



**TRANSCRIPT**  
**COMMUNITY PROVIDER FORUM: COVID-19**  
**JUNE 26, 2020 ▪ NOON -1 P.M. via WebEx**

1  
00:00:27.745 --> 00:00:28.795  
Kirk can you hear me okay>

2  
00:00:34.704 --> 00:00:38.335  
We can. We're going to start in a second.

3  
00:01:17.430 --> 00:01:19.045 **ANDREW REESE**  
Good afternoon. Everyone, this is Andy Reese of DDS.

4  
00:01:22.405 --> 00:01:22.704  
Welcome.

5  
00:01:23.935 --> 00:01:24.715  
Just

6  
00:01:24.954 --> 00:01:26.004  
as we start out,

7  
00:01:26.034 --> 00:01:41.004  
I'll just remind people that this is recorded and it's posted on our website and also people may be aware that one week from today is Independence Day the holiday for

8  
00:01:41.004 --> 00:01:43.344  
It, the recognized day

9  
00:01:43.344 --> 00:01:52.260  
So we will not be here next. Friday we will not be working. And so, therefore, our next phone call will be two weeks from today.

10  
00:01:53.034 --> 00:02:01.795  
We have a guest with us this morning from DHCF's program integrity section

11  
00:02:01.795 --> 00:02:12.805  
Who's going to speak first I'm going to just go through the data and then I'll turn it over to him Gerald Wilson from their program integrity section as well as Adrienne Williams are here with us this morning.

12



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00:02:13.525 --> 00:02:28.465

So, in just a moment, I'll turn over to them just in way of an update To date we have had 206 people supported by DDA who have tested positive for the corona virus.

13

00:02:29.335 --> 00:02:33.025

Unfortunately of those, 27 have died.

14

00:02:36.055 --> 00:02:42.504

As of yesterday, there were four people who were hospitalized related to COVID-19.

15

00:02:44.694 --> 00:02:45.805

Interestingly,

16

00:02:47.125 --> 00:02:48.384

what we are seeing now,

17

00:02:48.384 --> 00:02:51.205

two of them were hospitalized,

18

00:02:51.235 --> 00:02:55.824

hopefully they've recovered from COVID,

19

00:02:56.694 --> 00:03:00.985

but have ongoing effects from respiratory issues related to COVID

20

00:03:00.985 --> 00:03:02.280

it seems so,

21

00:03:02.425 --> 00:03:09.655

we continue to monitor people as beyond when they get their treatment for

22

00:03:11.094 --> 00:03:16.495

COVID for any ongoing frequent needs. Of the 206 people,

23

00:03:17.425 --> 00:03:30.205

104 have not required any in-patient care and 71 were hospitalized and have been released. By setting,



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24

00:03:31.495 --> 00:03:44.965

This represents 85 people who were in supported living, 76 people in intermediate care facilities 26 people in residential habilitation placements.

25

00:03:45.629 --> 00:03:52.615

14 people in their natural homes, 3 who were in host homes and two in nursing homes.

26

00:03:53.275 --> 00:04:07.764

We have also to date had 226 staff who have tested positive for the corona virus amongst our provider agencies and unfortunately six who have died of that.

27

00:04:10.074 --> 00:04:22.555

So, following that, I'll turn it over. I believe Gerald Wilson is not on mute and can share this information that he has for our provider community.

28

00:04:25.615 --> 00:04:38.004 **GERALD WILSON**

Great. I appreciate the opportunity to talk to the DDS providers this afternoon. I'd like to go, share presentation.

29

00:04:40.105 --> 00:04:44.964 **KIRK DOBSON**

You can let me know if you have any issues sharing this. Yeah, I, I'm personally.

30

00:04:46.800 --> 00:04:49.345

But it's not second nature to present.

31

00:04:52.675 --> 00:04:56.694 **KIRK DOBSON**

Okay, you should be able to share now. Oh, okay.

32

00:05:05.185 --> 00:05:05.634 **GERALD WILSON**

Great.

33

00:05:06.985 --> 00:05:20.154

Alright, DHCF so the division program integrity, we do audit providers. Just to talk a little about real quick here on my screen.

34

00:05:20.154 --> 00:05:34.735

You can see our mission statement, and I bring this up not to. So, you know, of our missions, but to see that to show that our job is our duties here is prevention, education and cooperation.



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35

00:05:35.904 --> 00:05:44.875

And that cooperation is not only with our partners, but all providers. And so we want to reach out to providers and make sure they're not making mistakes.

36

00:05:44.964 --> 00:05:45.805

Because the last thing

37

00:05:45.805 --> 00:06:00.055

we want to do is make sure provider is not paid accurately for service they provided or because they're not aware of how things should be billed and we have to come back and request repayment or overpayment from providers.

38

00:06:00.055 --> 00:06:08.814

So we want to reach out to you guys talk about some concerns we see. And how trying to help you do a better job and make sure you get paid right?

39

00:06:09.504 --> 00:06:09.894

Just so,

40

00:06:09.894 --> 00:06:10.345

you know,

41

00:06:11.514 --> 00:06:17.399

information about the division program integrity information is here on how you can go into the Department,

42

00:06:17.394 --> 00:06:21.954

Healthcare finance website and reach the,

43

00:06:22.375 --> 00:06:23.125

Program integrity division

44

00:06:23.125 --> 00:06:24.59

location.

45

00:06:25.285 --> 00:06:33.175

You can either do a DHCF web page or the DC Medicaid.com web page. And information links is there.



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46

00:06:33.689 --> 00:06:38.725

There's also I wanted to show you if you ever have concerns, do you want to report fraud concerns,

47

00:06:38.725 --> 00:06:51.444

There's a link on both those sites, this page shows where they are this link can be used, not only to report fraud or concerns about fraud, but also just to reach out to DHCF division program integrity, to ask questions.

48

00:06:51.475 --> 00:06:55.254

We will try and respond to those things as quick as possible.

49

00:06:56.305 --> 00:07:08.694

Just so, you know, you know, we talk about fraud. That's an intentional deception. The definition is on this slide. And examples: Abuse is when there's no intent to the fraud.

50

00:07:09.925 --> 00:07:20.725

And these are the things we deal with a lot people make mistakes, but unfortunately we have to go back and get that money that's associated with that mistake on the slides examples of that.

51

00:07:21.714 --> 00:07:36.204

Now, one concern we do have is the recipient fraud, and, you know, a lot of times we hear about beneficiaries, asking for money to sign sheets, to sign approvals assign are to get services. They don't need.

52

00:07:36.235 --> 00:07:50.754

We just want you to be aware of that. And if you deal with that, please contact us either on the phone, or, like I said, you can use that form. I just discussed, but we want to make sure that you don't have to deal with those problems bring that information to us. We'll resolve that.

53

00:07:52.074 --> 00:08:05.935

And one way, you can make your share your operations up run smoother is to have complies plant. And do you self- audits information on these things is available on our website. I showed you before. We just want to provide you

54

00:08:05.935 --> 00:08:11.875

The components of compliance plans, not every provider has every component. We understand.



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55

00:08:11.904 --> 00:08:26.845

Some providers have challenges in size and staff, but, you know, having a compliance program and doing self-audits is going to prevent you running into problems with audits not doing correctly.

56

00:08:27.264 --> 00:08:39.684

Here are the pages on our website, provide that information. We also have a whole page for self-audits. It gives you a form to use and directions how to use that form.

57

00:08:40.345 --> 00:08:49.764

And again, Here's an example of that page. We also want to. Like I said, we want to do training and prevention. There's a link on our page for training for providers.

58

00:08:50.695 --> 00:08:56.215

It actually takes the CMS education page and you can see there's all kinds of information on there.

59

00:08:56.455 --> 00:09:06.985

There's a whole thing on documentation matters, all kinds of different areas. If you ever need help, we're more than willing to come out and talk to providers, provide training to staff, if you're interested.

60

00:09:07.075 --> 00:09:13.945

My contact information is available at the end of the presentation feel free to reach out to us if you like some additional education.

61

00:09:15.475 --> 00:09:27.174

Now, most importantly, I want to make sure you're aware that if there are audits or other action, taken by PI there are consequences in which can include provider education. You may have to do corrective action plan.

62

00:09:27.294 --> 00:09:37.914

Like I've said, we may have to recoup any identified overpayment. It can be other penalties and if we find issues that it could be related to fraud, then we are going to make a referral.

63

00:09:40.164 --> 00:09:52.254

So, but today, but really are some recent audits of DDS providers. We have, I have identified concerns specifically with documentation and so we want to talk about some of those issues and give you examples.



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64

00:09:52.764 --> 00:10:06.595

But we make sure all providers are aware that documentation, has to meet these four things I have listed here on this slide. First of all your documentation has to comply with rules, regulations and guidance. It has to be accurate.

65

00:10:06.684 --> 00:10:21.325

It has to provide necessary information to confirm the billed services were provided and providers should do some review of their documentation that documentation staff to make sure it meets those requirements as discussed.

66

00:10:23.154 --> 00:10:37.644

Doing these things will make our job easier to review your documentation to make sure the services were provided in the proper way and to make sure you get your payment and more importantly to make sure that we don't come back to you and ask for an overpayment.

67

00:10:39.534 --> 00:10:51.595

So, where are the rules and primarily the best place to go to the District of Columbia Municipal regulations here provides that link specifically for home and community based services.

68

00:10:52.284 --> 00:10:54.745

We again have the link there on this page.

69

00:10:55.884 --> 00:11:08.095

Here, if you go to, DCMR I'm sure all you have here specifically shows you where it's at. And again, the specific rules in this case for wellness services that we'll be discussing.

70

00:11:09.924 --> 00:11:19.585

Also, the IDD waver billing manual is available on the DC Medicaid website. Here's a link for that to get to the billing manual. Again.

71

00:11:19.705 --> 00:11:26.754

If you apply these rules and apply the billing manual, we'll make sure you get paid for the service you're providing.

72

00:11:29.875 --> 00:11:35.004

So, at this point, Samantha, you on mute, you can start discussing this slide.

73



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00:11:40.794 --> 00:11:41.605  
We can hear you.

74  
00:11:51.264 --> 00:11:51.865  
Samantha.

75  
00:11:55.195 --> 00:11:57.024  
So this first example,

76  
00:11:57.024 --> 00:12:05.695  
we're talking about are wellness services and this provider the so it's under 1936 and if you look under 1936.11,

77  
00:12:05.695 --> 00:12:11.754  
It gives specific requirements and these,

78  
00:12:13.799 --> 00:12:14.845  
progress note,

79  
00:12:14.845 --> 00:12:16.674  
and each says yourself contained the following:

80  
00:12:16.855 --> 00:12:26.815  
It's four things, the person's progress in me in each goal, in the ISP; any unusual health behavior events, or change in status.

81  
00:12:27.024 --> 00:12:32.095  
One of the most important things here is the starting of any intake services received by the person.

82  
00:12:33.294 --> 00:12:36.684  
Also is required any matter required following part of the provider.

83  
00:12:40.164 --> 00:12:51.445  
So here's an example, this particular report in time you can see it has the date but it's missing the time.

84  
00:12:51.779 --> 00:13:02.544





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So, there's no way for us reviewing this documentation to know if the proper amount was billed because we do not know the amount of time that the services provided.

85  
00:13:06.654 --> 00:13:07.825  
Again,

86  
00:13:08.184 --> 00:13:11.125  
here shows a billing for eight units,

87  
00:13:11.424 --> 00:13:13.075  
but if you look at the duration,

88  
00:13:13.254 --> 00:13:23.095  
it shows zero. Again we have documentation support the claim, if documentation is not there

89  
00:13:23.154 --> 00:13:24.414  
we cannot allow the claim.

90  
00:13:26.095 --> 00:13:35.934  
Samantha are you there yet? so we'll continue to go here, right?

91  
00:13:38.034 --> 00:13:47.754 **SAMANTHA**  
So, in this case, we have this start on the stop time.

92  
00:13:48.715 --> 00:14:01.254  
However, in the last three examples you can see that is inconsistent with one hour for the service also one sentence things.

93  
00:14:01.764 --> 00:14:11.274  
It doesn't meet the requirements for the recommendation and also doesn't justify the time we went out.

94  
00:14:11.784 --> 00:14:22.554  
So, in those cases, it's difficult to compare the time being for the services was provided. Thank you.

95  
00:14:28.284 --> 00:14:41.815 **Adrienne Williams**



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So this is also examples for bonus provider. Here are three examples of cancellations, were claims were billed and paid for one hour. The date of service was December 15, 2018.

96

00:14:42.205 --> 00:14:53.634

And as we can see, on the first note, the trainer did come to show up to provide the service, but they were informed that the beneficiary left for choir practice. And so the service was not rendered there.

97

00:14:53.904 --> 00:15:05.034

On the second note, the trainer did show up to provide service and the beneficiary was still at church, so that session was canceled. And on the third note, the trainer showed up to provide the service

98

00:15:05.340 --> 00:15:19.585

but the beneficiary canceled, they said, they had family in from out of town and so because the services were not rendered these claims resulted in a recoupment of overpayment.

99

00:15:25.134 --> 00:15:30.144

So here are two examples of claims that were billed on holidays.

100

00:15:31.195 --> 00:15:39.654

What we did was compared these claims date of service against the documentation and what we noted was that either documentation was missing,

101

00:15:40.404 --> 00:15:49.315

or we saw notes where the trainer stated that the service was not provided. They wrote closed for a national holiday.

102

00:15:50.245 --> 00:15:53.904

So, we saw several claims, like this, on other holidays also.

103

00:15:54.894 --> 00:16:07.644

So these claims did result in recoupment of overpayment. Here are more examples in which claims that were billed for the Christmas holiday.

104

00:16:07.644 --> 00:16:12.924

and these are beneficiaries just for the Christmas holidays.

105

00:16:15.294 --> 00:16:16.134



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Okay. Next slide.

106

00:16:18.210 --> 00:16:30.625

So, stay with wellness service specifically fitness training this service can be provided as a one to one individual service, or it can be provided as a group in a one to two ratio.

107

00:16:31.524 --> 00:16:41.875

Each service has a unique modifier. So, for one to one, that modifies four. And then for small groups, one.

108

00:16:44.190 --> 00:16:56.154

So here are three examples in which the beneficiary had a prior authorization for one to one service, but group sessions were provided, and they were billed and paid for one to one.

109

00:16:57.235 --> 00:17:03.384

So, in the first note, let's say, let's say, Susan and Susan and Marie CALISTHETIC work out.

110

00:17:03.504 --> 00:17:05.424

So this note is a group,

111

00:17:06.924 --> 00:17:08.035

the second note also,

112

00:17:08.035 --> 00:17:09.744

Susan and Marie stated,

113

00:17:09.865 --> 00:17:13.375

that was a group session and on the third note,

114

00:17:13.884 --> 00:17:26.125

Susan and Marie dancercise and calisthenics exercise. So there's a big rate difference for one to one versus group. For one to one services are paid at \$19.00 and some change

115

00:17:26.125 --> 00:17:33.775 for group, it's \$11 and some change for a unit.

116

00:17:34.914 --> 00:17:49.255



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So just a reminder please educate yourself on the regulations be aware of the details of your prior authorization. These claims also resulted in overpayments.

117

00:17:51.174 --> 00:18:03.684

So these are examples of copy and paste notes. This was an occupational therapy provider. This is in the notes and on the initial notes for December 2018.

118

00:18:04.285 --> 00:18:11.545

The therapist had linked the equal right center with the QMRP to give some show notifications for this beneficiary.

119

00:18:12.654 --> 00:18:26.095

On the second note for March 2019, we noticed that there was a section of the December note that was copied and pasted here. But we did notice that the note wasn't, it wasn't a full sentence.

120

00:18:26.095 --> 00:18:32.394

So, it was a partial sentence that was copied and pasted here but they also included that the task was completed.

121

00:18:33.384 --> 00:18:39.625

Next slide with the same example points to June

122

00:18:39.684 --> 00:18:52.914

2019, this was the actual same note that we noted that December 2018 in addition to a section of the note for March 2019, and they also stated that the task was completed.

123

00:18:55.105 --> 00:19:01.825

And then, for the notes for August 2019, this was the exact same note for March 2019.

124

00:19:03.505 --> 00:19:13.075

So, we just want to make note actually, it's probably not the best practice to copy and paste and we also know with this provider, there were several examples of copy and paste notes.

125

00:19:15.384 --> 00:19:23.394

Next slide is Ms. Betty. She might be having issues logging in. Are you there?

126

00:19:28.884 --> 00:19:33.174



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You can't hold this continue. I'm not familiar with her.

127

00:19:36.744 --> 00:19:41.545

I know she wanted to explain her, and the way the notes were, you can go to the next slide.

128

00:19:43.825 --> 00:19:51.414

This where it's so small, she had an example of notes in detail.

129

00:19:51.414 --> 00:20:03.265

I believe this is the detailed notes here and then the next slide over these are examples of detailed notes. Okay. So these are the detailed notes.

130

00:20:03.265 --> 00:20:10.289 **GERALD WILSON**

And then, obviously you have this does not provide information to make sure that the services are provided correct? Yeah.

131

00:20:12.115 --> 00:20:12.565

So,

132

00:20:12.565 --> 00:20:13.704

if everyone can see that,

133

00:20:13.704 --> 00:20:18.714

obviously these provider information to make sure that someone reviewing

134

00:20:18.714 --> 00:20:23.454

the records can make sure the service provided is being provided as compared to,

135

00:20:23.515 --> 00:20:23.994

A yes,

136

00:20:23.994 --> 00:20:27.234

no answer to these particular aspects for the client.

137

00:20:34.525 --> 00:20:36.384 **ADRIENNE WILLIAMS**

I'm here. Good afternoon.

138

00:20:36.384 --> 00:20:38.125



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Everybody my name's Adrian,

139

00:20:38.515 --> 00:20:40.855

I'm a data analyst,

140

00:20:40.884 --> 00:20:43.434

and auditor for program integrity and we're going to,

141

00:20:43.434 --> 00:20:57.954

I'm going to go over the last few slides specifically to kind of summarize what we presented for the services. It is very important that you confirm the prior authorization and the documentation to support the

142

00:20:57.954 --> 00:20:59.065

service bill.

143

00:21:00.684 --> 00:21:06.174

We recommend you confirm that the PA covers the appropriate timeframe for the service delivered. Ensure

144

00:21:06.174 --> 00:21:20.184

the documentation supports the billing and reimbursement of the service comma community, based services, have multiple services, all with distinct requirements for documentation and service delivery and who can deliver the service.

145

00:21:20.184 --> 00:21:25.974

What are the maximum units noting start and stop times in many other variables.

146

00:21:25.974 --> 00:21:34.914

The documentation requirements we request that you please be mindful of those variables and document appropriately. Next,

147

00:21:34.914 --> 00:21:49.734

want you to make sure that you confirm that services are in compliance with the regulations. Please regularly evaluate service delivery to ensure the services are in compliance with established district and federal regulations and

148

00:21:49.734 --> 00:21:50.424

guidance,

149



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00:21:51.115 --> 00:21:55.585  
and only bill the services provided based on documentation,

150  
00:21:56.484 --> 00:21:58.585  
not on a prior authorization.

151  
00:21:59.484 --> 00:22:00.954  
Only bill for services provided,

152  
00:22:00.954 --> 00:22:06.684  
which are properly documented and have a valid prior authorization for the  
delivery of that service.

153  
00:22:09.535 --> 00:22:24.115 **GERALD WILSON**  
So we have seen instances where providers are billing based on the prior  
authorization, the billing person, or whoever's providing information to the  
biller is not providing information the actual service provided.

154  
00:22:25.015 --> 00:22:39.174  
Just because you have a prior authorization doesn't mean you bill, you actually  
have to make sure that service is provided. So please do not bill based on bill,  
based on the services provided that have a prior authorization.

155  
00:22:39.924 --> 00:22:50.244 **ADRIENNE DAVIS**  
Alright. Great. Continue. Thank you. The next few slides are specific to federal  
supports and guidance for home and community based services.

156  
00:22:50.605 --> 00:23:01.644  
This slide specifically speaks to regulations and regulations that detail  
service, delivery and regulations for home and community based services.

157  
00:23:01.914 --> 00:23:06.474  
The next two slides focus on Medicaid.gov,

158  
00:23:06.984 --> 00:23:09.924  
community based service training series,

159  
00:23:10.555 --> 00:23:11.545  
if you go to the next slide,

160



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00:23:11.545 --> 00:23:11.934  
Jerry,

161  
00:23:12.714 --> 00:23:19.795  
it breaks down into multiple areas in detail for a conflict of interest  
electronic visit verification,

162  
00:23:19.795 --> 00:23:20.875  
health and welfare,

163  
00:23:21.234 --> 00:23:35.335  
Home and community base settings person centered planning; quality improvements  
and rates and fiscal integrity. I would encourage you all to become familiar with  
especially the DCMR,

164  
00:23:35.335 --> 00:23:47.065  
The billing manual as well as federal guidance and supports that. Help. You stay  
informed and educated about the services you're delivering. I think the last  
slide is just contact information from Mr. Wilson.

165  
00:23:47.545 --> 00:23:51.775  
And I think the final slide is if there's any questions for the group.

166  
00:23:56.785 --> 00:24:10.315 **ANDREW REESE**  
Okay, thank you very much so, for providers. I think it's helpful because we had  
the program integrity with us in a prior meeting with providers, but they didn't

167  
00:24:10.525 --> 00:24:20.154  
get to all of their information for community members. Thank you for bearing with  
us. So, we now have some questions that we have gotten from folks.

168  
00:24:43.615 --> 00:24:56.095 **CRYSTAL THOMAS (QUESTION)**  
There are Parents have seen an increase of eight positive cases and two new  
deaths since last week. Can you talk more about the settings and circumstances  
for these new cases? And deaths?

169  
00:24:56.125 --> 00:24:56.545 **ANDREW REESE (ANSWER)**  
Yes, So,

170  
00:24:56.845 --> 00:25:01.884





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in terms of one of the deaths it's reporting on a death that actually occurred in,

171  
00:25:01.884 --> 00:25:05.904  
May. It occurred in a natural home,

172  
00:25:06.865 --> 00:25:09.265  
and it was a person who was not receiving,

173  
00:25:10.075 --> 00:25:12.625  
who was only getting service coordination.

174  
00:25:12.894 --> 00:25:23.904  
And so we did not have a provider connected. The service coordinator was informed by the relative of the person's death when they reached out for their monthly visit with them.

175  
00:25:24.684 --> 00:25:28.615  
So that one occurred some time ago, the other death

176  
00:25:30.984 --> 00:25:31.825  
Was

177  
00:25:41.095 --> 00:25:44.724  
Was a person who was in supported living,

178  
00:25:46.974 --> 00:25:47.904  
and actually,

179  
00:25:47.904 --> 00:26:02.815  
this is a person who had previously been hospitalized. This death we're following up with OCME and DC Health to determine whether it will actually be classified as Covid-related

180  
00:26:03.444 --> 00:26:03.865  
The person,

181  
00:26:03.865 --> 00:26:04.315  
in fact,



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182  
00:26:04.315 --> 00:26:05.575  
tested negative for COVID.

183  
00:26:05.575 --> 00:26:20.275  
At the time of death, but until we learned that it was not COVID related, we will keep it included on our list because it may well have been the new diagnoses.

184  
00:26:21.115 --> 00:26:32.815  
Most of them actually have been related to our provider stepping up their efforts to have people tested. So we've got a number of people who've tested positive, but we're asymptomatic.

185  
00:26:33.595 --> 00:26:35.005  
There were also two people,

186  
00:26:35.005 --> 00:26:35.275  
though,

187  
00:26:35.275 --> 00:26:42.775  
who were recently hospitalized who tested positive I,

188  
00:26:42.775 --> 00:26:42.984  
I,

189  
00:26:43.134 --> 00:26:53.095  
I'm thinking I'm getting the numbers or something like the majority of the one that just tested positive.

190  
00:26:53.545 --> 00:27:01.674  
Oh, I can look them up and where people where the testing is.

191  
00:27:04.525 --> 00:27:07.914  
Providers are getting everyone tested and because of that,

192  
00:27:07.914 --> 00:27:12.025  
we're learning of some people, hold on one second and I'll make sure

193  
00:27:28.644 --> 00:27:30.444  
of these new folks.



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194

00:27:34.704 --> 00:27:35.454

Yeah

195

00:27:42.654 --> 00:27:48.625

I'm showing seven and I think it could be because an eighth was added from an earlier date,

196

00:27:48.625 --> 00:27:48.954

but I,

197

00:27:49.380 --> 00:28:04.015

the seven that I'm showing that we're added since June 17th are people who were in ICF. One is in supported

198

00:28:04.015 --> 00:28:04.525

living.

199

00:28:06.654 --> 00:28:08.184

Of those people,

200

00:28:12.924 --> 00:28:14.785

Two are currently hospitalized.

201

00:28:18.414 --> 00:28:29.845

Three of them tested positive are asymptomatic. One has some symptoms and is being created at home and one was discharged from the hospital June 24<sup>th</sup>.

202

00:28:35.095 --> 00:28:44.815 **CRYSTAL THOMAS (QUESTION)**

What would be the protocol if you were previously accessing a service prior to COVID and you stopped for about two or three months

203

00:28:44.875 --> 00:28:50.994

and when the pandemic is over, you resume those services example of job coaching and training.

204

00:28:52.164 --> 00:28:52.434

So,

205



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00:28:52.434 --> 00:28:53.214 **ANDREW REESE (ANSWER)**  
So as an example,

206  
00:28:53.214 --> 00:28:57.474  
job coaching was not one that necessarily needed to end,

207  
00:28:57.775 --> 00:28:59.305  
depending on whether the person,

208  
00:29:00.924 --> 00:29:01.194  
you know,

209  
00:29:01.194 --> 00:29:02.875  
if the person was in an essential job,

210  
00:29:02.875 --> 00:29:05.694  
and they have continued working and they had job coaching,

211  
00:29:05.694 --> 00:29:07.890  
it could have continued throughout.

212  
00:29:09.565 --> 00:29:14.755  
I believe we spoke about last week, and we have sent communication out to all of our providers.

213  
00:29:15.085 --> 00:29:29.815  
We have developed a committee between stakeholders, providers, and DDS staff that is working on developing these plans for the re-engaging in services.

214  
00:29:30.204 --> 00:29:38.244  
And so one of the things the group has developed,

215  
00:29:38.244 --> 00:29:41.724  
the community participation assessment and questionnaire,

216  
00:29:42.025 --> 00:29:46.164  
and that assessment will be done by the providers.

217  
00:29:46.674 --> 00:30:00.744



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And then the team will need to develop a plan with the person about what their community involvement will be. The purpose of that assessment is we did a presentation on this last week.

218

00:30:00.744 --> 00:30:08.365

So, anyway, that's the purpose of it is to identify the risks to the person to identify their interests and.

219

00:30:09.444 --> 00:30:17.845

Needs and engage them in the kinds of community activities that they are interested in that will benefit them.

220

00:30:18.894 --> 00:30:26.575

We are having training for provider and DDS staff starting on June 29th.

221

00:30:26.575 --> 00:30:40.345

We have three scheduled trainings that have been sent out there are webinars they are scheduled June twenty 29<sup>th</sup>, July 2<sup>nd</sup>, July 6<sup>th</sup> from 11:00 - 1:00.

222

00:30:40.734 --> 00:30:45.325

As soon as the providers the assessment that's been completed is available in MCIS

223

00:30:46.134 --> 00:30:46.345

So,

224

00:30:46.345 --> 00:30:48.894

as soon as providers have done the training,

225

00:30:48.894 --> 00:31:03.384

they can do the assessment part of the training is to identify also for service coordinators and provider staff when they're scheduling the planning meetings they prioritize who to plan

226

00:31:03.384 --> 00:31:12.444

m which meetings to hold first because some people it's more urgent that we address these issues and move them forward.

227

00:31:12.625 --> 00:31:22.944

There are some people who are really needing to re, engage in services and for them, we want to make sure we get that plan done as soon as possible.



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228

00:31:25.704 --> 00:31:36.894 **CRYSTAL THOMAS (QUESTION)**

Is it possible for our DSP's receive guidance training on the questionnaire from our QRDP's after they had participated in the trainings offered by DDS.

229

00:31:37.974 --> 00:31:39.085 **ANDREW REESE (ANSWER)**

Yeah, that would be fine.

230

00:31:46.615 --> 00:31:52.914

And the other thing we can discuss is whether we can record those and just make them available to people as well.

231

00:31:55.375 --> 00:32:05.394 **CRYSTAL THOMAS (QUESTION)**

Is the decision to test everyone a provider by provider decision at this point the **ANDREW REESE (ANSWER)** there is a guidance,

232

00:32:05.394 --> 00:32:12.595

That's been issued by DDS that all people who are a high priority for testing should be tested.

233

00:32:12.930 --> 00:32:27.924

So, that does not include everyone, but anyone who's a high priority is people who are at higher risk who have had a contact, and it also does include any staff and kind of contact could be tested.

234

00:32:30.954 --> 00:32:45.835

But that's as far as that has gone, I do expect testing within the district. The capacity for testing has expanded as people know. And I expect the DC help will soon be coming out with guidance regarding testing.

235

00:32:46.319 --> 00:32:50.244

That will likely include our folks.

236

00:33:16.765 --> 00:33:29.305 **CRYSTAL THOMAS (QUESTION)**

Last week. We raised a question, if providers who have been approved to provide companion services due to state of emergency are required to submit two quarterly reports, one for residential and the other for companion,

237

00:33:29.335 --> 00:33:38.605

Or if it is acceptable to submit one report, noting the provision of both types of service support, is there clarity on that answer.



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238

00:33:39.000 --> 00:33:52.285 **WINSLOW WOODLAND (ANSWER)**

So, for every service, that providers authorized to provide to a person. They all have specific requirements. And each would need its own quarterly report

239

00:33:52.285 --> 00:33:59.875

because companion and supported living are two completely different services so, yes, you would need to submit two

240

00:34:01.015 --> 00:34:14.394

Reports. **KIRK DOBSON (QUESTION)** Director Reese a question came in for a provider who wants to know if it's okay to take twenty people they support and about twelve to fifteen staff members on a vacation outside of the district,

241

00:34:15.085 --> 00:34:18.025

and want to know where we stand on vacations outside of district?

242

00:34:18.355 --> 00:34:30.445 **ANDREW REESE (ANSWER)**

So our phase two guidance is, it is being reviewed currently by the Mayor's office to ensure that we're consistent with the guidance across the District.

243

00:34:32.094 --> 00:34:44.485

I did review that guidance with people last week, and what the guidance says, which is consistent and I expect once it's approved, will say, because it's consistent with the reopen D.C.

244

00:34:44.485 --> 00:34:51.054

Guidance that was given to the Mayor's office and was publicized. Is that during stage

245

00:34:51.054 --> 00:35:02.784

two out of state travel is discouraged, and the reason for that there are a number of reasons for it. One taking twenty people.

246

00:35:02.784 --> 00:35:15.505

I wonder about how they're going to travel together and maintain safe distance, but also traveling to different jurisdictions and, you know, the potential for picking up what you pick up there. But.

247

00:35:17.724 --> 00:35:30.324



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Out of town travel is still discouraged in stage two. It can resume in stage three. That is general guidance for the whole District by the way.

248

00:35:30.780 --> 00:35:42.775

But that is included in our stage two

Guidance. **KIRK DOBSON (QUESTION)** Director Reese, the next series of questions all center around day open and day services, and reopening day services.

249

00:35:43.079 --> 00:35:53.394 **KIRK DOBSON (QUESTION)**

The first one asks are day programs to reopen this Monday, June 29th, and if not a projected date, when they are allowed to start resuming operations?

250

00:35:54.445 --> 00:36:04.135 **ANDREW REESE (QUESTION)**

So, as, as we had said, I mean, Day services on the twenty second. However, people would have to have done the assessment.

251

00:36:05.934 --> 00:36:12.355

And they would have had to have completed the assessment,

252

00:36:12.505 --> 00:36:21.355

Assessing the person's risk and determine that those risks could be mitigated and that the person could participate in this particular program.

253

00:36:21.414 --> 00:36:34.704

So, the training is on June 29th. So, could people start going on the twenty ninth? I would say, no. That whole process needs to occur first the other issue. There are a couple of other issues.

254

00:36:34.704 --> 00:36:38.784

One of them that I really want to get to because we have so many day provider questions.

255

00:36:38.784 --> 00:36:39.894

One is,

256

00:36:40.255 --> 00:36:54.775

we do have the group with providers and community and DDS staff that is working on putting out guidance about day programs and we actually have different models of day program

257





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00:36:54.775 --> 00:37:01.284  
providers who are participating so that they can give us all the different perspectives in terms of one,

258  
00:37:01.284 --> 00:37:09.114  
that is more of a facility based program where everyone comes to that place and stays there all day.

259  
00:37:09.414 --> 00:37:20.994  
The other one is one where people where they have a facility but people are really community based a real challenge today with community based day

260  
00:37:20.994 --> 00:37:30.295  
programming is where do you go with people in the community during the day? So.

261  
00:37:32.364 --> 00:37:43.224  
And another is a fairly small facility based day program so we will be sending out that guidance as soon as that gets approved.

262  
00:37:44.605 --> 00:37:49.974  
But the other real challenge and the thing to keep in mind is that.

263  
00:37:51.204 --> 00:37:52.614  
In the Mayor's Order

264  
00:37:52.704 --> 00:37:53.905  
where we,

265  
00:37:55.885 --> 00:37:58.585  
she moved us to phase two,

266  
00:38:00.235 --> 00:38:10.824  
what she also referenced was for people living in intermediate care facilities for residential placements,

267  
00:38:13.195 --> 00:38:14.005  
that,

268  
00:38:14.094 --> 00:38:14.425  
you know,



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269

00:38:14.425 --> 00:38:15.804  
the extent possible,

270

00:38:15.804 --> 00:38:18.054  
these people should still be staying at home.

271

00:38:20.275 --> 00:38:20.815  
So,

272

00:38:20.875 --> 00:38:21.264  
you know,

273

00:38:21.264 --> 00:38:22.465  
if you're residing there,

274

00:38:22.465 --> 00:38:25.284  
you can leave to engage in essential activities,

275

00:38:25.525 --> 00:38:27.144  
getting medical care,

276

00:38:29.034 --> 00:38:35.695  
getting medical care that they cannot get through telehealth or onsite, going out to do

277

00:38:36.414 --> 00:38:48.985  
food shopping that's essential, although, as I said, last week, I expect that we wouldn't be sending the folks who live there out to do that to us to perform in central government functions; to work.

278

00:38:49.014 --> 00:38:56.724  
If they go to work to engage in essential travel; or to engage in allowable recreational activities,

279

00:38:56.724 --> 00:38:58.945  
which would be the kinds of things you would look at,

280

00:38:59.155 --> 00:39:00.474



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in the CPAQ,

281

00:39:00.474 --> 00:39:03.025  
the community participation assessment,

282

00:39:03.025 --> 00:39:07.554  
and questionnaire that you would look at there where you're making an assessment.

283

00:39:08.005 --> 00:39:19.675  
You know, could this activity that the person wants to engage in being performed, more safely by having them travel into the community really considering the risks and benefits of what the first plan is going to be.

284

00:39:23.364 --> 00:39:23.875  
The.

285

00:39:28.375 --> 00:39:33.505  
Guidance we'll looking at.

286

00:39:38.394 --> 00:39:52.675  
We have guidance for phase two reopening, but I want us to have more. And so that committee is meeting every other week and then there are subcommittees and there's a sub-committee on these specific day providers, which is meeting on Tuesday.

287

00:39:52.675 --> 00:39:58.494  
And I'm going to join them in their meeting so that we can really move along our guidance to folks,

288

00:39:59.934 --> 00:40:00.445  
you know,

289

00:40:00.445 --> 00:40:04.704  
what we're looking at is the limitation of the number of people can be there,

290

00:40:04.974 --> 00:40:05.545  
the number,

291

00:40:05.545 --> 00:40:07.885  
including staff,



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292

00:40:07.914 --> 00:40:12.594  
and people only ten per room.

293

00:40:13.914 --> 00:40:22.315  
But the more specific guidance that we're going to need to provide to folks is  
questions regarding,

294

00:40:22.434 --> 00:40:26.394  
how do they handle issues related to share bathroom facilities,

295

00:40:27.264 --> 00:40:28.704  
Enter and exiting the facility,

296

00:40:28.855 --> 00:40:34.375  
making sure that we are continuing to limit the interactions between,

297

00:40:36.054 --> 00:40:39.925  
between people the reason for having so few people is related to.

298

00:40:42.295 --> 00:40:44.574  
Making sure that we're allowing,

299

00:40:45.235 --> 00:40:54.025  
we're continuing to keep social distance and really we have seen in the last  
several weeks,

300

00:40:54.445 --> 00:40:57.235  
a real reduction in the number of new people,

301

00:40:57.235 --> 00:40:59.755  
testing positive with our providers.

302

00:40:59.755 --> 00:41:07.105  
And I expect that a big part of that is relating to the fact that our providers  
are limiting the number of staff that are working.

303

00:41:07.644 --> 00:41:08.514  
And so,



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304

00:41:08.545 --> 00:41:18.835

we really need to take some of our southwestern say,

305

00:41:18.894 --> 00:41:23.034

States as a cautionary tale when you look at,

306

00:41:23.394 --> 00:41:23.664

you know,

307

00:41:23.664 --> 00:41:24.324

Texas,

308

00:41:24.324 --> 00:41:34.284

which is now moving backwards in terms of which phase they're in one that concerns me more than the other's quite frankly is California.

309

00:41:34.315 --> 00:41:45.355

Which seem to really get through it first completely, but as they reopen, they started having problems. So I think that we need to move forward very cautiously.

310

00:41:47.815 --> 00:41:54.534

I actually will be meeting this afternoon along with Directors of other agencies to make sure that city wide.

311

00:41:55.644 --> 00:42:07.344

You know, we are having the same kind of guidance for seniors, you know, for all people who are in these populations of folks who are at higher risk

312

00:42:08.094 --> 00:42:19.704 for a serious outcome from COVID-19 to make sure that we're taking the steps necessary to protect everyone. **KIRK DOBSON (QUESTION)** So follow up question to that Director.

313

00:42:19.704 --> 00:42:24.534

So the CPAQ must be complete before individual's resume day services? **ANDREW REESE (ANSWER)** correct?

**314** (start here on Thursday)

00:42:37.164 --> 00:42:49.045 **KIRK DOBSON (QUESTION)**



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Another question came in, it says, does this mean that contrary to what we were told two weeks ago people honoring the waiver do not now, have the same rights as other DC residents in phase two at least until all training has occurred?

315

00:42:53.485 --> 00:43:05.155 **ANDREW REESE (ANSWER)**

I don't know that. I would say that I mean, people can leave their homes. It's the same, right? I have and then, where can I go? I don't know much of anything that's open.

316

00:43:05.335 --> 00:43:17.574

Currently, when I leave my home, it's to pick up food at a restaurant, or to go to the grocery store or the cleaners and other than that,

317

00:43:18.204 --> 00:43:23.065

Oh, and come here. Other than that I stay home.

318

00:43:24.655 --> 00:43:33.925

I, I think that there's tremendous caution being exercised as it relates to people who are at higher risk.

319

00:43:34.704 --> 00:43:42.744

And this is, this is one of the primary reasons for making sure that we do the CPAC with folks before they engage.

320

00:43:42.954 --> 00:43:43.164

But,

321

00:43:43.164 --> 00:43:44.065

for example,

322

00:43:44.394 --> 00:43:45.594

if somebody,

323

00:43:46.675 --> 00:43:47.005

you know,

324

00:43:47.005 --> 00:43:48.054

if someone had,

325

00:43:48.054 --> 00:43:49.135



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for example,

326

00:43:50.304 --> 00:43:52.135  
periodic supported,

327

00:43:52.405 --> 00:43:52.885  
supported,

328

00:43:52.885 --> 00:43:53.244  
living,

329

00:43:53.244 --> 00:43:57.655  
supports and wanted to go to the movies on their own and that's,

330

00:43:57.894 --> 00:43:58.315  
you know,

331

00:43:58.885 --> 00:44:02.905  
we go to the movies or if they had regular support and the movies are all open

332

00:44:02.905 --> 00:44:16.405  
And you can have fifty people there, and the group decides together to go to the movies, then as long as they can manage the seating. So that they took my understanding is movie theaters are often right? So let me just make sure.

333

00:44:16.405 --> 00:44:25.105  
I'm not, I mean, movie theaters are supposed to be open, but for a limited it's like fifty people if I'm not mistaken.

334

00:44:27.534 --> 00:44:42.414  
And so, yeah, in fact it feels to me are the sort of rights that people have, we, you know, if someone like going to church or synagogue or mosque, they can do that.

335

00:44:46.315 --> 00:44:48.054  
For people who are at higher risk,

336

00:44:48.385 --> 00:45:01.074  
we do still encourage those people to it to the extent it's if it's possible with their particular worship, their place of worship,



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337

00:45:01.074 --> 00:45:08.545

if it's possible for them to participate remotely. Churches I believe the rule is,

338

00:45:08.844 --> 00:45:12.715

they're allowed up to a hundred people or one half capacity,

339

00:45:12.835 --> 00:45:18.804

whichever is less and so if someone's church has reopened,

340

00:45:18.835 --> 00:45:22.885

they can go the church. Museums are open.

341

00:45:23.244 --> 00:45:25.855

So there are these activities that people can do,

342

00:45:26.155 --> 00:45:30.804

and within a home people can have conversations about what they're going to do,

343

00:45:33.414 --> 00:45:33.715

you know,

344

00:45:33.715 --> 00:45:38.934

and this is the issue that currently,

345

00:45:38.934 --> 00:45:39.414

you know,

346

00:45:39.414 --> 00:45:42.864

people live in the home with the same staff that,

347

00:45:43.199 --> 00:45:43.675

you know,

348

00:45:43.675 --> 00:45:47.005

it's the residential staff is providing twenty four hour care.

349





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00:45:47.215 --> 00:45:52.344 I certainly don't see a reason that together in the same way.

350

00:45:52.344 --> 00:46:06.505

My hope is that together folks we're deciding to go out and exercise in the afternoon. Now in phase two. There's some other things that they can do.

351

00:46:06.505 --> 00:46:08.304

And they could decide together to do them.

352

00:46:09.715 --> 00:46:19.465

The bigger issue is going to be as we need to engage another service provider or we engaged with services before we do that the CPAQ needs to be done.

353

00:46:19.764 --> 00:46:33.925

But if someone wants to do these things, they should talk with their staff about doing them as long as they are things that are consistent with what's safe for that person to. **KIRK DOBSON (QUESTION)** Director Reese where can people find the CPAQ?

354

00:46:36.114 --> 00:46:37.045

It's on MCIS,

355

00:46:39.175 --> 00:46:41.784

I think I'll be able to tell you before this call is over, which tab it's on.

356

00:46:41.784 --> 00:46:56.545 **WINSLOW WOODLAND (ANSWER)**

If they Director Reese if they go to the MCIS and they log on to *person's name* and they go under *person* and the *ISP* Information

357

00:46:56.545 --> 00:47:03.925

seven tabs down under ISP information,

358

00:47:04.224 --> 00:47:06.324

so log onto the persons tab

359

00:47:07.824 --> 00:47:22.045

I'm sorry, the person's name click on person into the left under ISP information. It is and then there's a, a tab that says, **CPAQ**.

360



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00:47:22.855 --> 00:47:29.369

And then you just click on new, and it will come up. Okay.

361

00:47:36.204 --> 00:47:40.045

Oh, we could actually share the document on our website.

362

00:47:42.534 --> 00:47:56.425

We had shared the document with everyone who's in the committee, the documents been approved it's in MCIS we can put this document along with our other COVID documents.

363

00:47:56.425 → 00:47:57.954

We'll put it there on our website.

364

00:48:07.735 → 00:48:12.775 **KIRK DOBSON (QUESTION)**

Director Reese, where do we register for training on June29<sup>th</sup>? I'm going to unmute Jessica. Great. She wants to speak on that real quick.

365

00:48:16.434 → 00:48:26.034 **JESSICA GRAY (ANSWER)**

An invitation, I think Jessica maybe have some issues with their phone, but invitation went out yesterday. Oh, hey, Jessica yeah. Can you?

366

00:48:27.119 --> 00:48:40.644 **JESSICA GRAY**

Yes, the invitation went out, you can register for the training in TIS and yes, you can also just join the WebEx but in order to receive credit and make sure it's in your transcript make sure to register in TIS.

367

00:48:41.755 --> 00:48:43.195

If you work for the provider.

368

00:48:45.954 --> 00:49:00.114

I know there was also a question about whether or not DSPs can receive training directly from providers that given the size of the DSP community, at certain larger providers and that is acceptable as well.

369

00:49:00.114 --> 00:49:14.965

You can send a representative of your what provider organization to the training, and then they can then train DSP's if they're unable to come to the training. Thank you, Jessica.

370

00:49:15.655 --> 00:49:18.085 **ANDREW REESE**



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Someone was saying they don't see it in TIS.

371

00:49:25.019 --> 00:49:30.565

Say that again, Andy, I'm sorry **ANDREW REESE** someone was saying if they do not see this training available in TIS..

372

00:49:32.635 --> 00:49:36.204 **JESSICA GRAY**

I can double check, but I believe all the training dates are in.

373

00:49:38.005 --> 00:49:45.175

Let me out email our training department and find out and if you have a question go ahead.

374

00:49:45.175 --> 00:49:59.275

I was just going to add if you have a question about registration, you can email Fikicia.guy@dc.gov.

375

00:50:04.494 --> 00:50:04.735 **KIRK**

Thanks,

376

00:50:04.735 --> 00:50:13.224

you're welcome **KIRK DOBSON (QUESTION)** and the other question that came in following day services,

377

00:50:13.224 --> 00:50:21.054

or actually all services district residents were not receiving DDA support or services can visit family members currently.

378

00:50:21.085 --> 00:50:23.635

What about people who are receiving DDA services and supports?

379

00:50:26.335 --> 00:50:40.074 **ANDREW REESE (ANSWER)**

Yeah, so we, I'm sorry that we haven't been able to post our guidance yet, but yes, they can. And so if

380

00:50:45.054 --> 00:50:45.445

So,

381

00:50:45.445 --> 00:50:47.364

folks who are in supported living,



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382

00:50:47.695 --> 00:50:53.844

could if they chose have visitors at their home people in ICFs and Reshabs,

383

00:50:54.235 --> 00:51:05.695

unless there's a compassionate exception where a person could not have the visitor do not have the ability to leave to see a visitor.

384

00:51:06.414 --> 00:51:10.914

But for people who are in supported living visits,

385

00:51:11.429 --> 00:51:26.184

it's still preferred that those folks visit outside the home as people may be aware what we need to do is make sure and try and remind all of us every week washing hands regularly with soap and

386

00:51:26.184 --> 00:51:26.784

water,

387

00:51:27.414 --> 00:51:28.764

having on a face covering,

388

00:51:28.764 --> 00:51:31.525

whenever we're in public and keeping social distance,

389

00:51:31.855 --> 00:51:32.994

sometimes in apartments,

390

00:51:32.994 --> 00:51:40.344

it would be difficult to keep a social distance and also transmission does seem to be greater indoors and outdoors.

391

00:51:40.375 --> 00:51:44.244

And so the preference is that it be conducted outdoors.

392

00:51:44.244 --> 00:51:48.054

If possible by people in supportive living could have visits in their home,

393

00:51:49.014 --> 00:51:57.804



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the number of visitors someone really needs to consider. First if people are in a shared living situation,

394

00:51:57.925 --> 00:52:04.045

they should identify an area where visits can occur and confine it to that area.

395

00:52:04.704 --> 00:52:16.135

And in terms of numbers, people should make sure they're thinking about the space that they have how many people fit with appropriate social distancing, and only have that number of people.

396

00:52:16.434 --> 00:52:26.034

Other than that though people can visit with their family members outside. For folks who are in ICF and Res-habs, they should be scheduling visits.

397

00:52:26.994 --> 00:52:28.014

Ideally,

398

00:52:28.554 --> 00:52:29.784

if it's possible,

399

00:52:30.324 --> 00:52:38.244

if people are being able in the regular course to get out enjoy a couple of these spring days,

400

00:52:38.244 --> 00:52:46.074

we had this year to be outside to get some exercise to invite their family to go along on that with them.

401

00:52:46.344 --> 00:52:47.125

Of course.

402

00:52:47.639 --> 00:52:48.655

While exercising,

403

00:52:48.655 --> 00:52:49.105

appropriate,

404

00:52:49.105 --> 00:52:51.085

social distance and using face covering,



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405

00:52:51.385 --> 00:52:52.045

but those,

406

00:52:52.074 --> 00:52:58.074

those visits can occur, visit to,

407

00:52:58.530 --> 00:52:58.860

like,

408

00:52:58.885 --> 00:53:13.855

outside visitors to our ICF and ResHabs are still limited to essential personnel or in circumstances where providers have some non-essential service coming in where they've made the assessment that in terms

409

00:53:13.855 --> 00:53:14.454

of risk,

410

00:53:14.454 --> 00:53:18.835

it's safer to have a person come in for this particular service,

411

00:53:18.835 --> 00:53:22.195

rather than to go out to receive the service in the community.

412

00:53:43.315 --> 00:53:57.565 **KIRK DOBSON (QUESTION)**

Director Reese there have been a few questions centered around the spacing for people that will be going back to day services for specifically ten people. A combination of staff, and people support can be any location people have asked questions regarding. And what does that mean?

413

00:53:57.565 --> 00:54:00.985

Well, how many square feet, what does that any clarity to providing that topic?

414

00:54:01.530 --> 00:54:03.655 **ANDREW REESE (ANSWER)**

So what we're doing,

415

00:54:03.655 --> 00:54:03.804

and,

416



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00:54:03.804 --> 00:54:03.954  
like,

417  
00:54:03.954 --> 00:54:04.315  
I say,

418  
00:54:04.315 --> 00:54:05.934  
it's not final yet,

419  
00:54:06.474 --> 00:54:08.875  
but what we have been proposing,

420  
00:54:09.054 --> 00:54:13.614  
based on the guidance that we see under stage,

421  
00:54:13.614 --> 00:54:28.224  
two in the reopen DC Guidance where there are limitation to account for social distancing is that you should not allow more than five people for one thousand square feet,

422  
00:54:32.695 --> 00:54:33.414 **KIRK DOBSON**  
Thank you Director Reese,

423  
00:54:44.429 --> 00:54:47.664 **KIRK DOBSON (QUESTION)**  
Deputy Director Winslow when there was a follow up question regarding reports.

424  
00:54:48.030 --> 00:54:54.235  
What about ICF? If we're providing active treatment at home can we submit one quarterly report? As long as we report the active treatment?

425  
00:54:57.594 --> 00:55:11.244 **WINSLOW WOODLAND (ANSWER)**  
This question, I'm going to have to really answer carefully because it may contradict the previous answer, but an ICF provider for those who don't know is able to provide the active treatment.

426  
00:55:11.579 --> 00:55:14.215  
And the residential provider,

427  
00:55:14.755 --> 00:55:23.335



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and also could contract that active treatment component out to another vendor in that case,

428  
00:55:23.364 --> 00:55:25.045  
that vendor would

429  
00:55:25.045 --> 00:55:25.795  
in fact,

430  
00:55:26.130 --> 00:55:33.594  
be able to submit the quarterly report to the team.

431  
00:55:33.625 --> 00:55:40.465  
And then the provider, the residential component could provide the residential quarterly.

432  
00:55:41.635 --> 00:55:55.375  
And in the case of companion answered a few minutes ago, that's a completely authorize waiver service, not a bundled service like ICF. So I believe that it would be best to submit a quarterly report.

433  
00:55:56.094 --> 00:56:08.215  
It could be one report, but it needs to distinctive between the residential component of the service and the active treatment component of service in an ICF.

434  
00:56:32.724 --> 00:56:42.684 **CRYSTAL THOMAS (QUESTION)**  
Can people in Supportive living, receive family visits at their home now, or is DDS saying that they have to complete the CPAQ first? **ANDREW REESE (ANSWER)** no, they could the CPAQ is about their services.

435  
00:56:42.684 --> 00:56:45.594  
They could have a visit at their home. Ever since we,

436  
00:56:48.235 --> 00:56:48.474  
every,

437  
00:56:48.474 --> 00:56:50.364  
since we moved into phase two,

438  
00:56:51.864 --> 00:56:52.585





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it

439

00:56:52.795 --> 00:56:58.224

has been okay for people in supported living to have a visitor in their home.

440

00:56:58.224 --> 00:56:59.394

I do want to repeat.

441

00:57:02.454 --> 00:57:04.284

It's better to do it outside.

442

00:57:04.315 --> 00:57:18.534

It's better to do it in the outside not just outside their apartment, but outside it's better to do it in a large space if you're going to be inside, to ensure that you've got the ability to socially distance.

443

00:57:20.215 --> 00:57:34.320

You know, making sure that we're continuing to follow all of health guidelines to keep people healthy to prevent the risk of transmission. But yes, they can do it and know they do not need to do the assessment before they have visitors.

444

00:58:04.974 --> 00:58:15.655 **KIRK DOBSON**

Director Reese I just want to share a few updates before the call ends. Just wants to remind people that the deadline to submit questions and or comments public questions, or public comments for the waivers.

445

00:58:15.954 --> 00:58:30.804

The, the IDD waiver amendment and the IFS waiver is July 13, 2020. Please submit your comments to [DHCFpubliccomments@dc.gov](mailto:DHCFpubliccomments@dc.gov).

446

00:58:30.804 --> 00:58:43.045

Again, public comments at [DHCFpubliccomments.dc.gov](https://www.dhcfpubliccomments.dc.gov) Deadline is July 13<sup>th</sup>. Also. I'd like to remind folks.

447

00:58:43.045 --> 00:58:55.284

That next week is a holiday next week is July fourth on Saturday by Friday will be observed in the District on the third. So we will not be having one of these forums next week. We will rejoin the week after. Thank you Director.

448

00:58:57.894 --> 00:59:00.594 **ANDREW REESE**

Thank you. And we will talk to people again in two weeks.



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