



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 ▪ 1:00 P.M. via WebEx

1

00:00:05.455 --> 00:00:11.814 **ANDREW REESE**

Okay, good afternoon. Sorry we were a little late getting started. We had a little technology glitch there. Good afternoon.

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00:00:11.814 --> 00:00:25.765

Everyone, Andy Reese with Department on Disability Services. I guess I will start just with a brief update regarding status of COVID-19 for people supported by DDA.

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00:00:27.114 --> 00:00:41.664

We currently have two hundred nine people who have tested positive for corona virus of those. Unfortunately, we have lost twenty eight. Just so, people are aware in case that number shifts.

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00:00:42.085 --> 00:00:52.405

Two of those people actually died sort of post COVID-19, they had tested negative for it.

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00:00:53.244 --> 00:01:01.795

Seem to have recovered and then had subsequent medical issues that may have been related two COVID-19.

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00:01:01.795 --> 00:01:10.795

So we're keeping them in our number, but we're waiting for word back from about whether they, the actual cause of death was COVID-19.

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00:01:13.194 --> 00:01:26.004

Fortunately, at this time, there are only two people who are hospitalized receiving treatment for COVID-19. We have had seventy three additional people who've gotten inpatient treatment and have since left the hospital.

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00:01:26.575 --> 00:01:32.935

And there are a hundred and six people who tested positive. Who did not require any inpatient care?

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00:01:33.924 --> 00:01:34.555

For COVID-19

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00:01:34.555 --> 00:01:43.405



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 ▪ 1:00 P.M. via WebEx

included in that number is it that we had some people who were in the hospital for other reasons,

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00:01:43.405 --> 00:01:47.784

and a routine part of getting whatever other procedure wasn't COVID-19

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00:01:47.784 --> 00:01:51.594

test and they tested positive while they were in the hospital,

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00:01:51.594 --> 00:01:54.325

but receive no treatment in the hospital,

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00:01:54.325 --> 00:01:56.754

because they were asymptomatic for COVID-19.

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00:01:57.504 --> 00:02:12.474

Among those two hundred and nine people they have been in the following placements. Eighty seven of them were in supported living placements. Seventy six were in intermediate care facilities.

16

00:02:13.344 --> 00:02:18.384

Twenty seven in ResHab, fourteen in natural homes,

17

00:02:18.805 --> 00:02:20.365

three in host homes,

18

00:02:20.425 --> 00:02:28.884

and two in a nursing homes. Among our provider staff,

19

00:02:31.134 --> 00:02:38.995

we have had two hundred and forty people who have tested positive for COVID-19 and at this time

20

00:02:39.835 --> 00:02:53.905

this includes eight people who work at more than one agency. Amongst the two hundred and forty people, unfortunately, we have lost six provider staff to COVID-19.

21

00:03:00.324 --> 00:03:06.205

Just another couple of updates for people.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

22

00:03:10.014 --> 00:03:16.074

The first of all the Habilitation Court has some changes, has some changes.

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00:03:16.104 --> 00:03:30.264

They have dedicated a court room from which they will be doing the hearings, which will continue to be virtual hearings, but they will now be doing hearings three days a week, Monday, Wednesday and Friday.

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00:03:31.104 --> 00:03:43.705

So providers can expect to be hearing from people about needing to submit updates so that we can have all the documentation necessary to have those hearings as those are going forward.

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00:03:47.155 --> 00:03:48.594

Just in way of an update,

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00:03:48.625 --> 00:03:50.245

in terms of the Appendix K

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00:03:50.245 --> 00:03:57.264

Okay. Not a lot of an update we got guidance back.

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00:03:59.004 --> 00:04:10.435

I believe yesterday from CMS saying that we needed one additional amendment to our Appendix K based on guidance that CMS has issued.

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00:04:10.435 --> 00:04:22.915

They issued the frequently asked questions regarding the public health emergency, and we'll be sending that out this afternoon to all providers and included in there.

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00:04:22.944 --> 00:04:36.865

Is a change regarding retainer rates the District was one of free jurisdictions in the country that had allowed for multiple occurrences of

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00:04:38.035 --> 00:04:38.964

retainer rates.

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00:04:38.964 --> 00:04:46.014



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

So, in our appendix K initially it was an eighteen day period, but there could be multiple periods.

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00:04:46.375 --> 00:04:48.595

And when it was approved,

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00:04:48.625 --> 00:05:00.055

there were no limitations on that. The new guidance has put a limitation of three occurrences of thirty days,

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00:05:00.084 --> 00:05:03.415

which is thirty service days.

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00:05:03.685 --> 00:05:17.694

And so it's a total of eighteen weeks of services that are covered by the retainer rate. And then it ends. There are other provisions in that.

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00:05:17.725 --> 00:05:19.855

And so we have a conversation with.

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00:05:20.160 --> 00:05:30.204

CMS next week about that, because there's also a requirement that staff continue to be paid and so we need to be looking at how that's done. Given that.

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00:05:30.204 --> 00:05:43.915

our original retainer rate did not include staff payment and we have some instances where the staff is being paid. Because they're providing the other services that are being done in lieu of the day services.

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00:05:43.915 --> 00:05:49.675

So we'll be looking at that and meeting with CMS. They're scheduling that for one day, next week

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00:05:50.064 --> 00:06:02.095

and my hope is that that meeting will then result in our approved amendment to our Appendix K, which we can then send out. We'll provide that update as we have it.

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00:06:05.425 --> 00:06:05.964

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TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:06:11.305 --> 00:06:24.444

I see there's a question, and rather than wait for that question, since it's related to what I'm talking about right now I'll go ahead and read it now. Which is, did we include access to technology for providers in the appendix? K or will we need to wait for the waiver amendment? In October?

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00:06:25.944 --> 00:06:35.694

We did not include it and because it's already in process, I didn't want to even further delay this by making another amendment to it.

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00:06:35.964 --> 00:06:44.785

So, yes, we will have to wait until the waiver amendment in October, which will actually, we have waiver amendment that goes into effect November one.

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00:06:47.334 --> 00:06:53.334

So we did have for our provider and DDS staff.

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00:06:54.295 --> 00:07:08.814

We did the community participation assessment and questionnaire training and I know that we have some providers who are starting now to do those assessments and provide half the team meetings.

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00:07:08.845 --> 00:07:16.975

So that people can begin to make plans for appropriate day services for people.

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00:07:21.654 --> 00:07:31.584

I could ask if we can unmute Musu in case she wants to provide some overview of how those trainings went.

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00:07:34.795 --> 00:07:43.105

So, in my conversations with her, overall, it sounded like they went very well, just a couple of issues that arose in those.

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00:07:44.699 --> 00:07:52.915

Were related to sort of the scope of this CPAC that needs to be done.

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00:07:52.915 --> 00:08:02.454

So, if someone wants to, you know, now that there's no longer a stay at home order and someone says, well, I'm going to go to the movies, do they need a CPAC to go to the movies?

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TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:08:02.845 --> 00:08:03.504
No,

54
00:08:04.404 --> 00:08:04.644
now,

55
00:08:04.644 --> 00:08:06.024
what we have said in our,

56
00:08:06.055 --> 00:08:13.495
I think we said in our phase two guidance that the CPAC provides either we set it in phase two,

57
00:08:13.495 --> 00:08:14.485
or we're saying,

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00:08:14.485 --> 00:08:17.935
going to say it is phase three and should have set it in phase two.

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00:08:18.475 --> 00:08:20.485
The CPAC can provide.

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00:08:21.745 --> 00:08:32.154
A good template for people to have the conversations with someone. So that when the person says, I want to do X, I want to do Y, in my free time, I'm going to do these things.

61
00:08:32.514 --> 00:08:45.054
It provides a good structure for having the conversation about is the person thinking through everything they need to think through so that they can go out and do whatever it is. They're choosing to do in a safe manner.

62
00:08:46.075 --> 00:09:00.115
It is not intended to serve as a barrier to people being able to do those things and to say, well, we have to first do the assessment have a team meeting all of that is not necessary.

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00:09:00.174 --> 00:09:12.955
People can visit with their families. Now, if a family is visiting in the placement in our ResHabs or ICFs, there needs to be some discussion about how that occurs.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

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00:09:12.955 --> 00:09:26.034

Because there is still some limitation on people coming into those placements although it's not total. The limitation. There are circumstances where it is okay to have people inside.

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00:09:27.690 --> 00:09:32.934

But at any rate, one of the big issues that came up was, when is the CPAC needed.

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00:09:33.384 --> 00:09:43.825

The other issue that it really pointed to was a real understanding on people's part of what the role of the IDT

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00:09:43.825 --> 00:09:55.855

team is, you know that they are not there to make decisions for a person. They're there to help the person make decisions. They're there to support the person in making decisions.

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00:09:56.304 --> 00:09:59.455

They're there to understand what it is that the person.

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00:10:00.955 --> 00:10:07.764

Determines themselves is what, you know, important to them and important for them.

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00:10:07.945 --> 00:10:22.254

They are supposed to be a group of people who understand those things and help, communicate them about the person, not a team that comes together and votes on what a person gets to do in the same way.

71

00:10:22.644 --> 00:10:29.424

There seemed in some circumstances to be some confusion about what the standard for decision making for guardians is.

72

00:10:30.024 --> 00:10:44.965

And so, what this has really raised for us is that, you know, especially in the context of COVID-19, and as people start to venture out again, and engage in the community, there are difficult questions.

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00:10:45.269 --> 00:10:50.455

And they are the same difficult questions that every one of us are confronting.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

74

00:10:51.205 --> 00:11:02.995

Every one of us are making decisions about whether to visit that elderly relative that we have, because of concerns about whether we might have been exposed to someone. And is it safe to have that visit with them?

75

00:11:03.565 --> 00:11:14.335

Is it safe for them to go out somewhere? You know am I ready even though restaurants are open on the inside to go visit a restaurant yet?

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00:11:15.024 --> 00:11:28.195

And those are personal decisions about what's important to me and what's important for me based on my own circumstances. And so what we are doing now is working on

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00:11:28.855 --> 00:11:43.195

some guidance and we've called it training. I'm a little uncomfortable with calling it training because training sort of suggests that there's a things that we're teaching people and they can learn it and move on.

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00:11:43.495 --> 00:11:57.355

This is more of a discussion that we'll be having to understand the issues around. What's it mean? When we say people have choice and how do we help support them to make choices in their best interest?

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00:11:57.684 --> 00:12:08.154

And so in terms of COVID-19. So, what we plan to do is develop a PowerPoint. That will created facilitated discussion

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00:12:08.365 --> 00:12:19.164

That will in the beginning, have some specific guidance and, you know, actual training about yes the state has the authority to limit all of our choices.

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00:12:19.585 --> 00:12:32.095

And through its public health emergency powers, that's exactly what the Mayor did. She told all of us to stay at home. She also told everyone they had to close. So, even if you didn't stay home, there was nowhere to go.

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00:12:32.424 --> 00:12:45.745

But the state does have that power, but then once the state said it's okay to go out people making decisions, beyond that saying, oh, it's not safe for you to go out. That's an individual person's decision.

83



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:12:46.110 --> 00:12:53.725

And so how do we help the people that we support to make those decisions? And what is our role in

84

00:12:55.320 --> 00:13:08.065

protecting them and helping them, make decisions and, you know, what is the IDT role? What is a guardian's role? How do we help people to make these decisions in their lives?

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00:13:08.095 --> 00:13:18.804

And so what we're going to, we are developing a PowerPoint here, our Rights and Advocacy person in our nurse educator are working on the first draft of it.

86

00:13:19.284 --> 00:13:23.274

And I haven't yet asked some providers to assess.

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00:13:23.274 --> 00:13:35.485

But what we're doing is getting a broad array of folks to help us to review it to make sure that we're addressing all the different concerns that people have,

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00:13:35.485 --> 00:13:40.465

as we work together to support people to make good decisions for themselves.

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00:13:41.455 --> 00:13:49.375

And so some folks from advocacy are already agreeing to help other staff of the asking providers.

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00:13:50.394 --> 00:13:56.335

Someone from Project Action has volunteered and as so,

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00:13:56.544 --> 00:13:58.705

my hope is it then together,

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00:13:58.855 --> 00:14:07.884

we will finalize this PowerPoint that will serve as the structure for facilitating a discussion.

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00:14:08.125 --> 00:14:11.875

It will include a number of different sort of case scenarios.

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TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:14:12.179 --> 00:14:15.264
We have the good fortune,

95
00:14:15.264 --> 00:14:15.804
I guess,

96
00:14:16.195 --> 00:14:25.134
of having a number of actual case scenarios that we will be able to discuss and talk about how they,

97
00:14:25.644 --> 00:14:29.125
what the appropriate steps are to address these kinds of issues.

98
00:14:29.335 --> 00:14:43.195
For example, a person says a person who is at higher risk, says I have a job at Safeway, and I want to continue going to work and their guardian says, I don't think it's safe. I don't want them to go.

99
00:14:44.125 --> 00:14:46.375
What are we supposed to do in that circumstance?

100
00:14:50.424 --> 00:14:52.615
A placement says,

101
00:14:52.615 --> 00:14:53.695
for example,

102
00:14:53.995 --> 00:14:57.264
you can't go out and if you leave,

103
00:14:57.264 --> 00:15:08.784
you have to stay in your room and be isolated for two weeks to ensure that you don't pass anything to the other people who live here or a person who says when people come to my house,

104
00:15:08.784 --> 00:15:10.225
I don't want them to wear a mask,

105
00:15:10.225 --> 00:15:11.784
because I can't hear what they say.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

106

00:15:11.965 --> 00:15:25.375

So I don't make staff that come support me wear masks even though the rules say they're supposed to wear a mask. So, or when I go out, I don't want to wear a mask, but I still want to go out.

107

00:15:26.695 --> 00:15:39.414

So, all of these really challenging questions how do we help people to answer them for themselves? How do we support people to answer those questions in a way that's best for them.

108

00:15:40.524 --> 00:15:54.924

And allows them to make those decisions and give them sort of the same freedom to, to make good and bad decisions that the rest of us have. And so we'll be pulling that together.

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00:15:54.924 --> 00:16:02.934

And then we'll be having a number of sort of workshop draining discussions,

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00:16:02.934 --> 00:16:03.625

whatever,

111

00:16:04.195 --> 00:16:05.154

virtually,

112

00:16:05.514 --> 00:16:08.184

and what I was envisioning is at first,

113

00:16:08.934 --> 00:16:17.424

they would be sort of it would be providers that would be DDS staff families and people,

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00:16:17.455 --> 00:16:17.815

you know,

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00:16:19.014 --> 00:16:23.065

other important people to the people we support self-advocates.

116

00:16:24.325 --> 00:16:36.325



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

And then attorneys and doing them separately, to give people the real freedom to talk and then perhaps having some additional ones where folks come together and talk across all these different disciplines.

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00:16:36.565 --> 00:16:43.884

So, we're really talking about a number of different sessions, but we're also engaging a number of different folks to help us with this.

118

00:16:43.884 --> 00:16:56.455

So, one of the things we'll address is sort of, what who are the best people, or what are the best sort of roles to facilitate different conversations. So, we're looking forward to will be completed.

119

00:16:56.754 --> 00:17:10.255

We'll be having people review the PowerPoint that we have next Friday and then we'll be going from there to begin, finalizing that and scheduling a number of these conversations and I look forward to having those.

120

00:17:16.914 --> 00:17:22.255

I think that's everything that I had. We received one question.

121

00:17:28.494 --> 00:17:39.775 **KIRK DOBSON**

I'm just an upgrade is going to add to that. That's the CPAC training have the recorded. It'll be made available to providers shortly.

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00:17:45.565 --> 00:17:56.484

So we have one question. **QUESTION:** Has DDS started to clean and sanitize the home yet instead of young adults going to adult day programs

123

00:17:57.115 --> 00:18:09.329

couldn't you have companions assistant jobs outings, trips, et. cetera people need a change? **ANDREW REESE** So I'm not clear about the DDS sanitizing homes question.

124

00:18:12.595 --> 00:18:20.515

There is guidance, so when someone tests positive, there is guidance from DC Health about sanitizing a home after a person has tested positive.

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00:18:22.644 --> 00:18:34.674

There's also an expectation about regularly cleaning the home and guidance about how to do that on a regular basis for people that are in placements that are

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TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:18:36.234 --> 00:18:38.065
in one of our provider placements,

127
00:18:39.295 --> 00:18:39.505
and,

128
00:18:39.505 --> 00:18:40.194
as I said,

129
00:18:40.194 --> 00:18:40.734
so the,

130
00:18:40.884 --> 00:18:49.585
the whole idea of the community participation assessment and questionnaire is to do exactly what you've asked in the second part of the question,

131
00:18:49.585 --> 00:18:58.015
which is to identify activities that people can engage in that will be beneficial and safe,

132
00:18:58.015 --> 00:19:04.224
and for the person to identify what the risks are to the person,

133
00:19:04.224 --> 00:19:09.265
if any, to engaging in particular activities and identify ways to mitigate that risk.

134
00:19:09.265 --> 00:19:13.345
So that they can engage in the community in a variety of different ways.

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00:19:14.275 --> 00:19:25.944
We are working with a group that is developing a best practice document about Day services, and that will be coming out soon.

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00:19:25.944 --> 00:19:32.365
So that'll make recommendations about how services can be provided in a facility based day program.

137
00:19:33.204 --> 00:19:47.125



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

And DC health is also issuing guidance about all adult day programming, which would include Day Programming for people that receive services from the Department of Aging, and community living as well as DDS.

138
00:19:47.545 --> 00:19:50.724
And we expect that also to be coming out soon.

139
00:19:50.724 --> 00:19:56.305
So there will still be some opportunity for facility based services,

140
00:19:57.115 --> 00:19:59.634
but that is more limited because the same,

141
00:19:59.634 --> 00:20:02.575
as people are talking about concerns about children,

142
00:20:02.575 --> 00:20:14.694
going back to school right now the most important things with this virus that we are still in the very beginning of in some respects,

143
00:20:15.775 --> 00:20:26.664
is ensuring that you maintain a safe physical distance from people that you stay at least six feet away that you use face coverings whenever you are in public,

144
00:20:26.664 --> 00:20:31.105
and that you frequently wash your hand and do your best to avoid touching your face

145
00:20:31.134 --> 00:20:36.924
especially if you didn't just wash your hands with soap and water for at least twenty seconds.

146
00:20:39.565 --> 00:20:49.045
And, you know, the important thing for the people we support, and I think, you know, as we have, seen our numbers get much more under control.

147
00:20:49.075 --> 00:21:03.835
I think that part of that is that the providers have done a really good job of limiting the number of different staff who work with people. And so it's been really important, you know, in the settings where you have more people to not have.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

148

00:21:04.255 --> 00:21:12.654

I guess the important thing is that you interact with a few people as possible. And so we need to keep a safe physical distance from everyone.

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00:21:12.894 --> 00:21:24.565

But it's also important to, you know, when you're interacting with people that you interact with the fewest number of people just so that the likelihood that you interact with a person who has COVID-19 is less.

150

00:21:26.785 --> 00:21:35.934

So going to a Day program is something that some folks should really think hard about,

151

00:21:36.265 --> 00:21:37.974

especially someone who's a higher risk,

152

00:21:37.974 --> 00:21:52.795

whether they should be in a place where there are several other people there with so but those are all issues that will be addressed on an individual basis with people's teams after they've done the community participation assessment

153

00:21:52.795 --> 00:21:53.724

and questionnaire.

154

00:21:55.765 --> 00:22:06.144 **MUSU FOFANA**

Andy, I wanted to add this is missing. Yes. Yeah. I just wanted to have in some questions from providers and they're asking whether they should commit the tool.

155

00:22:06.720 --> 00:22:21.144

I just wanted to clarify that you do have to commit the tool in order for the service coordinator, and for the team members to be able to see the committed to and for the meeting to be scheduled. Thank you. Thank you.

156

00:22:21.144 --> 00:22:26.214 **ANDREW REESE**

So I see one question about we have changed our format.

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00:22:35.154 --> 00:22:47.994

So, we do have a question about we have changed our format, which makes it impossible for participants to see one another's comments. And so now the comments are, only we read them.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

158

00:22:48.115 --> 00:22:58.404

So you have to rely on the fact that we're reading them to you. I think Kirk is going to share them now, so that everyone can see them as they come in. **KIRK DOBSON** I'll share that with everyone, everyone in real time.

159

00:22:58.769 --> 00:23:12.565

So, and it was just based on sort of different tools that exist in different kind of WebEx format.

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00:23:12.595 --> 00:23:26.454

And there were some benefits to this that has allowed us to have better sound and no problems with people sort of breaking through, in terms of, you know, kind of breaking through and having issues with the sound.

161

00:23:26.545 --> 00:23:37.585

So we switched over to this format. But I think we're going to be sharing so that everyone can see what the comments that are made it was, it was not an effort to prevent that.

162

00:23:41.934 --> 00:23:56.785

So, there's a question. **QUESTION:** Is the retainer payment good for an additional eighteen weeks or is it eighteen weeks? From the first payment? **ANDREW REESE** It is eighteen weeks from the first payment which eighteen weeks from the beginning of the public health emergency.

163

00:23:57.565 --> 00:24:00.384

If I'm not mistaken. Gets you to July, 15th.

164

00:24:02.214 --> 00:24:04.224

I'm hoping that we will.

165

00:24:06.775 --> 00:24:19.765

They haven't finalized, they gave us three options for times next week to meet with CMS to finalize this. So I'm hoping that in our conversation with some will finalize it getting approval and be able to publish it to people.

166

00:24:21.059 --> 00:24:21.750

Hoping.

167

00:24:54.474 --> 00:25:02.515



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

Oh, Amanda Foresight from DHCF has some comments to follow up and perhaps clarify a little bit on my comment. Just now.

168

00:25:06.234 --> 00:25:15.954

Amanda have you on mute yourself. **AMANDA FORESIGHT** I was trying to successfully and now I have Hi, this is Amanda foresight from the Department of Healthcare Finance.

169

00:25:17.934 --> 00:25:30.444

Director Reese just said we have more clarity next week following a conversation with CMS, but I just wanted to provide a little bit of additional explanation to what was just said.

170

00:25:30.444 --> 00:25:40.105

So, the eighteen weeks or the more, or I guess accurately. It's the three, six week periods, and that is per beneficiary.

171

00:25:40.105 --> 00:25:48.505

So if you weren't billing a retainer payment for beneficiary a,

172

00:25:48.535 --> 00:25:51.295

until a few weeks into the public health emergency,

173

00:25:51.414 --> 00:25:56.575

then you may still have some time, days or weeks remaining.

174

00:25:56.815 --> 00:26:04.825

So, it, they, unless you were started billing for all beneficiary, starting on the exact same date, there may be some staggering.

175

00:26:04.825 --> 00:26:11.964

So it's you can submit the bills for the retainer payments that maximum eighteen weeks per beneficiary.

176

00:26:11.964 --> 00:26:21.295

So, it's going to vary a little bit from provider to provider when exactly that eighteen weeks is up for each beneficiary.

177

00:26:23.964 --> 00:26:35.904 **ANDREW REESE**



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 - 1:00 P.M. via WebEx

So, if you could stay unmuted, Amanda, you might be able to answer this next question. I'm I can guess, but I'm not sure I know. And it may, it's a billing question.

178

00:26:35.904 --> 00:26:45.414

So, I don't know if you can or not what is going to be the deadline to bill for the retainer payment? Is that the deadline to bill for any Medicaid, which would be a year from?

179

00:26:47.214 --> 00:26:54.720 **AMANDA FORTHWRIGHT**

I believe she either previously,

180

00:26:54.714 --> 00:27:00.839

or in this new document from CMS regarding the time,

181

00:27:00.835 --> 00:27:03.414

allowed to submit the bills.

182

00:27:04.255 --> 00:27:19.045

So, I, I think that there's no changes on that. I will obviously follow up next week if says differently. But as far as I know the billing is the same as it as it always is for Medicaid services. So, here, **ANDREW REESE** Thank you.

183

00:27:19.525 --> 00:27:20.095 **AMANDA FORTHWRIGHT**

No problem.

184

00:28:22.884 --> 00:28:23.605

I don't hear anything.

185

00:28:26.484 --> 00:28:32.424 **ANDREW REESE**

No, we're waiting to see if there are additional questions. Thank you.

186

00:29:19.944 --> 00:29:33.325

So, we have a question. **QUESTION:** What's the expectation for Dave? Oh, I'm sorry. I'm clarification as to when day programs are going to be open.

187

00:29:34.944 --> 00:29:35.664

So,

188

00:29:36.174 --> 00:29:36.954



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

under our phase,

189

00:29:36.954 --> 00:29:41.694

two guidance day programs could be open serving up to,

190

00:29:43.109 --> 00:29:46.644

in a space that allows for no more than ten people in a room,

191

00:29:46.674 --> 00:29:55.224

including staff and keeping in mind the requirement that you can't just have a room

192

00:29:55.224 --> 00:30:04.585

That accommodates ten people that we can each stand six feet apart, because there has to be a recognition that in the course of the day people move about.

193

00:30:05.305 --> 00:30:18.115

And so, in our initial guidance, the requirement we included was also that you couldn't have more than five people per thousand square feet, which allows a lot of space then for people to move about in a building

194

00:30:18.805 --> 00:30:23.785

because people who have day programs know, people don't come and just sit in one spot.

195

00:30:25.710 --> 00:30:37.134

So people have begun doing the assessments with folks to determine who would be appropriate to go to this kind of a program,

196

00:30:38.095 --> 00:30:38.515

you know,

197

00:30:38.605 --> 00:30:41.035

in what circumstances could it resume?

198

00:30:42.234 --> 00:30:45.805

You know, there are a number of different day services that could resume. IDS, could resume depending what kinds of the services in the community that the person wanted to access with their IDS staff person, a facility base could as long as the space works for it and that the services work. As I said DC Health has guidance that should be coming out very soon. It would probably be best if we wait until



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

that guidance is out to begin. They were supposed to have a draft by the end of last week. They are expecting a draft out very soon. I expect that they may be reviewing it up their chain before we get the next draft. But they have been working with DHCF, DDS, DACL and DBH on developing this draft to make sure they address day services across all agencies. They're looking at having the same expectations for all people,

199

00:31:51.744 --> 00:31:55.914

especially for people who are at higher risk, who may be receiving day services.

200

00:31:56.724 --> 00:32:11.634

One of the things that we talked about in our meeting with them last week, there are some adult day health providers who have reopened and are providing some services for a very limited number of people. They are focusing mostly on.

201

00:32:12.025 --> 00:32:23.515

We have some people who go to the adult day kind of programs, but some of the ones that we've talked to so far have said that they are not accepting people who live in congregate settings.

202

00:32:24.265 --> 00:32:35.214

They're really providing the service more for folks who are at home whose families may need respite during the day because they've been providing for that person twenty four,

203

00:32:35.214 --> 00:32:43.255

seven and they really need some additional support for themselves and for the person to get a little break.

204

00:32:44.335 --> 00:32:56.605

And so, you know, thinking of day in, in that regard, that the person needs to get it out. But also that, for folks who are at home, they might be more likely to be someone who would need to be going to get that kind of support.

205

00:32:56.634 --> 00:33:09.505

But they could start, but there's, you know, there is the guidance coming from DC Health and there is also the best practice documents that we should be issuing within the next week or two.

206

00:33:21.805 --> 00:33:34.255

So I also just want to clarify in our Appendix K apparently, it does require that retainer payments be submitted within ninety days from the date that the person was unable to attend the service.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

207

00:33:34.255 --> 00:33:45.744

So, as opposed to most Medicaid claiming, which you have a year from the date of service to submit a claim, this has a ninety day deadline.

208

00:33:50.035 --> 00:33:50.394

Yeah.

209

00:33:55.825 --> 00:34:08.454

Which means that ninety days from March 11th is tomorrow, or it's probably two days ago, because we are up to July, so it passed for some. That is in the Appendix K that went out already. And as Amanda said there has been no change in whatever is existing there. There is a question: **QUESTION:** What is the expectation for Day Programs after the retainer payment ends? So we have sent out to all providers a couple of time now information available about HHS payments to that are available to all medicaid providers so there are those payments which is 2% of the gross from the prior year. We've provided information about that those are payments that goes directly from HHS to the provider. There was

210

00:35:14.905 --> 00:35:24.684

a conference call by HHS about those either yesterday or the day before, but we provided people with information about that. There's also PPP

211

00:35:26.695 --> 00:35:37.614

Which is available to small businesses, which are loans that can that can in, which the repayment can be forgiven under certain circumstances.

212

00:35:37.914 --> 00:35:46.494

So, you know, people would have to rely on those other mechanisms as well as this. This new guidance came as a surprise.

213

00:35:46.525 --> 00:35:57.985

I will say, as I said, before the District was one of only three jurisdictions in the country that allowed for multiple periods of time that the retainer payments are being made.

214

00:35:58.224 --> 00:36:12.474

So I expect across the country providers have been struggling with that same question. And I encourage people to look at other programs in other states about what that expectation is. **KIRK DOBSON** Director Reese

215

00:36:12.655 --> 00:36:12.894



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 ▪ 1:00 P.M. via WebEx

Just,

216

00:36:12.894 --> 00:36:18.414

as a reminder the Cares Act Provider Relief Fund the deadline to submit your gross revenues,

217

00:36:18.414 --> 00:36:19.795

from FY'20

218

00:36:19.795 --> 00:36:20.215

seventeen,

219

00:36:20.244 --> 00:36:20.605

eighteen,

220

00:36:20.605 --> 00:36:22.195

or nineteen is July 20th,

221

00:36:22.619 --> 00:36:31.735

the deadlines ten days from today July twenty.

222

00:36:31.795 --> 00:36:45.534 **AMANDA FORTHWRIGHT**

I just wanted to from the new CMS guidance I did want to make sure that friends were aware that among the new retainer payment

223

00:36:47.155 --> 00:36:53.965

clarifications and requirements they have said that providers may not simultaneously be receiving.

224

00:36:55.619 --> 00:37:08.724

Federal, you know, other federal emergency assistance, and then also get the retainer payments. So I think that we should just put that out there again it's included in the guidance that it can be sent out to everyone.

225

00:37:08.724 --> 00:37:18.954

But it seems most advisable to first exhaust your retainer payments before going forward with other federal forms of assistance,

226

00:37:19.375 --> 00:37:25.704



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

because they are not permitting States to make retainer payments to providers that

227

00:37:27.085 --> 00:37:32.425

have a document documented that they've received this other federal assistance. Unfortunately.

228

00:37:36.985 --> 00:37:51.594 **ANDREW REESE**

Yeah, thanks for that Amanda and right those, if I'm not mistaken, all of these, attestations are going to be required in our amended Appendix K

229

00:37:51.594 --> 00:38:00.625

so, like I said once we have that once we unfortunately, all of this guidance just came out from CMS.

230

00:38:00.655 --> 00:38:09.355

So, we are just learning about it, we're sending the whole guidance out to providers so that you can read it yourselves as well.

231

00:38:09.684 --> 00:38:16.554

And we will be meeting with CMS next week so that we can clarify exactly the language that we.

232

00:38:19.315 --> 00:38:27.894

That we will have in our amended Appendix K. So there's a question.

233

00:38:27.894 --> 00:38:28.045

QUESTION: So,

234

00:38:28.045 --> 00:38:32.934

the last rate a bill for retainer payments for day programs is July, 15th,

235

00:38:33.954 --> 00:38:35.155

you know,

236

00:38:36.054 --> 00:38:37.914

as Amanda said,

237

00:38:38.184 --> 00:38:43.074

what they've done is they're going to require us to revise it.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 ▪ 1:00 P.M. via WebEx

238

00:38:43.074 --> 00:38:43.974
Because originally,

239

00:38:43.974 --> 00:38:44.605
we said,

240

00:38:44.635 --> 00:38:48.925
it was eighteen days and multiple periods,

241

00:38:49.465 --> 00:38:59.155
and there was no limit on the number of periods and they have said that we can revise it to thirty days and those are thirty service days.

242

00:38:59.335 --> 00:39:11.485
So that would be six weeks. And you can have up to three, which equals eighteen weeks, so any person, for whom someone is billing retainer payments.

243

00:39:12.775 --> 00:39:15.295
If it's started March,

244

00:39:15.295 --> 00:39:15.835
eleven,

245

00:39:15.894 --> 00:39:18.985
I believe that eighteen weeks get you to July 15th,

246

00:39:19.344 --> 00:39:20.545
but you can bill,

247

00:39:20.965 --> 00:39:31.675
thirty days of service for three sessions for each person for whom you had been providing de services prior to the public health emergency.

248

00:39:35.304 --> 00:39:38.034
And any clarification that's needed, please feel free Amanda.

249

00:40:01.014 --> 00:40:14.335
Can you repeat how many people per square feet in a day program. You will find this on DDS' website if you go to DDS.DC.gov up at the top.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 ▪ 1:00 P.M. via WebEx

250

00:40:14.574 --> 00:40:16.855

There's a link to all of our Corona.

251

00:40:18.144 --> 00:40:24.684

All of our public health emergency guidance so if you click there and you will see the phase two guidance,

252

00:40:25.105 --> 00:40:28.735

which is consistent with the guidance for,

253

00:40:28.735 --> 00:40:36.324

like gyms and summer camps,

254

00:40:36.324 --> 00:40:36.985

and,

255

00:40:37.014 --> 00:40:37.284

you know,

256

00:40:37.284 --> 00:40:37.525

we,

257

00:40:37.554 --> 00:40:40.525

we tried to find other sort of analogous things.

258

00:40:40.525 --> 00:40:46.045

The guidances, five people per thousand square feet in that guidance.

259

00:40:46.045 --> 00:40:57.264

When you get to phase three, it's up to ten people per thousand square feet, but I'm not sure that we're going to include that same kind of limitation in our updated guidance. We have.

260

00:40:57.864 --> 00:41:06.414

Ask that DC Health, when they issue their guidance, they look at how this is handled across the country and include appropriate guidance there.

261

00:41:06.625 --> 00:41:18.054



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

And, as I said, before, the reason I, what concerns me about it, is that we did have a provider who, who demonstrated, here's how I could fit this many people in each of the different rooms.

262

00:41:20.065 --> 00:41:33.025

But what some of that means is, you have people, I guess a good example of that, is we've gone through our building and changed the capacity in every one of our conference rooms.

263

00:41:33.360 --> 00:41:36.864

So that you so that everyone has at least six feet of space.

264

00:41:40.014 --> 00:41:52.494

But if we were to fill every one of our conference rooms right now, we would have too many people in this building, because we don't come in and sit in the conference room and not move all day.

265

00:41:52.885 --> 00:42:01.974

And so in considering the space requirements that people have, you need to consider the activities that they're engaged in and make sure that

266

00:42:01.974 --> 00:42:12.715

And all of these things are will be addressed in both the best practice guidance from DDS as well as the DC Health guidance,

267

00:42:13.855 --> 00:42:14.545

which is,

268

00:42:14.574 --> 00:42:14.844

you know,

269

00:42:14.844 --> 00:42:19.465

thinking about all the different things in terms of people arriving.

270

00:42:19.675 --> 00:42:32.844

Where are they before they're screened and allowed in so that there's a physical distance between them, how are you making sure that you're not having sort of a group of people coming in in the morning how are people moving throughout the building during the day?

271

00:42:33.054 --> 00:42:37.074



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

How much interaction is there between different people during the day?

272

00:42:37.315 --> 00:42:37.434

So,

273

00:42:37.434 --> 00:42:40.255

I said before limiting the number of people,

274

00:42:40.434 --> 00:42:42.744

any person has to interact with,

275

00:42:43.735 --> 00:42:44.244

you know,

276

00:42:44.695 --> 00:42:45.175

issues,

277

00:42:45.175 --> 00:42:47.065

related to bathrooms,

278

00:42:47.184 --> 00:42:47.635

space,

279

00:42:47.635 --> 00:42:48.414

required,

280

00:42:48.594 --> 00:42:52.974

number of people that's appropriate for the number of bathrooms that are there.

281

00:42:53.215 --> 00:43:01.945

So all of these kinds of things need to be taken into account for right now it's sort of a cruder answer of five per thousand square feet.

282

00:43:06.114 --> 00:43:12.864

Next, how will transportation services run and be able to adhere to safe social distancing guidance?

283

00:43:13.315 --> 00:43:27.025



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

So, MTM has issued some guidance regarding transportation. I think I saw something from them this week.

284

00:43:29.574 --> 00:43:33.505

You know, making sure that people wear face covering when they're on the transportation.

285

00:43:35.545 --> 00:43:40.344

Issues related to how the vehicles are claimed these kinds of things,

286

00:43:40.344 --> 00:43:48.054

but it is an issue in terms of how many people you're going to put in a vehicle and drive to a place

287

00:44:05.965 --> 00:44:07.885

we have been asked to test everyone

288

00:44:07.885 --> 00:44:09.505

we support for COVID.

289

00:44:13.014 --> 00:44:13.554

So,

290

00:44:14.635 --> 00:44:29.005

what should have occurred there's guides that came out from DDS the guidance that we have sent out that was approved by DC held by the mayor's office is consistent with the current guidance from DC Health

291

00:44:29.304 --> 00:44:32.034

anyone who has high priority for testing,

292

00:44:32.184 --> 00:44:33.264

should be tested.

293

00:44:33.539 --> 00:44:47.934

So testing everyone is going beyond that. And so, if you refer back to the guidance that, that we did issue, I'll give you the date and the name of the, guidance that was issued.

294

00:44:48.175 --> 00:44:57.655



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

And what it said was anyone who is that at higher risk, who has had an exposure, should be tested and

295

00:44:59.125 --> 00:45:10.224

that would include anyone who is in a ResHab for ICF for anyone who's at higher risk by definition of age,

296

00:45:10.224 --> 00:45:14.094

being sixty five or older or health status,

297

00:45:14.514 --> 00:45:19.344

having respiratory cardiac or diabetes,

298

00:45:20.425 --> 00:45:22.554

or morbid obesity.

299

00:45:23.485 --> 00:45:28.164

If any of the staff working in any of these placements.

300

00:45:29.934 --> 00:45:40.014

Who have an exposure any of those should be tested. I think that it is true that you were asked, and it was in error. And so we have been trying to clarify that.

301

00:45:40.644 --> 00:45:45.235

We are however, trying to ensure that we understand that we have.

302

00:45:46.675 --> 00:45:57.925

information about everyone's testing status and so that could've been part of the confusion there is that we did want testing status for everyone. Not

303

00:45:58.074 --> 00:46:06.775

just the people who are at who are high priority for testing for whom we do expect a test to be done.

304

00:46:19.525 --> 00:46:29.005

So, the next question, once the eighteen weeks is exhausted day providers will not be able to build for retainer payments. That is correct. That is our understanding of

305

00:46:30.505 --> 00:46:32.844



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

the guidance that was just issued

306

00:46:35.155 --> 00:46:48.565

by CMS, **QUESTION:** What do you imply by other payments related to the ability of small businesses to seek PPP

307

00:46:48.985 --> 00:47:01.284

the guidance that we've sent everyone about HHS payments that can be made to all Medicaid providers if people should have received this?

308

00:47:01.284 --> 00:47:10.559

We sent a couple of different communications to all providers about the HHS payments that go directly to providers. **KIRK DOBSON** Okay.

309

00:47:25.554 --> 00:47:38.605

Just to clarify the provider funds that the Director or the Cures Act provider relief fund. That's what we, that's what we're describing in when we say other payments and there are other payments with HHS is releasing as part of the Cares Act

310

00:47:39.144 --> 00:47:46.585

So, if you were eligible, for some reason, for any of those, that's also qualifies or disqualified you from double payments.

311

00:48:26.844 --> 00:48:41.394 **ANDREW REESE**

A payment would be coming from HHS. I want to make sure I'm hearing you correctly. No, it's health and Human Services and its Cares Act Fund and it is a direct federal payment. It goes to Medicaid providers.

312

00:48:41.760 --> 00:48:51.835

We have sent communication to all of our providers about this, but it really has been up to each provider to submit whatever was necessary in order to get it.

313

00:48:53.065 --> 00:49:03.655

If you have, not received it, you should be in touch with your quality resource specialist and they can make sure that you receive a copy of all communication that has been sent out.

314

00:49:03.655 --> 00:49:10.945

But as I say, we sent out, at least two, if not three different communications regarding these Cares Act.



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

315

00:49:14.635 --> 00:49:25.945

If you provide the and on the main page, it's the cures that provide a release. So inquiry just take a look at that site.

316

00:49:36.355 --> 00:49:50.605

There's a question **QUESTION:** We locked down our residential facilities and our billing at the quarantine right? We plan on staying on locked down quarantine even though D. C. is starting to open can we continue to Bill at the quarantine rate?

317

00:49:50.695 --> 00:50:03.474

What are the requirements for billing at the current rate? Well, quarantine, I guess, which is in the question. Three times would be the requirement. So.

318

00:50:04.440 --> 00:50:08.574

Quarantine is when you have a person who's had an exposure,

319

00:50:08.905 --> 00:50:13.074

and they are required to self-quarantine for fourteen days that person,

320

00:50:13.344 --> 00:50:13.735

you know,

321

00:50:13.764 --> 00:50:20.425

they're required a self-quarantine because there's a potential that they may have gotten COVID-19.

322

00:50:20.664 --> 00:50:30.534

And so they are quarantined. If you are providing support to a person who has been tested, who has tested positive for COVID-19, they are quarantined.

323

00:50:32.514 --> 00:50:38.065

Winslow can correct me, but I think that would cover it. **WINSLOW WOODLAND** That is correct Director Reese.

324

00:50:42.235 --> 00:50:56.755

I'm also a little concerned because quarantine also, you know what I hear quarantine I think of being locked inside, which, you know, effectively, most of us were quarantine under the Mayor's stay at home order.

325

00:50:57.235 --> 00:50:59.394



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

And except,

326

00:50:59.394 --> 00:51:02.635
for people who were advised by DC Health,

327

00:51:03.235 --> 00:51:05.304
that they should self-quarantine,

328

00:51:05.304 --> 00:51:16.105
because they had a direct contact exposure with a person who has a laboratory confirmed case of COVID-

329

00:51:16.105 --> 00:51:16.855
19,

330

00:51:17.335 --> 00:51:20.034
or a person who has tested positive.

331

00:51:20.635 --> 00:51:33.175
We shouldn't be making. We can't be, we don't have public health authority to quarantine people beyond that. There are recommendations that people who are at higher risk.

332

00:51:33.894 --> 00:51:47.335
I should really notch or should think hard before going out. They can still go out. People are a fire risk can go out.

333

00:51:47.335 --> 00:51:59.724
If they have a job, they can go out to approve recreational activities. That's in the Mayor's order. And so we have to be cautious about this idea that we're continuing to quarantine people.

334

00:52:04.795 --> 00:52:13.284
So this is a question, it says to all panelists, but I'm thinking, oh, I just has to do with WebEx speak.

335

00:52:13.764 --> 00:52:27.085
And this is a really good questions that perhaps providers could give us an answer to, which is our providers. Oh, if it's a question to us, the answer is easier.

336



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:52:27.264 --> 00:52:38.155 **QUESTION:**

Are providers allowed to be under locked down right now preventing people supported from going out, even when they are not under a DC Health directed quarantine?

337

00:52:38.664 --> 00:52:52.014

No, as I just said the public health power resides with the Mayor DC health has some power there as well.

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00:52:52.405 --> 00:52:55.614

DDs does not and our providers do not.

339

00:52:56.065 --> 00:52:59.304

So the answer pretty clearly would be no,

340

00:52:59.994 --> 00:53:01.614

if you look at the Mayor's order,

341

00:53:01.614 --> 00:53:03.505

as we move to phase two,

342

00:53:03.894 --> 00:53:11.155

it did say that people in ICF and ResHab should continue to stay at home.

343

00:53:12.474 --> 00:53:24.144

Except to go to employment or approved recreation activities, and recreation can be a whole broad spectrum.

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00:53:24.144 --> 00:53:35.784

I mean, shopping for clothes is recreation for some people, people engaging in individualized day services, I would qualify as recreation.

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00:53:35.784 --> 00:53:41.394

I think some of what we call would qualify under the Mayors order as recreation.

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00:53:41.815 --> 00:53:54.775

So, you know, so I do think that those should have some discussion as people engage in them, but I would be curious to hear if there are providers telling people

347



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:53:54.985 --> 00:53:56.844
No, no one can leave.

348
00:53:56.844 --> 00:54:08.155
We are unlocked down because the only entity with the authority to require a person to remain at home is DC health,

349
00:54:10.135 --> 00:54:14.784
and even there where they require people to self-quarantine.

350
00:54:15.144 --> 00:54:17.664
They don't actually quarantine them.

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00:54:17.965 --> 00:54:23.905
They follow up just to check in to make sure that the person is following their guidance,

352
00:54:24.835 --> 00:54:26.934
but they don't start out with saying,

353
00:54:26.934 --> 00:54:28.914
you must stay home and I'm going,

354
00:54:28.945 --> 00:54:29.364
you know,

355
00:54:29.695 --> 00:54:36.985
we're going to ensure that you do they start out by explaining to the person the importance of staying home for fourteen days.

356
00:54:38.125 --> 00:54:48.114
To ensure that they have not contracted it if there was an exposure to ensure that they're not passing it to someone because they've contracted it and don't even know it.

357
00:54:50.275 --> 00:55:03.204
And then they check back with them to see if they're complying with that advice. And they would step up after that if they are not from my and there may be empty people on the phone who could clarify that.

358



TRANSCRIPT
PROVIDER FORUM: COVID-19
JULY 10, 2020 • 1:00 P.M. via WebEx

00:55:05.094 --> 00:55:18.385

But from my understanding to those folks, the happy folks have said that people have actually been very cooperative in the self-quarantine recommendations that are made by DC Health.

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00:55:25.525 --> 00:55:40.465

We're actually past one o'clock and I don't see additional questions here. We started a little late. So, we can certainly stay another five minutes.

360

00:55:40.494 --> 00:55:42.114

If there are additional questions.

361

00:55:43.045 --> 00:55:53.094

I do think that this exact conversation is the reason that the discussions we're going to be having are so important,

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00:55:54.324 --> 00:55:55.614

because I do want to say,

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00:55:55.614 --> 00:55:56.335

I think that,

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00:55:56.545 --> 00:55:56.784

you know,

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00:55:56.784 --> 00:56:03.655

to the extent there are providers who are quarantining people or putting limitations on people.

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00:56:05.155 --> 00:56:17.905

It is in response to our numbers were really high in April and providers are taking measures to protect the people that they're there to support.

367

00:56:20.724 --> 00:56:35.304

In the same way, the city took measures to protect all of us by issuing a stay at home order. But at a certain point in time, people also have their rights to engage in the activities that they're interested in. And.

368

00:56:36.750 --> 00:56:48.625



TRANSCRIPT
PROVIDER FORUM: COVID-19
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can those be limited? Yes, there's a process for limiting them. However, and that process would go through an agency's human rights committee before you get to a limit.

369

00:56:49.074 --> 00:57:03.114

So until you go there, there can't be limit. The Mayor could impose limit, or you could attempt to impose a limit by going through human rights. I think it would be challenging to get there, but that would be the mechanism for doing

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00:57:03.114 --> 00:57:14.184

so, and these are the kinds of discussions. I'd say that we really need to have to make sure that we're all understanding as well because I do think it's a difficult balancing that needs to occur.

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00:57:14.454 --> 00:57:28.885

We all want to make sure that everyone we support stays healthy. We want to make sure that the staff we're working with them, stay healthy but I think we all also appreciate after staying at home for a long time,

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00:57:29.125 --> 00:57:35.605

how important it is to be able to get out and live your life as well and that's true for the people we support, just like it's true for all of us.

373

00:57:45.840 --> 00:57:53.574

So, it looks like there are no additional questions. Thank you very much. And we will talk to folks next week.