

NASDDDS: COVID-19 Response

State I/DD Agency Operational Considerations: COVID-19 Emergency

Purpose

To immediately serve our members during this time, NASDDDS has developed this list of potential operational considerations for distribution to your appropriate leadership teams. While we know that this situation necessitated that many state I/DD agencies already implement significant operational changes, this list is designed to set the stage to inform frequent business operational shifts likely needed for prompt action.

This guide provides specific areas of focus concerning participant health and welfare; core business practices; interagency collaboration; providing guidance; communication considerations; and supporting stakeholders. It is meant to be a living document and will never be completely exhaustive in nature. NASDDDS will add to it and redistribute as additional areas of consideration come to light.

As the current reality evolves, priorities shift and shift again, strategies may need to change, and communication will be needed. This continuous cycle for leading and managing is made easier through shared learning among the states. The companion to this resource list, *Leading Through Crisis for DD Directors Playbook*, was developed jointly by NASDDDS and the McChrystal Group. The playbook provides a framework for systems analysis and action during a rapidly evolving crisis and can be used as a guide to align priorities and address targeted focus areas.

Operational Considerations

Health & Welfare Assurance

- ✓ Prioritize reporting and investigation of allegations of abuse, neglect and exploitation over less serious incidents
- ✓ Where flexibility is granted for incident reporting and timelines, establish adequate response and tracking
- ✓ Implement a method to track people presumed to have the virus, confirmed through testing, hospitalized for the virus and those treated in ICU's
- ✓ Communicate any reporting changes/flexibilities to CPS and APS; determine if there is resource sharing and opportunities to assist and needed triage
- ✓ Enact emergency or alternative procedures for accessing pharmaceuticals, medical supplies and essential health services while following practices for sheltering in place and social distancing. E.g. Managed care organizations, health plans, county health, Medicaid entities.
- ✓ Coordinate with other state agencies to centrally secure and deploy personal protective equipment (PPE) for DSPs, family members and people receiving services, including resource sharing with schools, child day care providers, spiritual communities, entertainment venues, small community hospitals, dental & optometry offices, pharmacies, construction companies, nail and hair salons

State I/DD Office Business Practices

- ✓ Ensure operations for rapid billing and payment, including IT and coding changes
- ✓ Align IT and coding changes with programmatic changes, such as service changes and waiver allowances, including prior authorization and waiving or increasing service caps
- ✓ Determine which state I/DD administrative vehicles (rule, policy, administrative directive) will be used to announce changes and flexibilities to requirements and expectations for providers, support coordinators and internal staff; write policy and distribute broadly to multiple stakeholder groups
- ✓ Establish a dedicated staff billing expert available for internal staff and providers
- ✓ Enact back-up strategies for rapid billing in circumstances where there may be difficulty with electronic billing or retainer payments
- ✓ Establish process for documentation of all changes for future reconciliation needs, finance and audit, if IT changes lag behind payment
- ✓ Determine alternative procurement methods as needed, e.g. PPE supplies for providers, support coordinators and state operations
- ✓ Establish procedures for rapid distribution of supplies, equipment, food and medicine to self-advocates, families, providers, which may require increased or new agreements with SMA and health plans
- ✓ For telecommuting and tele-service delivery, determine what VPN and other communication(s) best ensure HIPAA compliance if not otherwise available; when possible, provide access to data and information, as well as support for telecommuters to stay in the loop
- ✓ Enact social distance practices and provide supplies for state staff that cannot telecommute
- ✓ Where running state operated settings and programs, ensure the same provisions are afforded as in community-based programs, for providers and staff, including any special considerations for state human resource guidelines for redeployment of employees

Interagency Collaboration

- ✓ Work with the SMA and DOH to know there are unique considerations for ID/DD services/supports and there is a need for additional focus on HCBS
- ✓ Collaborate to assist in deeming direct support staff as essential healthcare workers within the state
- ✓ Collaborate regarding the appropriate [federal authority\(ies\)](#) to use for exceptions to federal requirements – know what specific I/DD HCBS needs to be waived to better support direct services during crisis period. The SMA is lead and DD agencies can inform needs
- ✓ Work with DOH and Emergency Services counter-parts to prioritize PPE access to HCBS direct care providers
- ✓ Ensure that SMA and other agencies know what the DD agency is doing in light of multiple changes and fast pace

Program Operations

- ✓ Consider project plan/issue tracker/daily huddles to track actions needed and taken, including assignment of roles/responsibilities for each action across program and business areas

Support for Case Managers

- ✓ Provide clear communication to service coordinators regarding expectations for conducting face-to-face visits via alternative modes, i.e. phone, video conferencing/phoning, etc.
- ✓ Determine and communicate all case management documentation expectations during this time (documenting telephonic, virtual, face-to-face visits/monitoring)
- ✓ Communicate to all case management entities expectations for rapid person centered service plan amendments & approval processes
- ✓ Reference NASDDDS detailed resource

Support for Individuals & Families

- ✓ Use case managers as your “frontline” communications/monitoring and information repository for individuals and their families
- ✓ Prioritize specialized planning, back-up arrangements and health needs supplies for those individuals with more significant support needs (behavioral and/or medical)
- ✓ Provide clear communication on revised processes and expectations for alternatives to in-person case management and provider visits
- ✓ Provide information to individuals and families where they most often access information, such as advocacy and family network organization listservs, case management newsletters, protection & advocacy websites, etc.
- ✓ Offer plain language resources about the coronavirus, such as information put out by [Green Mountain Self-Advocates](#)
- ✓ Think about ways to support individuals and families to know their rights during the crisis period, including access to services, health care and reasonable accommodations and supports for students in special education affected by school closure
- ✓ Consider using family-to-family networks and self-advocacy network to offer statewide “support teams” with information, support, and connections to resources through peer-to-peer mechanisms

Support for Providers

- ✓ Emphasize the expectation that providers must assure basic staffing to assure health & safety coverage during this time
- ✓ Provide clear state points of contact for providers to ask questions about how services are being managed and individuals are receiving supports
- ✓ Inform providers of what has been approved as exceptions under state and federal authority and how providers are to implement, document, bill, and where to go for advice; keep it simple, with checklists and guidance for specific services
- ✓ Enact process to assurance that communication has occurred and is in place with their individuals and families
- ✓ Disseminate clear communication about staffing, allowance of remote supports, payroll, leave time, essential workers
- ✓ Require various and multiple contingency plans
- ✓ Establish communication with provider associations to obtain real-time updates/information/and potential central staff recruiting center - e.g. best buddy staff who are laid off and know individuals with disabilities and have basic training
- ✓ Continue employment support for individuals with disabilities employed and considered essential workers by their employers, e.g. grocery stores, work crews in hospitals, federal facilities, distribution centers, etc.
- ✓ Encourage sharing of ‘loaned’ staff among providers to fill in coverage gaps for health and safety. Keep staff on original employer provider payroll; work with legal sources regarding liability coverage for workers in other community locations.
- ✓ Assure providers have continued engagement with individuals and families while they practice social distancing by offering a compendium of ideas to be active and energized while at home for extended periods (e.g., exercise routines, virtual learning or museum park tours)
- ✓ Create greater flexibility to support provider staffing shortages by temporarily relaxing core training requirements for DSPs

- ✓ Use the NASDDDS communications toolkit as a resource
- ✓ Assign a communication lead if agency communication staff is not already in place or engaged
- ✓ Conduct ongoing, current and frequent communication sessions (virtual, town hall), etc. both together and targeted to specific stakeholders such as providers, families, self advocates, support coordinators and internal staff.
- ✓ Develop and distribute instructions and guidance to providers and case management agencies for billing changes
- ✓ Develop communications plan with and for specific stakeholder groups (e.g. internal, support coordinators, providers, families, self-advocates, SMA, mental health, education, VR, medical providers/health plans.)
- ✓ Rely on staff who are family members or family networks to give input on clarity and understandability of communications
- ✓ Establish regular communication to all agency staff about changes to services, business procedures and key points of contact
- ✓ Establish formal collaboration with DD Council, family networks, advocacy organizations and other coalitions to assure timely and accurate communications to the field about changing guidelines and problem-solving
- ✓ Enact processes for communication to individuals and families that otherwise are not regularly connected via traditional channels
- ✓ Formalize communication strategies, outside of regular hours
- ✓ All communications should stress the state's commitment to the provider and family community during and after the crisis
- ✓ Consider ongoing FAQ dissemination and information sessions, like webinars or office hours
- ✓ Establish a warm line for individual and families to ask questions, using a rotating schedule for staff coverage of the line
- ✓ Establish a warm line for provider questions and issues, using a rotating schedule for staff coverage of the line
- ✓ Require that providers enact a communications mechanism for families and people with disabilities to reach provider agency at all times, including clear identification of points of contact; establish mechanism for state to validate it is in place and working
- ✓ Establish process for providers to communicate when DSPs are redeployed or pooled across settings or provider types; remind agencies to check with DOL, insurance company and related entities regarding staff in other agencies or environment.
- ✓ Work with all stakeholders to provide "tips" using multiple and varied modes of communication such as videos, webinars, and plain language documents

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