



T R A N S C R I P T
Provider Forum: COVID-19
March 27, 2020 ▪ Noon – 1 pm via WebEx

DIRETOR ANDREW REESE (speaker)

Conversation available to people afterwards. Publicly for people that aren't able to make it or just so that you have notes from what was discussed.

The other is we do have staff today from DC Health as well as who will be on the line.

So, just to run through quickly, Ericka Walker, Sharon Mebane, Aisha Nixon, Victoria Alabi and Cassandra Kingsberry. I believe we're all on the line from DC Health and then Mary Devasia, Amanda Forsythe and Angelique Martin are on the call from DHCF if you have any specific questions for them.

If you could, you can type that question in and just put their agency name after.

So, either put "Health" in parentheses after your question. And then, at the end of the call, we'll unmute then, so that someone from their agency can answer your question.

We did receive... what we asked was for people to submit some written questions in advance. And so we've received a number of questions.

We're going to answer those, as always people can type questions as we go and we will answer as many of those as we can during the call. So, Crystal Thomas is here in the room with me. I also have ...

Winslow Woodland, as you know, Kirk Dobson the Deputy Director for Quality Assurance and Performance Management.

People that are concerned, we are in appropriate social distance away from each other.

So now, Crystal will be reading the questions and I'll do my best to answer or call on staff who are either here with me, or on the phone to help answer any questions.

And as I said, if you have questions that are specific for DC Health, just type those in and let us know it's for them and we'll reserve time at the end to allow them to answer those questions.

CRYSTAL THOMAS (speaker reading question)

What is the status of the Appendix K submission?

DIRECTOR REESE (speaking)

So we are working on finalizing that and we will be submitting it very shortly, and as soon as it has been submitted, we'll let people know. We'll publish what has been submitted. That is what has been as soon as it's published.

I mean, I reviewed it last week, a summary of everything that we expected to be in it. I will say that since that time, we have talked about it, we did hear people's concern about issues regarding the training requirement for new staff.

So there will be some flexibility on that. So that people can bring staff on as long as they are adequately trained staff in the facility at the time that a person who hasn't completed necessary pre-service training.

So we did address that concern that people had. Other than that, I think all of what we shared last week is the outline and the specifics of what was included in it. We've made some minor changes since then.

And as soon as it's finalized and submitted, we'll share it with people understanding that these items were submitted. But are they available for implementation now.

Of course, there are some items that are taking place now, like, the program facing operations and redeploying to residential sites.

However, in the remote support, we are being told by service coordinators that they are just discussion points and not approved to be done with the anticipation oppressed items due to COVID-19 it is better to have a team prepared, and ready to go based on communication from service coordinators and service coordinator supervisors this is not an option because they have not been told that is okay to do.

So, emergency backup plans may include the use of remote support and technology for health and safety.

Just so, people are aware, I think I'd mentioned this when I provided the overview for people last week, the effective date of our appendix K is the beginning of the emergency, which was March 11, 2020.

So, it will be retroactive to that date.

And, you know, all the specifics of it, we'll let you know as soon as the final document is submitted, I want to let Winslow speak to these issues regarding what people are being advised by service coordinators and their supervisors.

WINDSLOW WOODLAND (speaking)

So, prior to our adding the request in appendix K, for the use of remote support, service coordinators were advised to follow the guidelines which did not include additional remote support.

So, we've gone from 20% remote support to 100%, remote support as applicable to the individuals. So, that does not mean all services can be provided unilaterally using 100%. Remote support is individualized.

[Indiscernible] and we need to make sure that all providers are aware of that.

Could have considered allowing Day Programs to send them to residential support, living and wholesome facilities to provide services. So we sent out guidelines last week for Day and Employment Providers.

And the guidelines essentially was to say that people based on, and it's now the Mayor's order at the time, it was a recommendation, based on the recommendation that people not be congregating in one place, that we all limit our number of social contacts and that we increase social distance and facility base Day Services should cease.

But we also said at that time, a couple of other things: one, that all, Individual, all Community Base Day services. There should be a conversation about how those would continue to be provided. And the team should decide together.

How they could be provided and how they could be provided safely for everyone involved.

For folks who have a Day Program and a Residential Program we expected they would just pull their staff from one program to the other. And then we had also suggested that Day Providers and Residential Providers work together. One of the flexibility is in our Appendix.

Key is if you work for someone else, you can immediately start working for the other provider. There are also some providers who have worked together to come up with an agreement.

So that the day provider provides services during the day for folks who are in the residential provider settings. So, those are issues that are dealt with individually and between providers. But we've tried to provide guidelines.

So that you can kind of work through what all the options are and we'll be with our Appendix K.

[Indiscernible content]

DIRECTOR REESE (speaking)

Those are the considerations that we took into account as I did say, and I think I mentioned in my summary last week, our appendix K will include retainer payments.

So that we can try and help out those Day Providers, you know, who are going to not be able to be providing services for some, where they will be able to bill a particular rate for people for whom they were providing services.

And they are not now providing services, remember that day providers fulfill we held the same expectations the performance wants to send them over.

Of course, I guess what that goes to is the issue of our retainer payments, being sure that what we're trying to do for retainer payments and the purpose of retainer payments is to try and help providers make it through this really difficult time, without any form of financial support.

QUESTION:

How does the day provider pay administrative staff, insurance, rent and other re-occurring expenses during COVID-19 epidemic?

DIRECTOR REESE (speaking)

All of that will be addressed when you see the Appendix as it goes out. You'll see how the retainer payment is structured so that you can see what is left there.

QUESTION:

What health message do the Providers have to the community that they are still holding on?

DIRECTOR REESE (speaking)

I guess a couple of things.

One of them is, as I said, before, you know, we have some providers where the Day Provider have worked with other residential Providers to say, if you need additional staff, I can provide supports with my staff.

There are some residential providers who said, who have declined that offer because in fairness to them, they are doing their very best to limit the number of people that a person has contact with.

But the other thing is for those who are not working right now.

There are providers who could benefit from their services and so, you know, while we are right now in the middle of probably the worst unemployment that not just did any of our lifetimes.

But I think ever there'll be a demand for.

So the folks who work for day providers who were working in a facility based program, and can't continue to work, or who are working for a day provider, that isn't also a residential provider. So they're not able to work.

There should be plenty of opportunities for them to work for one of the residential providers in this interim and then to transition back.

[Text indiscernible] to discuss on individualized strategies to continue services according to CDC rules and regulations actually, the purpose of our call last week and unfortunately, just because of some technical issues we have there isn't as much opportunity for people to talk with each other, but we have encouraged providers to talk with each other for one on individual, in terms of services for each individual person.

The team should be talking about how to continue to meet that person's needs during this time. And then we had encouraged and continue to encourage providers to talk to each other about how they can work together.

Because, you know, I really appreciate that for day providers, especially there's this gap, you're not going to get income for this period of time.

But there is the opportunity that you've got residential providers who suddenly need to provide more services to people. And so it could be that gap for...

You can fulfill a need for them and that can help you bridge these new hires. Don't just jump in and run the shift. They take direction from the more seasoned staff. Anyway.

It would make more sense to train folks up on the job. They would not be passing then they would be helping people to cook clean and doing the last person based aspects of the job.

Of course, they would be trained on the person, but making them all complete all the elements of phase one before being able to add to support is not going to help with the crisis.

And we heard back from all of you, and we have made adjustments in our appendix K, which, as I said, as soon as we submit it, we will be making it public,

You know, there will be the provision that there has to be a fully trained persons on site working with them at all times, but we are waving most of the Pre service requirements, except in certain circumstances, where they would be concerned about health and safety like Matt, these kinds of things where if a person has behavioral health needs and the person has to have the training, we can't waive those kinds of things, but we really are working to make it as flexible as possible so that we can address any workforce issues may have expired certifications and trainings and there's no way to train them backup because the Trainers aren't available to do the training.

What is worth having someone who has lapsed training at least working, or having someone who can work because of a technical aspect certification.

So our appendix K will include provisions that CPR in this interim could be done online for Matt and for initial it's a problem.

But for recertification, we can do online and Matt has extended their recertification out to May 31, 2020. CMS approved any waivers to allow for remote supports for day services.

We have included now, remote supports for some of our day services in our Appendix.

And as Winslow said before, when we look at remote supports, we're trying to be as flexible as possible to allow them for up to 100% percent of the time and supports being provided.

But that is, you know, with the understanding that the team agrees that the person's needs can be met, and that we can ensure health and safety of the person while providing the services remotely.

If Day program services are permitted, and the person is only able to engage remotely for less than authorized hours to attention span or other challenges will be adjusted accordingly? No.

And so, this isn't a, there's a couple of important points here, because as we go into this, the service coordinators, first of all what I didn't mention before when we make any of these changes, we are going to be amending the.

So, you know, the service coordinator, and they have been able, as my understanding to turn those changes around very quickly. The service coordinator is not going to.

So, for example, if someone was in a facility based day program, and now they're going to do companion services in the home, they are not going to end date the authorization for the day program.

Because once this ends, the person will continue receiving that service again.

They're just going to add the additional service. Now what this means is and for example, if someone has been authorized for up to a certain number of hours of service, billing is done, based on services provided it's not done based on services authorized.

So it's essential during this time that the billing offices are getting reports of actual services provided because the provider could really get themselves in trouble.

If they're billing authorizations that are out, there were services were not provided CMS considers that Medicaid fraud.

So it is essential that people, you know, we will not be adjusting down the will say, authorized for up to this many hours.

And the invoice is should reflect the services provided could have considered offering day programs the opportunity to support the person.

They're currently authorized to provide service to via Skype zoom, or other means that was included in the guidance that we sent out last week

QUESTION:

Will employment readiness and support employment service providers be able to provide remote services?

DIRECTOR REESE (speaking)

Yes.

And it's, you know, the same caveat to the extent they can to the extent that service can be delivered effectively and ensure health and safety of the person then yes, those services could be provided remotely has consideration been given by the District authorized payment to day program providers under waivers
Taking into account an average monthly billing cycle for services previously rendered prior to Covid-19.

To assist providers and retain staff until the emergency ban is lifted or a flat retainer for fifty days. For the same purpose. We will be addressing retainer rates in our Appendix. K. And as soon as we submit, it will provide the details to the day providers. So they can bill appropriately.

We see clarity on understanding the retainer payment for those Day services participants duly supported and residential and day supports our Day service provider still required to provide QUARTERLY's and attend meeting for the participants.

If so, how would the provider get payment for such oversight services for the program coordinators in the day program. Those issues have been taken into account when we considered how we structure the retainer payments.

QUESTION:

How does the attorney a payment for Day providers work? [Indiscernible] What is covered? Is there a specific format? That is to be used what information has to be included who do we send the invoice to.

DIRECTOR REESE (speaking)

So I'll just I'm sort of like a broken record as soon as it's finalized and submitted will share it. And if there are questions about how to do the invoicing, those could be answered, either by or our waiver staff beyond the retainer payment.

QUESTION:

Are there any other provisions [Text indiscernible] compensation during the pandemic to ensure continuity of services? No, what we're doing is doing what we can through the retainer payment.

QUESTION:

What will the approval constitute for service changes? Ratio changes etc. This cannot be a prolonged process with service coordination.

It should be a simple communication from the Q or program manager.

Who indicates this is an agree to action plan by the person support it, because of an emergent support need essays should not need to hunt down family members for input and debate the need.

They are not in the Day providers, needs to be able to reserve the right to implement safety protocols to meet the needs of the person. As soon as possible without waiting on a riders do not hear from within twenty four hours.

QUESTION:

Can the change just be implemented?

DIRECTOR ANDY REESE (speaking)

The answer to that question is no,

I did say it last call and I think I sent an email to representative of the provider coalition that, in the event that a service coordinator is not able to do their job effectively and timely that I was to be called,

Keep in mind. There's a lot of things are changing and at a very fast pace, and this is a change for service coordinators as well as providers.

So, I don't want any services delayed, but I'm not going to say, automatically implement a decrease staffing ratio or any other significant change, compromising that person without input from that team, which includes the Guardian, The service coordinator, and/or the family members.

And I understand that this can take time, but I'd like to be involved in all of those where staffing issues are involved so that I can track that and make adjustments appropriately.

QUESTION:

What is being done by DDS to obtain, or circulate a letter that indicates they are central workers?

I have sent via three samples to work from so the Mayor's order, that was issued this past weekend addresses, essential critical infrastructure workers and that order indicates that essential.

You know, that people should not be leaving home, except for to attend to essential functions and included in those essential functions are functions performed by essential critical infrastructure workers, which doesn't say, but if you look at the description, it covers, there are a number of functions that continue during this current crisis.

Grocery stores remain open gas stations remain open. Social service agencies, programs that provide food shelters.

Clearly all of our providers need to have their support workers or direct support professionals, get to and from work other staff may need to get to that home medical personnel need to get to work.

So all of that is addressed in the Mayor's orders. To be clear that those staff are expected to continue and then a request that people who are not attending to essential functions, not venture out into the community in terms of because we addressed this on our call earlier today, with the community, there isn't a sort of shelter in place order that doesn't allow you to leave your home.

The issue is that people are being discouraged from interacting with other people.

What is stressed in the Mayors order is the importance of maintaining social distance so that if people in a home wish to go out to take a walk in the neighborhood, you know, to get some fresh air, that is perfectly fine.

As long as they are making sure that they continue to maintain social distance from each other.

So that if you have someone who requires someone standing too close, it may be that that person's ability to venture out into the community could be limited.

We have sent, we had posted on our website and sent to Providers guidelines regarding the measures that social service workers should be using when interacting with people.

There's a tremendous concern in the District that personal protective equipment be conserved for healthcare workers who will need it.

And so there's very clear guidelines about when those things are needed and how to ensure safety when providing services. So we sent that to providers. We posted it on our website. I'd really encourage people to review that and to review it with their staff.

QUESTION:

When will there be confirmation of funding for overtime and actual cost of services that are being provided by overtime, staff and through temporary staff. We are working these issues out with.

As soon as we have some final answer we'll provide it to you.

QUESTION:

What is the possibility of funding for has it pay for workers?

Same answer since we will be closing 17 additional Metro sites on March 26, 2020

QUESTION:

Would there be opportunities for providers to obtain services from MTM to pick up limited groups of staff? Less than ten at a time for nominal fee for staff who rely heavily on public transportation.

DIRECTOR ANDY REESE (speaking)

I mean, I could leave that question to, I don't know if they could respond to it in the end. My expectation is no, because MTM is transportation for Medicaid beneficiary.

I will say coming into work using public transportation while the number of buses were fewer stops on the metro were fewer.

I was still able to get to work using public transportation and using all the necessary precaution not sitting near people doing my best not to touch the railings while I was in there making sure not to touch my face until I got to work and washed my hands, you need to be talking to your staff, not only about how to ensure their safety while they're at work by getting to and from work the universal pay leave reimbursements for providers who have been paying into leave till July.

QUESTION:

2019 is my understanding that ... was at least going to do a true up of costs back to the beginning of FY, in October, 2019. Where does that stand?

QUESTION:

And when will it be included as part of the reimbursement rate?

DIRECTOR REESE (speaking)

Well, it's currently provided as part of the reimbursement rate in this year, the question about last year's funds we can answer right now, as you can imagine, we're taking a very close look at all of our FY'20 expenditures.

The District has had a severe hit in terms of revenue. Spring is a very big time for revenue in the district.

So, we are looking at that. It is on our radar and along with the questions raised earlier regarding overtime, possibility of hazard, pay. Having to use camp staff all of that,

We are working all of these issues through with and as soon as we have an answer,

we'll provide it.

QUESTION:

Will we be recording the forum to share with providers?

Yes. As I indicated at the beginning, the forum is being recorded and we will work out the technology to make it available to people.

QUESTIONS:

Was there an email asking providers to write a contingency plan of operation during Covid-19. Does this include day providers? What was the purpose of this plan? We have not received that email so that email.

So we, we sent emails out twice to providers once.

I believe it was March 6, 2020 when we asked all Providers to review their plans and update them to address Covid-19 and then on March 13, 2020.

We sent something out asking that they submit those plans to us by March 17, 2020.

We have only not received two. The quality resource specialists are reaching out to those two agencies.

People should make sure that you're checking your spam or your junk mail to make sure that it's not going there. The emails that came to. You would be coming from DDS and not QAPMA, or DDS.dc.gov

So you might want to check there. But these went out to all service providers, day and residential. And as I say, we've gotten responses from all.

But two, when online applications are required for jobs, can we assist the person and bill for it?

And this is a question as I'm looking here. I believe that's the question for because job development is as people who provide services through our essay would be aware. Our essay pays through milestone payments.

It's not an hourly rate. And so, the requirement for is that during the job development phase, there'll be three substantial, face to face contact per month.

The guidelines that we sent out last week, said that the face to face could include telephone conversations, but that it was essential that in the monthly report that you file, that you document the substance of the conversation.

So, that it's clear that it was a substantive interaction. And not simply a phone call to schedule a meeting later, or a phone call to say, did you log on and file that application but an actual substantive meeting with the person in the expectation is that there would be three meetings within a week and then those meetings could happen remotely.

QUESTION:

How do we write and get paid for encounters when we are doing job development? And the consumer wants to talk about fear anxiety and Covid-19 concerns.

DIRECTOR REESE (speaking)

As I said, if it's a substantive conversation, and frankly, if a person is saying, I'm too scared to go to work right now, I have these concerns about coping.

Covid-19 seems to me that that could be part of helping the person prepared for work, or even make a decision that this isn't the best time to go to work.

But you would just document those conversations the same way that you have been documenting in your monthly report the context with the person.

QUESTION:

Are we allowed to bill for conversations over the phone with the person as well as potential employers? Yes. It's a COVID-19 issues. This state plan offer relief funds to its providers.

If so, what do providers need to who need to submit to qualify for this fund? There is no plan to do that at this time.

QUESTION:

If there's a centralized number through where consumers and providers can go to get advice on managing stress, staying in contact, especially to address consumers, concerns, about, going to work.

The people should call their VR counselor, as I said, almost all of our staff are teleworking, but they are all working. They are all available by phone.

And so if someone has these kinds of concerns, they should speak with their counselor. If they need a referral for services. After that the counselor can help facilitate that.

QUESTION:

Okay regarding remote meetings, can providers count phone meetings with clients as face to face meetings at this time.

That is exactly what it says in the guide if people could look on our website, the first page of the website up at the top, there's COVID-19 updates click on that, and you'll get to the page where it's got all of our updates.

There was an update sent last week. All day and employment providers and it does answer these questions and says, you know, if you're going to continue working, you should do so remotely to the extent that you're able you should absolutely ensure that you're keeping a safe distance from people, but really job development should be done exclusively remotely and yes, you can, you know, as I said, the billing is milestones, it's not hourly billing.

And so as long as you have free substantive conversations in a month, you can be paid for that month.

QUESTION:

Can we assist with a development of resumes over the phone?

DIRECTOR REESE (speaking)

Absolutely. And there are other ways you can do it as well you know, you could do some ways online to share a document back and forth but absolutely.

And that would count as a substantive conversation.

What our options to provide service, if the person does not have a computer Internet access or technological knowledge, this is why we expanded it from my perspective face to face has always been included has always included Skype, face time.

You know, anything, if, if you are having a subsequent conversation and talking with the person, we have been clear in our guidelines last week that it also would include phone calls. As long as you document the substance of that phone call. And it's a substantive conversation.

QUESTION:

Are we allowed to provide service over the phone for job development?

DIRECTOR REESE (speaking)

I think I just answered are there suggestions to completing intake appointments with new clients?

Currently the intake takes 1½ to 2 hours. And this is a long time to ask clients to be on the phone with that you could break it up into more than one appointment. I know. That has been done.

We've been doing our initial intake with people over the phone. So, we have been able to work that out. People can, you know, drop documents off for us or they can scan documents to us or they can mail documents to us for eligibility purposes.

You know, I would say, be creative and use technology as best. You can.

QUESTION:

How can we ensure clients have resources necessary to continue working with us if the client had an issue regarding . . .

DIRECTOR REESE (speaking)

You know, these days I don't hear about people having issues with minutes as much as I used to.

But if a client has an issue with having access to appointments, because they only have limited minutes, they should talk to their counselor in the same way that we would provide transportation to come to you, we would provide minutes to come to.

Are there any specific format or requirements for reports if we perform online over the phone services? It's the exact same report.

You should just document that in the documentation of your interaction with the person that it was over the phone and then documented substance of the conversation to clearly reflect that it was a substitute conversation are three contacts per month required during this period to qualify for billing.

Yes, it's the rule for three face to face context being transferred to phone contacts.

And if so, if consumers have an Obama phone and don't want to, or cannot download apps such as zoom and Google Hangout,

QUESTION:

How do we engage when they are worried about using up their minutes to speak with us?

DIRECTOR REESE (speaking)

Ask them to talk with their counselor about getting a maintenance check to add minutes.

QUESTION:

How will transportation issues for consumers who work beyond the metro bus cutoff be resolved?

DIRECTOR REESE (speaking)

That would be a case by case basis.

Because quite frankly, I can't think of, I mean, I know for myself, I have to walk quite a distance now to get a bus, whereas, because it's because the bus that normally comes to my house is really there for schools, children and they're not going to school.

So, my boss isn't there anymore, and I have to walk to get the bus and the buses don't run on the same schedule that they used to.

I think this is a good opportunity to plan with the person to do the trip planner through WMATA to look at how they can get from one place to another while certain metro stops have been have ceased operations bus lines have cut back often.

I think it's on a Sunday schedule, there's limited coverage. People should be planning for that. And those are the kinds of things that we talked to someone about when they're planning to go to work, which is, how you plan for how you're going to get there.

Keeping in mind that no matter what we pay or agree to pay to help the person, get to work for a couple of weeks. Once they start working, they need to be able to pay this themselves ongoing.

So, you know, I would strongly discourage a person, depending on their income, I guess, you know, that sort of level of income for their entry level job.

I strongly discourage someone from relying on Uber lift to get a car ride to work.

You know, I think that part of preparing someone to work is helping them prepare in these difficult times for how they'll get there. And that concludes the questions that we actually know a couple more.

Okay. Now we are looking at the questions that you all submitted.

So we're going to start with tedious questions and then, because we're just trying to figure out, there's a little bit of a technical glitch, trying to connect our colleagues with the help, but we're going start to answer these DDS questions. And then we're going to try to a new the line. Totally see if that will work.

But first, let's just answer questions. So, for DDS.

QUESTION:

When issuing new service authorization for companion services, in lieu of the program, what guidelines have been given to service coordinators in terms of staffing pattern.

DIRECTOR REESE (speaking)

Service coordinators are keeping the same staffing pattern, regardless of the circumstances in the residents as an example if a client had route they have, they will only issue a group companion, one, two, three, ten dollars.

Twenty-eight cents when the circumstances in the house will make it one to one staffing by default.

So I did answer this question in a private text to this person, because I didn't know if we'd have time, but I had been working with certain providers on this issue.

And as I explained the example, if there are three people living together and two of them work or are working or did not have the need for companion, that would be a companion one to one.

We will not add companion one to ones to the entire house.

Unless each person in that house had a one to one need and please if you have those cases that you're unsure of, you feel free to reach out to me at (202)730-1618 and I will help you.

Through those, so, for the next series of questions, I'm going on mute Amanda Forsythe from [Indiscernible] in case she wants to add anything these are all regarding the Appendix K and retainer payments. So, and he's going to speak to them but we'll also mute. Amanda.

QUESTION:

Can you provide any more detail on the retainer payments? Independent K regarding day programs? What is covered? Funded? K is finalized we'll share it. Fine.

QUESTION:

How is day program going to be compensated for the loss of revenue?

DIRECTOR REESE (speaking)

The same answer I don't know if Amanda's in a position to provide more detail, but my response right now would be. We're very close to submitting the Appendix K and I'm sorry that we can't share it immediately. But as soon as it's submitted, we will share it, and the, all of our appendix K. as I said, we'll be retroactive to March 11, 2020.

AMANDA

So people could start billing, you know, whenever you would bill for March. This is Amanda from CF.

I'll just add that the Appendix K will, once submitted will provide the, basics of the services for which retainer payment is possible and any other payment related changes for the duration of the emergency.

We'll also be issuing some hopefully, helpful guidance in terms of the logistics.

And operationally how you bill for that the procedures for billing from the provider perspective won't be included in the appendix itself, but we will be publishing some corresponding guidance.

So, just as a heads up, that will be coming up if not at the same time and shortly following the submission of the appendix. Thank you.

The reason that there needs to be a separate letter communication from the District is so many people can transit to and from work if the workers has something in writing to carry, they will feel more secure and going to work with an authorization rather than worrying about.

Being questioned and trying to rely on just saying they are health care. We also have other jurisdiction where lives. So someone living in Montgomery County saying that they're okay to transit to D.C. because DC healthcare is essential, are going to have issues. Providers are encouraged.

If they are concerned about this to issue a letter to people that work for them, referring to the mayor's order, indicating that their staff are essential and need to get to work and it would be on the providers letterhead saying they've been identified as essential workers by Maryland and DC site to that and provide them whatever lighter you feel is necessary.

But this factor free right now, people walk in the back door, the bus of a metro bus.

So, the guidelines that we've gotten so far, is that the order provided by the Mayor is adequate when issuing new service authorizations for companion services in lieu of the day program.

QUESTION:

What guidelines have been given to service coordinators in terms of staffing pattern, service coordinators or keeping the same staff I think we had that question to ask from Andrew.

Okay. Okay. We've answered that question.

QUESTION:

Is there a plan for enhance support retainer payments data assets in a private text?

And the answer is, no, I can't I can't imagine what the reason for that would be, because in home support should be continuing. We didn't stop in home support.

QUESTION:

I would like to know if there's a possibility to allow clients to give verbal consent to, for services acknowledgement. I know that procedures require clients to sign many documents during the intake process and later.

However, during those unusual circumstance, we're facing if there's a way to make this process more remote, accessible,

Our agency had received permission from DDS to have our clients consent for services over the phone and documented appropriately.

I was hoping we could have similar process with our say, this would allow us with continuation of services as well as engage new clients and employment services has been doing remote intake.

Interviews with people completing the application process, and there are then a couple of different ways that they can get the signatures they need. They either print it out and mail it to the person.

DIRECTOR REESE (speaking)

At this point, I'm just going to ask everyone to just please mute their lines. Everyone on the phone, I'm going to delay for thirty seconds while everyone needs certain lines.

If you're on the computer, please mute your computer and your microphone at this time they'll mute your computer mute your microphone this time.

So, I'm going to give thirty seconds for everyone to mute either their microphone or their computers or their phones as the only way we will be able to get these to provide any feedback they would like to, or answer any questions.

Okay. But, on mute lines, at this time, if there's too much feedback. We're going have to mute them again. So just please mute your line.

Fine.

QUESTION:

And by the last week of April, [a]person support will have to continue receiving active treatment at home. Do residential providers continue to pay the day programs as part of the day programs contract, or the contract void due to the emergency or residential providers.

And residential providers do not have to pay the day program. So we're going to see did she have to just respond to that via the chat box and we'll read the response.

Process there's another question for here we're just going to go ahead and read it so you can respond as well.

QUESTION:

What's the status for? Processing?

Any ACH applications for direct deposit payments we submitted our request and all required documents. Months ago.

We're still receiving paper checks, which had to be picked up from our registered agent at this time, more than ever during social business thing. We need our payments to be deposited into our bank.

So understanding the validity of that contract.

Those entities they have to work together on that, because we determine terminate payment for one person.

So, whatever that is in that active appointment contract, you would have to have that.

In terms of the payment, the direct deposit I would have to take that question to Don, who's on the call and we will get an answer back.

That was other questions.

QUESTION:

Several folks have been on muted. What guidance do you have regarding the use of cloth or washable masks?

And so far we have from unmuted actually, I don't think anyone isn't muted so if to respond to that yes.

Again, can you speak up just a bit please. Hello it was. How are you?

Sure we're not hearing you right now. I'm sorry. I think that was next I'm not sure.

So, if you please respond to that question of what guidelines do you have regarding the use of cloth or washable masks in the chatbox, that'd be really appreciated There's another question here for, before we do that I do want to refer people back DC health has provided guidelines which is on our website, you can also find it on their website regarding safely working with people as a human service worker as well as for medical staff.

Our staff generally are not vehicle. They would be the human service workers. So, please take a look at that guidance that has been put on our website was put there yesterday.

I believe that was intended to really help people understand the guidelines. I'm sorry can you repeat.

DIRECTOR REESE (speaking)

So, I'm seeing a question about Medicaid renewals, so a Medicaid recertification I assume, is what you're referring to here,

Medicaid recertification from March 1st through May 31st are being extended during this period.

So anyone who's Medicaid recertification, we can do March, April, or May it is being delayed so, at least for those we're in good shape.

You repeat the website again. Okay. So, I think that's what we have. So far for questions in the chat box. Yeah.

So our website just so people are reminded is [DDS.gov](https://www.dds.gov) and write up. It's a top of a website.

You see COVID related link for COVID related questions and you can also go to coronavirus.dc.gov for all of the current information regarding coronavirus and how the District is responding.

We're assembling these notes from last week and this week and we'll have them out to you before the next meet on next Friday but we're working on them currently as well as trying to figure out a way to send out the recording of this meeting this meeting was recorded as just we're trying to make sure we can put it on our website or some other means, but we will be sharing the information before next data.

So another question has come in for DC Health. It says the guidelines from DC Health for Director of Human Services. Staff does address instances where sick people who didn't meet criteria for hospital. Admission will be advised

Given that ... may be asked to support people in home what guidelines different providers in the event. We cannot obtain additional P. E. and I'm going to try to unmute. You should again.

Maybe, she could provide some if she isn't able to we've actually been able to coordinate this week where we had a person who lives in their own home, who did test positive. We worked very closely with DC, DC, Health intervenes.

In any case, where a person's diagnosed, they do step in and make sure that the people in their home are safe.

They check to see whether the person can be provided for in the home where they're living, or, if they should be moved in the event, they need to be moved, DC Health helps with identifying a safe place. They can be moved to.

And they also ensure the safety of the other people in the home.

So, the guidelines that we provided doesn't address that, because that is a specific instance, where a person is diagnosed, DC Health does have folks who really stepping quickly provide reassurance and really good support to people.

Fortunately, we have learned this through just one person that we've had diagnosed so far another question came in from

QUESTION:

Can job developers continue working with clients, even though they're currently not certified as of now?

There's been no waiver of rules for regarding any provisions that are in the human care agreement.

So, if it was required a month ago, that is required now.

So, whenever I send something to you asking you to return it, they are expected to and should be including a return envelope with postage so that you can return it to us.

Because we need those signatures to be in the file in order to get reimbursed for the services we're providing. So, we, we should make every effort to make sure that we're doing that. When we get audited.

They look at whether we have these signatures another question for our say,...? Or is there an extension for them as well?

No, they wouldn't need to be signed and we'll go through the same process and doesn't really, I don't know that one expires and it should be reviewed once a year.

So, if it's time for those reviews, there are a number of different ways to do them.

So, but if any signature is required, signature would be obtained and it is not at all unusual be.

Our counselors have always done a lot of the work that they do once a person is doing their job search and once they've started working, our counselors are in touch with them on the phone, or if they're away at college,

They're talking to them on the phone and having them scan documents to them, so it's not unusual to have to get documents in to us without ever coming into our office.

QUESTION:

How did we go about and getting new authorizations in time the work status of the people we support is change. I cannot provide support with the current service authorization.

All service coordinators are working remotely that would be a conversation, a telephone call in a meeting with the person's team. It's no different.

We're just doing it from different rooms to the extent that you have challenges. Please reach out to myself or the person supervisor and we'll gladly walk you through the process.

Okay, so I think there was some information that was shared by our partners, at DC Health. I just want to say it out loud for everyone. Ericka Walker shared the guidelines for health care can be found at coronavirus.dc.gov.

The public health emergency is currently in effect through April, 24th. And government, open on April, 27th DDS, current stands and day programs, and it may order the public health emergency extended. Should we assume this includes day programs? Yes, we should.

And, you know, the current order says through April 24th and as we move forward, the circumstances will dictate, we will continue to do our best to, as timely as we can, post all this information on our website.

You go to DDS.dc.gov right up at the top. You can click there and you'll get all the updates from DDS about our services and our guidelines provided.

QUESTION:

There's one other question, what is the expectation for clinicians to submit new evaluations for the given? There is no opportunity to evaluate the person.

We have been approving without certain clinical documentation.

I'm really asking that that clinician reach out to me, or provider, or reach out to me directly, because clinicians are able to perform some clinicians are able to perform remotely and others are not.

So I'd like to just have that person to reach out to me or Winslow.

However, please submit any questions you have for DC Health to the [DDS.gov](mailto:DDS.QAPMA.dc.gov) email box that DDS.QAPMA.dc.gov.

And we'll make sure to forward them along to the appropriate parties. So, thanks for the conversation today, as I said earlier we will be doing this every week.

So, next week, same time at twelve and questions can be submitted during the week. Please submit your questions by Wednesday.

So that we can make sure we have an answer for you by the time of the call, and we will talk to folks next week. Thank you very much.