



KAY IVEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, ALABAMA 36130-1410
WWW.MH.ALABAMA.GOV



LYNN T. BESHEAR
COMMISSIONER

TO: DDD PROVIDER NETWORK
FROM: Division of Developmental Disabilities
RE: Response to COVID-19
DATE: 3/17/20

Coronavirus Disease 2019 (COVID-19) Guidance for Alabama Community Providers of Services for Individuals with Developmental Disabilities

We appreciate everyone's patience as we work through this unprecedented event and the due diligence shown by those providing their COVID-19 Front-Line Plan. The CSDs are currently reviewing all plans. Information gathered from their review will be used to evaluate potential gaps in service/support needs.

Additional information may be requested by DDD Staff and/or Case Managers going forward to further evaluate individuals who may be at higher risks due to underlying conditions and to monitor whether providers and individual's home with their families have enough DME and PPE supply needs. All information will be provided to Medicaid for evaluation and decision making. **PLEASE ENSURE REGIONAL OFFICES AND CASE MANAGERS HAVE CORRECT CONTACT INFORMATION – NAME, EMAIL AND PHONE NUMBER! Send the same to Shirley.Hicks@mh.alabama.gov.**

To ensure individuals receive services as quickly as possible during this event, we are modifying the RFA process for certain services. For approval of IRBI adjustments, the provider should send the updated IRBI in an e-mail to the Regional Waiver Coordinator and Community Services Director. This will allow the CSD to approve the new IRBI rate to be billed quickly. The reply e-mail from the CSD will stand as documentation of the approval. For Personal Care or other service needs, the RFA should be completed by the Case Manager and follow the same process, put in ADIDIS as usual, then send the request to the Waiver Coordinator and Community Services Director for approval. Please keep in mind that only certified (enrolled) providers can provide the services for which requests are made. Additional units/hours due to "emergent need" may also be approved to include services with caps (e.g., personal care). Case Managers should also be sensitive to the needs of those receiving self-directed services (more information will be provided next week).

In cases where there needs to be a POC change or redetermination submitted, meeting minutes (conducted via telecommuting or conference call) can be used as documentation of agreement on the service changes or continuation of waiver services respectively. Once social distancing has been lifted signatures can be obtained on necessary documents and submitted in ADIDIS. As of now, authorizations for specialized staffing supports may be extended through April 30.

With this writing, 57 Day Hab settings have closed or will be closing today. With the closure of Day habilitation settings, Residential providers should adjust the IRBIs for residents who will now be home 24/7. Residential providers should send the adjusted IRBI to their respective CSD via email as soon as possible. DDD is currently reviewing options to assist Day Habilitation providers with lost billing revenue.

If the Day Hab provider is also certified to provide hourly services, hourly services may be offered to those not receiving residential habilitation. These requests should flow through the Case Manager who will complete to process as described above.

Case Managers and Regional Office Monitors are permitted to use FaceTime, Zoom, Skype or other forms of communication to continue their work to verify services and monitoring of individuals served. Direct support providers and Self-directed Employer of Record (EORs) should anticipate these contacts and be prepared to accommodate them. Case Managers should be notified of any changes to an individual's schedule (especially hourly services) or need for change in services. Also, please notify Case Managers if your Day Hab setting is closed.

Case Managers should contact the individual/Caregiver/agency to ensure they have adequate food/water, medical supplies, prescriptions, paper products, etc. Case Managers should also stay in close communication to ensure supplies are not running low and assist the individual/Caregiver/agency to locate supplies if needed. Case Managers should report challenges to obtain supplies to CSDs via email. A formal assessment is being reviewed to capture this information for reporting purposes.

For those that live by themselves or have limited support, Case Managers, and providers as appropriate, will need to check on them more frequently. This can be a scary and challenging time for them. Please remind individuals living independently of universal precautions, signs and symptoms, and other pertinent information related to health and safety. If they exhibit symptoms, please remind them or assist them in contacting their physician prior to going to doctor. Please consider using the publication attached to assist with the conversation about COVID-19.

Although CHOICE is important, an individual's safety and well-being are paramount during this time. CHOICE of provider and settings may be waived to expeditiously meet an individual's immediate emergent need.

Providers should also consider using video-conferencing and/or tele-conferencing for meetings with families and professional services.

Below is some additional information about services:

- If a Direct Support Worker (DCW) is unable to come into the home to provide care, or if household residents need to restrict people from coming into the home, the provider should track all overtime provided necessary to ensure safety and protections.
- Please ensure all DCWs have adequate supplies of hand hygiene products and necessary PPE.
- Please adequately assess visitors and Staff coming into Residential settings by following CDC's recommended screening procedures (to include checking for temperature). A sample assessment is attached. You may ask visitors to wash hands upon entry to the home and when events arise where handwashing is deemed appropriate to prevent the spread of or exposure to infection. For example, following person-to-person contact, performing personal hygiene tasks, and touching one's face.
- Quarantine – Residential settings should have a plan if there is a need to quarantine a resident. Staff should not be allowed to stay on site if they are exhibiting COVID-19 symptoms or have tested positive for the virus. An emergency plan should also be developed for those living independently to include support needs and/or alternative setting needs in the event the person's health is compromised but not hospitalized.
- **If an individual served or anyone in the household of a person receiving services, is being monitored for COVID-19 or, the home is placed on quarantine, immediately notify the person's case manager and the Community Services Director.**
- Residential settings should have activities available to the individual at the setting beyond normal training. Outdoor activities should be encouraged if weather permits. Social distancing (6 ft), infection control, good hygiene (hand washing) and all other CDC recommendations to reduce infection should be practiced.

At this time, we do not have information relating to funding available to offset cost of closures. However, while we know providers want to take care of their employees, some employees may be at risk. Below is a link to the Department of Labor's press release relating to unemployment compensation:

<https://labor.alabama.gov/COVID-19%20UC%20Changes%20March%202016%202020%20News%20Release.pdf>

Today's call with CMS revealed that many states, like Alabama, are struggling with how to move forward. There are, however, good examples beginning to be made available of how states are addressing similar concerns. Most importantly, we did learn that CMS will provide some flexibility with the way waiver services are provided and how rates might be adjusted to help ensure continuity of services. Several additional calls are scheduled this week and additional CMS FAQs are forthcoming. More information will be available relating to Self-directed services next week and how this might be an option for some families. We also continue to be in communication with Alabama Medicaid Agency.

We hope to have another communication by Friday.