of these.

305

00:39:23.815 --> 00:39:29.394

There's also very helpful guidance from DC Health regarding the use of PPE



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306

00:39:30.505 --> 00:39:45.474

with people who are in ICF and Res Habs who might have more medical needs in the home and really give specific guidance about different PPE that is needed in different circumstances to ensure that

307

00:39:45.474 --> 00:39:48.715

appropriate PPE is available when it's needed.

308

00:39:49.045 --> 00:39:59.244

But I'll step back now and allow for DC Health to supplement any of those answers regarding PPE testing or any other.

309

00:40:00.835 --> 00:40:15.715

DARRAH HAWKINS

This is a DC Health. This is Darrah Hawkins from D. C Health EPI. Correct the guidance did change. It was previously symptomatic persons that we were prioritizing and now that is extended to those that are asymptomatic.

310

00:40:15.985 --> 00:40:30.085

I think what you already mentioned and underlying is the same thing that we also try to emphasize is that for employees testing them when they're asymptomatic we have to really be thoughtful about what that might mean for that employee.

311

00:40:30.744 --> 00:40:41.784

If you test negative. Like you were saying if because of the incubation time, that does not necessarily mean that they are going to be negative tomorrow, or the next day if they got a negative test today.

312

00:40:42.054 --> 00:40:52.855

So, that's one of the important things, the important thing to underlining infection control guidance that you already mentioned I want to say full agreement on that.



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313

00:40:52.885 --> 00:40:57.474

That's one of the ways to really control the spread, which is to.

314

00:40:58.710 --> 00:41:13.105

Have cloth based coverings for those that are asymptomatic do good symptom screening for your employees before they arrive that if they have any symptoms that they do, not go into the facility and then, and have them not come in. I think those are all good strategies.

315

00:41:13.105 --> 00:41:24.414

The other thing I do want to mention is that for those that do want to get testing done DC Health, no longer needs to approve for that testing.

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00:41:24.715 --> 00:41:39.534

That what is the guidance is that they could also contact the public health laboratories and I'll put that email address into the chat and the lab themselves could they will be able to send a

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00:41:39.534 --> 00:41:41.184

limited number of supplies for

318

00:41:42.329 --> 00:41:50.695

facilities to use to test, but they will be the ones collecting that test. So that's for lessons healthcare facilities to collect specimens.

319

00:41:50.724 --> 00:42:05.635

And that then those specimens and get sent back to the public health laboratories, and they will be able to process that. So, I'll send that direct email for any individuals that are facilities that want to do that.

320

00:42:05.994 --> 00:42:15.144

And obviously, as before commercial labs are also available on a separate basis. But that's the update that we have to share.



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321

00:42:16.135 --> 00:42:30.864

But the other thing I do want to mention is that we are going to give a webinar on Tuesday that we'll talk about some general guidance again about PPE conservation and some infection control guidance that might be helpful to those on this

322 - 323

00:42:30.864 --> 00:42:31.255 - 00:42:31.255 --> 00:42:45.565

call. So, we certainly welcome for you guys to attend that webinar as well. Thanks. **ANDREW REESE** Thank you. And we have forwarded that information about your webinar to all of our providers. Thank you. And thank you.

324

00:42:47.730 --> 00:43:00.144 **CRYSTAL THOMAS**

Is there any way the prior authorizations for companion Care can be expedited through the approval process. Currently these services are being approved for thirty days to this emergency situation,

325

00:43:00.655 --> 00:43:08.815

It's taking almost that amount of time for request to be approved. Can the authorizations be given for sixty to ninety days? Instead?

326

00:43:10.344 --> 00:43:22.554 **WINSLOW WOODLAND**

So, working with our IT department who's also working in conjunction with DHCF. They have, it's my understanding.

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00:43:22.554 --> 00:43:36.144

They have mass approvals and process 500 in some of those approvals. I just ask you to consider the magnitude of all of these changes that have been made within this period of time.

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00:43:36.510 --> 00:43:50.514

And we definitely ask for your patience. We are doing everything in our power to ensure that these authorizations are process timely, and in terms of the extension of the authorization.

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00:43:51.000 --> 00:43:56.934

We have to follow our, our timelines that the Mayor set forth.



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330

00:44:01.344 --> 00:44:14.094 **UNKNOWN**

Hello I'm sorry, what is that timeframe? What do you mean? The timeframe? I think he just made mention of what may be temporary.

331

00:44:14.094 --> 00:44:25.795

That it Mayor have said in terms of approving the authorization. It would be coming from that lady because if it takes too long to get these massive profiles of what happening.

332

00:44:28.855 --> 00:44:42.355 **WINSLOW WOODLAND**

Could you give me a call specifically? Because it sounds like you're dealing with an individual issue my number is (202) 730-1618 to the extent that you are having delays with your

333

00:44:42.414 --> 00:44:54.864

I'd like to know it's been reported to me that this was being handled in mass volume as opposed to individually avoiding the need to have ISP amendments for all of those people,

334

00:44:55.074 --> 00:44:57.655

which in turn would have further delayed it.

335

00:44:58.014 --> 00:45:09.744

So, to the extent that is not working for you, I'd like to have a call so you can give me an individual case and I'll look into the system that we believe is working to determine that it's actually working.

336

00:45:13.885 --> 00:45:25.764

CRYSTAL THOMAS

Referring to the transmittal that came out yesterday regarding Appendix K reimbursements we need to immediately know exactly what documentation is required for OT in quarantine homes.

337

00:45:25.764 --> 00:45:31.375

We can submit to either QRS or contract administrator. **WINSLOW WOODLOW** Alright.



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338

00:45:31.375 --> 00:45:43.405

So hearing this question, makes me smile a bit, because I thought we were pretty specific about requiring certifying time sheets.

339

00:45:43.735 --> 00:45:50.304

I thought we were pretty specific with including staff and ratios and the staffing of the home.

340

00:45:51.235 --> 00:46:05.934

What we're looking to do is to ensure first that you are meeting the staff and ratio, secondly, that you are actually needing to use overtime secondary to that required staff and ratio.

341

00:46:06.144 --> 00:46:17.844

And with regard to using staffing agencies, the same thing. But to the extent that you need help, I'm getting that done. Please give me a call and I'll try to walk you through it.

342

00:46:18.840 --> 00:46:22.105 **ANDRW REESE**

So, in terms of questions, I just want to point out we have about

343

00:46:23.425 --> 00:46:37.014

Four minutes left we are scheduling an Appendix K training. We have a date so we, we are scheduling Appendix K training and we will send the date out to you.

344

00:46:37.014 --> 00:46:41.485

That was very clear from this. Now, we're going to talk about

345

00:46:42.625 --> 00:46:54.144

everything in the appendix K from DDS' is perspective. It's clear that there's we had prepared this based on what is in the appendix K. it's clear.

346

00:46:54.144 --> 00:47:00.175

there are a lot of questions about billing some of which may touch on DHCF processes.

347



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00:47:00.414 --> 00:47:11.574

So, we may be reaching out DHCF to see if perhaps they could participate with us in that training to make sure that we address everyone's questions when we have that training.

348

00:47:12.505 --> 00:47:16.494

But I just saw there were a lot of questions.

349

00:47:16.494 --> 00:47:30.355

And so I'd like to say that regarding the Appendix K, that I think that we'll be providing a training on it and I think people got it yesterday, you're digesting it.

350

00:47:30.684 --> 00:47:44.364

I want to make sure that we get to any different kinds of questions here in the short time that we have. **KIRK DOBSON** I would just also like to ask if you have any questions, if you need any responses, or if you want to send them through, please use the email

351

00:47:44.364 --> 00:47:56.485

that was included in the transmittal. Your QRS staff will not be able to answer a lot of the questions as it relates to billing. So please use the email address included, dds.covid19.billing.dc.gov

352

00:47:57.235 --> 00:48:01.914

So that's the proper email address that you should use for contact and somebody from the contracts team will reach out to, you.

353

00:48:28.315 --> 00:48:37.164 **ANDREW REESE**

I just want to clarify since I didn't give you a date that the training is occurring. I see there's questions about what is quarantine in the Appendix.

354

00:48:37.164 --> 00:48:51.445

K Quarantine is medical quarantine and so people have been advised to quarantine at home when they've had a contact and people had been advised to quarantine and isolate at home when the person has tested positive.



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355

00:48:51.684 --> 00:49:05.695

and any of those qualifies as quarantine. I looked yesterday. We had about, I think it was like, 47 placements at that time. That were under what we would consider quarantine.

356

00:49:30.085 --> 00:49:37.585 **CRYSTAL THOMAS**

We're just trying to look through the questions to see if they are all Appendix K questions, or if there are other things.

357

00:49:37.585 --> 00:49:49.525

Because, as I say, I do want to make sure that if there are other things, other than that, I do see a question here about issues related to PPE

358 - 360

00:49:50.965 --> 00:49:51.684 00:49:52.405 --> 00:49:52.735 - 00:49:52.735 -->

00:49:54.085

And, you know, the ability to get,

361

00:49:54.835 --> 00:49:56.784

PPE, we have directed people before,

362

00:49:56.905 --> 00:50:07.704

and I know that DC Health through health emergency preparedness and response administration has been working with providers.

363 364

00:50:08.724 --> 00:50:23.545 -

They ask for an inventory of your current PPE, they prioritize people who have immediate needs for it, so your QRS also can connect you with them and you should be working with them to obtain.

364

00:50:24.869 --> 00:50:37.614

PPE.



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365

00:50:48.025 --> 00:50:57.565 **CRYSTAL THOMAS**

Are these testing kits that can be delivered able to be used for direct support staff as well as persons served. Let me just repeat,

366

00:50:57.655 --> 00:51:12.385 **ANDREW REESE**

First of all the guidance in the district currently regarding testing is it is people who are at high risk who have had a contact that may apply to a direct support person.

367

00:51:12.775 --> 00:51:24.864

Now, whether they could use this process to get their testing. I don't know. But there may be other mechanisms for them to get testing. Now, I'll let Winslow so answer whether this specific testing is.

368

00:51:26.784 --> 00:51:37.735 **WINSLOW WOODLAND**

It is my understanding that this testing is for people who are served by in a facility or setting, not staff,

369

00:51:38.039 --> 00:51:45.655

but I will see guidance from the public health lab, keep in mind that this is a resource issue.

370

00:51:45.744 --> 00:51:58.974

And I am gracious. I've been graciously extended this resource. So, I will reach out to them, and we'll certainly share what we've learned. As soon as we learn.

371

00:51:58.974 --> 00:52:08.545

As a matter of fact, when we finish our next meeting, I will reach out to them regarding weather staff. But it's my understanding that.

372

00:52:10.469 --> 00:52:13.554

People have to be at risk, have symptoms.



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373

00:52:18.144 --> 00:52:28.195

Asymptomatic sorry. Okay. Okay. **ANDREW REESE** At risk with a contact, but it must be people who are considered as high risk.

374

00:52:28.829 --> 00:52:43.045

So you're talking about people if, among your staff, and this could certainly be true you know, they have underlying health conditions, and they have had a contact with the person who's positive. They could fall into that category in the same way.

375

00:52:43.045 --> 00:52:55.795

Many of the people we support fall into that category, but we have to get clarification as to whether that resource can be extended to the last group. Thank you Director Reese.

376

00:53:01.344 --> 00:53:02.304

377

00:53:14.724 --> 00:53:24.925 **CRYSTAL THOMAS**

Our staff has been told that virtual meetings are to be held through Skype and not ZOOM due to security issues. There is a way to hold a ZOOM meeting that is secure.

378

00:53:28.195 --> 00:53:42.894

Skype does not support the need of our desk staff. They need to have an interpreter to participate. Can we get some flexibility with virtual meetings? I'm happy to forward the security information to IT staff provided.

379

00:53:43.945 --> 00:53:58.074 **KIRK DOBSON**

So the District of Columbia I'm told that we do not use ZOOM for meetings due to the security issue. So that's not something that DDS can address. However, that is just for internal meetings that are held by DDS staff. Providers can use whatever

380

00:53:58.074 --> 00:54:11.184

They would like to use as, you know, we urged that you use something secure to address any privacy concerns, but when interacting with DDS staff we are not able to support zoom needed. Unfortunately, that's something that is done district wide.



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381

00:54:12.474 --> 00:54:21.775 **ANDREW REESE**

And for WebEx, we have an interpreter available. I don't see why the same is not available for Skype. Yeah. So, for our community forums that we've heard we hold earlier. Today.

382

00:54:21.775 --> 00:54:34.764

We do have an installed interpreter that people can click on and actually see in real time, the agile interpretation take place. So that is something that you should consider using the WebEx platform or really any other platform such as Skype.

383

00:54:35.034 --> 00:54:40.974

You can have that person clicking the person who will provide us all interpretation and lock in on that person.

384

00:56:03.385 --> 00:56:07.255 **ANDREW REESE**

I agree with all the comments that we need to have

385

00:56:07.349 --> 00:56:21.655

training on just the Appendix K as soon as possible. I think that what we might want to do is schedule a call early next week, and, and it can focus exclusively on the Appendix K the related billing questions.

386

00:56:27.114 --> 00:56:39.414

I'm answering your question at the end since it's not Appendix K. **Amy** that is correct. District government employees are not allowed to use Zoom to participate in meetings.

387

00:56:39.985 --> 00:56:49.945

And so that's the instruction. I believe we've been given is that we are not to participate in Zoom in meetings using a zoom platform. Unfortunately.

388

00:56:54.804 --> 00:57:03.925

I'm sorry, we cannot extend this meeting because unfortunately we have another call that's scheduled with another group of people at 1:30.



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389

00:57:03.985 --> 00:57:18.715

So that is not possible in the same

390

00:57:18.715 --> 00:57:19.135

way.

391

00:57:19.135 --> 00:57:32.574

I can only provide public health guidance. That's provided by DC Health. I can only provide IT guidance that's provided by OCTO. So when OCTO directs us that we're not to use Zoom. We can't use Zoom.

392

00:57:37.824 --> 00:57:38.425

I mean.

393

00:57:44.094 --> 00:57:54.864

What would be very helpful I mean, all of these questions are here, so we will see how quickly early in the week.

394

00:57:55.824 --> 00:58:08.635

we can schedule a call with everyone so that we can answer all of the Appendix K related questions immediately following this.

395

00:58:08.635 --> 00:58:22.045

We'll reach out to DHCF to check out availability from them for the calls. And some of these are going to be billing related, and we may well, not know the answers to those, but we'll see if they could have a person available as well,

396

00:58:22.255 --> 00:58:26.784

and then we can walk through every single one of these that you've given us about the Appendix K.

397

00:58:37.135 --> 00:58:38.815

Correct if you use Zoom,



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398

00:58:38.875 --> 00:58:40.045
you're using Zoom,

399

00:58:40.224 --> 00:58:52.974
there's that we don't put any limitations on providers use of Zoom but we've been given a directive that we're not to participate in meetings using Zoom that's my understanding of the directive, I'll review it after this meeting.

400

00:58:56.514 --> 00:58:59.005
So it is now just about 1:10.

401

00:59:01.315 --> 00:59:11.184
Sorry that we haven't gotten to all these questions and I understand that people are just digesting the Appendix K and the guidance that's gone out with it.

402

00:59:12.085 --> 00:59:24.565
We will talk this afternoon after our next call about when we could schedule a meeting next week. So that we can address all your questions that I'm looking at here as well as others that you may have.

403

00:59:27.355 --> 00:59:33.085
I do just want to reiterate for one I reference today.

404

00:59:33.864 --> 00:59:47.094
We have lost four employees of provider organizations and really express my condolences to those organizations, express my gratitude appreciation. I mean, really? My thanks

405

00:59:47.125 --> 01:00:00.144
And I hope you'll express it to them for the hard work that your staff is doing to support the people to whom we provide services and our effort to really attempt to do this together.



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406

01:00:00.474 --> 01:00:07.344

So that we can try and be a support to you. Part of being a support is answering all those questions about the Appendix. K.

407

01:00:07.614 --> 01:00:20.244

So we will look at this soon as time early, next week that we can walk through all these questions and make sure that you understand them and that you know, it's helpful that we have your questions.

408

01:00:20.244 --> 01:00:32.184

Because some of these billing related questions, as I say, are very strictly things that DHCF would have a better answer that they would, you know, better the information than we do.

409

01:00:32.184 --> 01:00:44.244

So, we want to make sure that the right people are on a call with you. So that we can answer all of these and support you in that most basic way. So, again, thank you for all that you're doing.

410

01:00:44.545 --> 01:00:50.125

And we will be figuring out this afternoon how we can schedule something early next week.