

Certified community residential services and businesses supporting individuals through the COVID-19 crisis

March 24, 2020

Here are responses to a number of questions regarding strategies to safeguard and minimize client and staff exposure to COVID-19

- 1. Are Group Home service providers required to follow the same visitation guidelines as licensed facilities?** Yes, if the group home is licensed, follow the requirements of your [Assisted Living Facility](#) or [Adult Family Home](#) license.
- 2. Are Group Training Home service providers required to follow the same visitation guidelines for licensed facilities?** Group Training Homes are not included in the Governor's proclamation limiting visitation for licensed facilities; however, since it is a facility-based service model, best practice is to follow recommendations outlined for licensed facilities. Residential Care Services issued guidelines based on the governor's proclamation on visitation for long-term care facilities [provider type CCRSS](#). Since the "Stay Home" order issued by the Governor on March 23rd we advise agencies to implement visitation restrictions in line with state-operated programs and licensed settings immediately. Keep clients and guardians informed about what is happening with the outbreak and your obligation to implement precautionary protocols commensurate with messaging from the governor and state authorities. Communicate decisions clearly to clients, family members, legal representatives and staff.
- 3. Are Supported Living service providers required to follow the same visitation guidelines for licensed facilities?** Since the "Stay Home" order issued by the Governor on March 23rd we advise agencies to implement visitation restrictions in line with state-operated programs and licensed settings immediately. Keep clients and guardians informed about what is happening with the outbreak and your obligation to implement precautionary protocols commensurate with messaging from the governor and state authorities. Communicate decisions clearly to clients, family members, legal representatives and staff. The Governor's direction to "stay at home" would allow SL providers to limit visitors from coming to client's home or clients leaving on non-essential visits. Supported Living providers can point to this direction [from the governor](#) if visitors are asking access to clients. Providers can have an emergency plan to which employees are trained and inform the clients about the reason why such measures are in place during the crisis.
- 4. How do I acquire Personal Protective Equipment?** Residential Care Service sent guidance on how to request PPE through your local health jurisdiction. The letter from RCS can be found [here](#). The local county health authority will prioritize requests according to available resources and consistent with the direction from the Department of Health. [Guidelines for Prioritization of Allocation of PPE that](#) has instructions. The form for submittal is attached. We do not have a mission number or incident name for box 1- write "covid-19" with an explanation in your email. The address to submit this form can be found in the form instructions.



Resource_Request_Form_213RR-1(1).pd

March 13, 2020 DOH News Release on PPE: www.doh.wa.gov/Newsroom/Articles/ID/1117/Addressing-shortages-of-Personal-Protective-Equipment-PPE

5. If I need to purchase Personal Protective Equipment for my staff, will I be reimbursed?

Contact your county health department for accessing supplies. Providers with active COVID cases will be prioritized. DDA is working with DOH to ensure community residential providers are a recognized provider type provider critical support to a vulnerable population.

6. If I need to purchase extra cleaning and sanitation supplies for my staff will I be reimbursed? If you have expenses over and above typical expenses, contact your RM and submit a request.

7. Can I submit my cost report after March 31, 2020? Yes. Cost reports must be submitted by May 31, 2020. An exception has been granted and you do not need to request the exception. Details can be found [here](#).

8. Do I need to keep track of expenses related to COVID-19? Yes, during natural disasters and public health crises it is important to be able to differentiate between normal expenses and those related to the disaster in order to access emergency funding.

9. How do I submit a COCA during the COVID-19 outbreak?

Instructions:

1. Provider will continue to use Form [06-124 Cost of Care Adjustment](#) (COCA).
2. Provider will continue to follow the instructions on the form.
3. Provider will take the **additional following steps** when marking the “Reason for Temporary Absence” selection to indicate this is a COCA request due to COVID-19.
 - a. Provider will check the box that applies to the temporary absence **AND** check the “Other” box and write COVID-19 in the space provided
 - b. If a family member picked up a client and took them home due to COVID-19 provider will check the “Other” box and write “Staying with family due to COVID-19” in the space provided

Example 1: Client went to the hospital due to COVID-19

REASON FOR TEMPORARY ABSENCE	
<input checked="" type="checkbox"/> Admitted to medical facility	<input type="checkbox"/> Admitted to nursing facility
<input type="checkbox"/> Social leave	<input type="checkbox"/> RHC respite
<input type="checkbox"/> In jail	<input type="checkbox"/> Death; date: <input type="text"/>
<input checked="" type="checkbox"/> Other: COVID 19	

Example 2: Clients family picked client up to stay with them due to COVID-19

REASON FOR TEMPORARY ABSENCE	
<input type="checkbox"/> Admitted to medical facility	<input type="checkbox"/> Admitted to nursing facility
<input type="checkbox"/> Social leave	<input type="checkbox"/> RHC respite
<input type="checkbox"/> In jail	<input type="checkbox"/> Death; date: <input type="text"/>
<input checked="" type="checkbox"/> Other: Staying with family due to COVID 19	

10. How do I submit a Staff Add-on during the COVID-19 outbreak?

Instructions:

1. Provider will continue to use Form [15-379 Staff Add-On Request for Client Specific Need](#).
2. Provider will continue to follow the instructions on the form.
3. Provider will take the **additional following steps** when documenting in the “Reason /Justification For Request” section to indicate this is a staff add-on request due to COVID-19. Additional documentation must include:

- a. If it is related to COVID-19 or not
- b. If it is related to COVID-19, how is it related to COVID-19?
- c. Include if a COCA will be or has been submitted for the client and the COCA start date

Example: Staff Add On request due to COVID-19 related symptoms

<p>REASON / JUSTIFICATION FOR REQUEST: Provide an explanation of the circumstances requiring the need for additional staff and the anticipated length of the need, including an explanation of how the amount was determined (i.e. hours per day or do the hours vary depending on the day, weekends vs. weekdays).</p> <p>Extra support needed for frequent monitoring of COVID 19 symptoms.</p>
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11. Can rate assessments be conducted over the phone? Yes, until the COVID-19 outbreak is over.

12. Can DDA extend the grace period for the completion of the 40 hours training requirement beyond 120 days? Yes, Governor Inslee signed a proclamation on March 13 temporarily suspending RCW 74.39A.074(1)(a).

13. Can the time period for continuing education (CE) credits be extended beyond Dec. 31, 2020? Yes, Governor Inslee’s proclamation also suspends continuing education requirements under RCW 74.39A.341.

14. Does the Governor’s proclamation regarding suspension of training requirements for long-term care workers issued on March 13, 2020 apply to Supported Living, Group Training Home, and Group Home providers? Yes, the governor’s proclamation suspended the following rule in its entirety until April 9, 2020: RCW 74.39A.074(1)(a) and RCW 74.39A.341, Chapter 388-112A. Nurse Delegation for Nursing Assistants class (9 hours) and the Nurse Delegation Training: Special Focus on Diabetes (3 hours) training are not suspended. This training is available on line).

15. Can training occur outside of the classroom setting? For some trainings, yes. These suspended statutes will eventually be reinstated and it is important to not fall too far behind. Alternative methods like online training and using Skype is encouraged.

Additionally, DDA is working to send guidance to trainers about what parts of the 40-hour training can be completed with alternative formats. Watch for more updates on GovDelivery from DDA.

CPR and first-aid training can temporarily be completed on line.

16. What training is not suspended and must occur before a staff works alone with a client?

- Safety and orientation training. This is an on-line course.

WAC 388-101D-0095
Staff training before working alone with clients.
The service provider must train staff in the following before the employee works alone with clients:
(1) Current individual instruction and support plans of each client with whom the employee works;
(2) Emergency procedures for clients;
(3) The reporting requirements for abuse and neglect under chapter 74.34 RCW; and
(4) Client confidentiality.

- CPR and first aid training can temporarily be completed on line.

17. Do staff need to have nurse delegation training before performing delegated tasks? Yes, the Nurse Delegation for Nursing Assistants class (9 hours) and the Nurse Delegation Training: Special Focus on Diabetes (3 hours) training is still required prior to a staff performing any delegated task. DDA will allow the self-study of Nurse Delegation for Nursing Assistants class (9 hours) and the Nurse Delegation Training: Special Focus on Diabetes (3 hours) training. The DDA RN contracted trainer must be available to answer questions the provider may have and to proctor the test via technology.

18. When deploying staff to clients' homes, if necessary due to the pandemic, may providers support a home with minimum staffing? Yes. During the COVID-19 outbreak, providers need to follow their emergency plans and conduct business in a way that protects clients and staff from further infections while preserving clients' health and safety. Notify your resource manager so an SER can be added in CARE.

19. May providers deliver staffing in a home that is different (less) than the residential level identified in the Person Centered Service Plan, Individual Instruction and Support Plan and

rate assessment? Client safety is paramount even under these circumstance. We understand the added staffing limitations for residential agencies and allow for minimum staffing levels to meet the client’s basic health and safety needs. If there are efficient ways to meet this standard, please work with your case/resource manager so DDA is made aware of such situations. Communicate with the case manager at the earliest time possible and provide a written plan on how your agency will staff the home or continue to provide support. During the COVID-19 Pandemic, providers need to follow their Emergency Plans and conduct business in a way that protects clients and staff from further infections while preserving client health and safety. Ensure documentation is clear that this change is consistent with the agency emergency plan to ensure health and safety and continuity of care “during the COVID-19 crisis.” Notify your resource manager so an SER can be added in CARE.

20. To limit the number of people entering a client home, may the provider allow staff to sleep while the client sleeps at night, (typically awake staff) when the provider has assessed this is a safe plan of care? Yes. During the COVID-19 outbreak, providers need to follow their emergency plans and conduct business in a way that protects clients and staff from further infections while preserving client health and safety. Providers need to review the risk assessment of each client. If the provider determines this is a safe plan of care to reduce the number of people entering the client’s home, overnight staff can sleep. Providers need to document the review of the risk assessment and that overnight staff can sleep in the client’s home in the client’s Individual Instruction and Support Plan. Notify your resource manager so an SER can be added in CARE. The full daily rate may be claimed.

21. Will requirements for Individual Instruction and Support Plan implementation be temporarily suspended? Service providers must support the governor’s directive and not gather in groups of 10 or more and practice social distancing. This may temporarily suspend some activities in the IISP. When possible, keep clients engaged in meaningful activities at home. Staff must continue to follow and document medically-related treatments and medications. Providers must continue to document any restrictive measures used.

22. Will the Person Centered Service Plan meeting be conducted over the phone?
It may. CMS approved the 1135 waiver and the 1915(c) Appendix K to allow phone assessments when necessary due to COVID 19 impacts.

23. Does DDA have a method to track individual employees who work at multiple locations? No. DDA does not have a method to track individuals who work at multiple settings. To minimize cross contamination, ask every employee if they are working for other employers. At the beginning of each shift ask each employee if they are experiencing symptoms or have had any exposure to the coronavirus. Providers can view more suggestions in the [Guidance for Community Residential Service Providers](#).

24. What if I am unable to get fingerprints completed because offices are closed?

- Long-term care workers may provide services without completing a national fingerprint-based background check if the worker cannot provide fingerprints due to the outbreak of

COVID-19. Name and date-of -birth background checks are still required before providing services.

- Long-term care workers who previously provided fingerprints as part of the background check process may continue providing services until they are determined to be ineligible should the background check results be delayed due to COVID-19.
- Long-term care workers required to complete a national fingerprint-based background check should provide their fingerprints as soon as feasibly possible.

25. Will I continue to receive my two-year certification from Residential Care Services (RCS)?

Information from RCS regarding this can be found under [ALISA Provider/Administrator letters-CCRSS letter # 020-005](#).

26. Will Residential Care Services and Adult Protective Services continue to perform investigations?

Information from RCS regarding this can be found under [ALISA Provider/Administrator letters-CCRSS letter # 020-005](#).

27. For information about prevention and transmission of COVID-19, follow Department of Health guidelines and your local county health department. [Department of Health guidelines can be viewed here](#) . You can also find information at [DDA Corona Virus Information](#).

Final notes and information resources:

It is critical for providers to inform DDA immediately if a client or staff tests positive for COVID-19. It is also imperative that confirmed cases are reported to the local health department and that all doctor's instruction and DOH directives are followed.

DDA will inform other providers when we receive reports of potential staff exposure working within the DDA residential industry. Providers should also collect information if their staff are working in other settings. Staff should be informing their employers when they are exposed or showing symptoms. Additional instruction and detail will continue to be developed and disseminated in the coming days and weeks.

Washington's Emergency Management Division developed a resource site for COVID-19: [Washington State Official COVID-19 website](#).

The DOH is the lead state agency for this pandemic and has a robust site which is continuously updated and includes extensive instructional guidelines for all provider types, including Supported Living: [DOH 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)

DDA has also developed a COVID-19 Information website tailored to DDA clients, families and providers: [DDA Coronavirus Information](#). Additionally, DDA information sent via ugh "GovDelivery" in the last few weeks: [Gov Delivery Messages](#).

DDA is scheduling Community Residential webinars and developing another set of FAQs specifically focusing on Residential. In addition, I have asked my staff to connect with the four residential members identified in this letter on a bi-weekly basis.