

**Certified community residential services providers supporting individuals  
through the COVID-19 crisis  
Frequently Asked Questions (FAQ) Second Edition  
April 22, 2020**

Updates and information presented in 4/13/20 webinar regarding impacts to delivering services related to COVID-19

1. **What are some techniques providers use when a client does not comply with social distancing or handwashing protocols?** Providing clients with information on the current situation caused by the virus is important. There is informational material that has been developed for individuals and families that describe the current crisis.
  - a. Informing Families has published resources that may be helpful and are available on their [website](#).
  - b. Oregon's Office of Developmental Disability Service produced a video that may be helpful and can be found [here](#).

Continuing to encourage clients to stay at home, choose places in the home that provide for social distancing of 6 feet from others, use of their room to stay away from others to reduce the risk of potential transmission. Inform clients of the risk to themselves and others. Refer to the client's support plan to see if target behaviors are addressed. Consider applying behavioral strategies to support the client to make safer decisions and comply with the guidance from Department of Health (DOH). If the behavioral strategies in the client's plan are not successful you may also contact the client's case manager. They can access assistance from the regional clinical team if needed.

2. **How should I respond if I support a client who refuses to comply with social distancing and self-quarantining after testing positive for COVID-19; for example, if they go into the community, or won't wear a mask in the home or community?** Continue taking all the recommended precautions to protect yourself and others in the home in accordance with DOH recommendations as outlined in [COVID-19 residential guidance](#). Continue to follow suggestions provided in question #1. You may need to consider supporting the housemates in a different setting if a housemate tests positive. Connect with your resource manager to discuss options.
3. **If a client does not comply with the stay home, stay safe order, will police intervene?** We are not aware of any instance of local law enforcement detaining any of our clients for non-compliance with DOH protocols.
4. **Can providers use telemedicine for medical and psychiatric care instead of an office visit during this crisis to reduce the chance of spreading infection?** Medicaid allows for this. Health care providers have the option to use telemedicine. Talk to the client's health care provider to request telemedicine.

5. **What do I do if a client is confirmed to have COVID-19?** Complete instructions can be found at the DDA Coronavirus Information page under DDA Community Residential Providers in the document [COVID-19 residential guidance](#).
6. **What are the reporting requirements for COVID-19 cases?** Reporting requirements were sent out in a GovDelivery notice on April 1 and can be found at the DDA Coronavirus Information page under DDA Community Residential Providers in the document [COVID-19 Residential Services Reporting Requirements and Data Collection](#) as well as in the supplemental clarification document entitled, [Community Residential Incident Reporting Clarification, 4-8-20](#).
7. **Are providers required to report suspected and confirmed cases of COVID-19 among our staff as well as the people we support?** Your staff are included in the reporting requirements found at the DDA Coronavirus Information page under DDA Community Residential Providers in the document [COVID-19 Residential Services Reporting Requirements and Data Collection and Community Residential Incident Reporting Clarification, 4-8-20](#). The name of the staff does not have to be reported to DDA.
8. **How long do clients have to spend their federal government issued stimulus checks and still remain resource eligible for Medicaid services?** Information from Social Security administration states that stimulus payment for Supplemental Security Income/Medicaid recipients will not be counted as income in the month received and they will have 12 months to spend down to meet their resource limit. Clients will not need to file their 2018 or 2019 taxes to receive these payments. Detailed information on this can be found in a letter from the Social Security Commissioner on the Social Security Administration website under [Commissioner of Social Security Shares Update about COVID-19 Economic Impact Payments for Beneficiaries](#). Additional information regarding COVID-19 and Social Security Administration can be found [Social Security & Coronavirus Disease \(COVID-19\)](#). At this time we are still waiting for guidance from CMS for any other Medicaid client who is not on SSI.
9. **Will the \$1200 stimulus check cause clients to lose their benefits? Can clients decline these payments?** It is important to support clients to receive all benefits they qualify for. This is no exception. For Supplemental Security Income recipients the payments are not counted as income in the month received and they have 12 months to spend this money before it is considered a resource.
10. **Do people with representative payees or clients that get railroad or VA benefits, need to apply for the stimulus check, or will their case managers help?** Clients that receive Social Security, SSI, Veterans Benefits or Railroad Benefits do not need to do anything to receive payment. For Social Security recipients, the payment will be deposited into the account that Social Security deposits their monthly payment if the client has direct deposit. The IRS page does not clarify how other beneficiaries will receive their stimulus payment, but it will likely be by check. Clients that receive Civil Service pension, OPM benefits or any other unearned income that is not mentioned need to upload information to the IRS page to receive the stimulus check. This should likely be done by the payee as it asks for banking

information. The link is on the IRS page titled “Non-filers: Enter Payment Info Here”. They will need to enter basic information including Name, Address, Social Security Number, dependents and banking information. If banking information is not entered for direct deposit, the stimulus payment will be sent as a check, but it will take much longer than direct deposit. This information may change. It is best to find the answers at the [Internal Revenue Service](#) and [Social Security Administration](#) websites.

11. **Do client who receive SSI only need to sign up for stimulus check to be able to receive the money?** No, as of 4/21, the IRS has updated their page to include SSI beneficiaries in the group that will automatically receive the stimulus payment.
12. **Is a client required to spend stimulus funds in a specific way?** Stimulus checks are not counted as client income in the month they are received and cannot be counted as a resource for 12 months. How the money is spent would be at the discretion of the client and their representative payee.
13. **Will agencies continue to receive referrals during the COVID-19 pandemic?** DDA has a responsibility to continue to refer clients for service. We recommend providers follow the Department of Health recommended screening protocol that were shared in the GovDelivery notice sent March 10<sup>th</sup>, [Guidance for Community Residential Providers](#) to reduce the potential risk of transmission of the virus from new clients. Confirm if mitigating procedures have been conducted at the client’s current living arrangements such as contact history, temperature checks, symptom checks, and COVID-19 testing where indicated. If a service provider does not want to receive referrals during this time period, submit an email to your resource manager with the reasons why and the time period.
14. **Will client’s living in Residential Habilitation Center be tested for COVID-19 prior to moving to the community?** The Residential Habilitation Centers will be following the recommendation of the individual client’s health care provider and Department of Health recommendations.
15. **Can a provider isolate a client who has tested positive with a client who is asymptomatic?** Guidelines regarding how to support someone who has tested positive to COVID-19 were published in a GovDelivery message on April 1 and can be found at the DDA Coronavirus Information page, DDA Community Residential Providers, [COVID-19 Residential Services Guidelines](#).
16. **Can clients go to local quarantine site without provider staff support? What should a provider do if staff cannot accompany the client and they have limited communication skills?** If staff are allowed, providers can be paid to support clients in alternative settings. If staff are not allowed and you feel it is safe for the client to stay without support you should inform the quarantine location of the communication method. If it is not safe for them to stay without support talk to your resource manager for assistance and possible options.
17. **Can Supported Living, Group Training Homes, Group Homes, Companion Homes and Alternative living providers get paid a special rate for COVID-19?** DDA was approved to provide a temporary rate increase to providers during the COVID-19 pandemic. The temporary

rate increase will be available to claim in April, May and June. Supported Living Group Training Home and Group Home providers will see an increase to each client's daily rate on exhibit C under the admin hold harmless, column P. Details can be found under DDA messages:

[Provider Temporary Rate Increase](#). The provider has the flexibility to use this funding in the way that best fits their needs. The temporary rate increase is provided to cover unique costs associated with the current emergency. Some of these costs include:

- a. Activity supplies such as puzzles, games, crafts, movie rentals, reading material;
- b. Emergency items purchased in bulk;
- c. Additional sanitation supplies or deep cleaning costs;
- d. Additional supplies to meet universal precautions;
- e. Overtime cost; and
- f. Increase to employee wages.

If your agency is experiencing clients or staff testing positive for COVID-19, talk with your resource management team. Processes for COCA, Staff Add On and Residential Allowance Request have been temporarily modified to address unique COVID-19 related expenses.

18. **How will Supported Living, Group Training Home, Group Home, Companion Home, and Alternative Living providers be paid for the temporary rate increase?** The amount of the temporary rate increase will be added to the contract from April 1, 2020-June 30, 2020. Payments will be available to be claimed April 1<sup>st</sup>. If you have already claimed April rates you may need to process an underpayment. Increased rates have been uploaded into ProviderOne.
19. **Would the provider request a COCA if the client stays with family during the pandemic?** If the client goes home with family for an extended stay because of COVID 19 and you are not providing support you may submit a Cost of Care Adjustment (COCA) for these days. Do not claim the daily rate for these days. Please refer to the GovDelivery notice for detailed information on submitting a COCA.
20. **What staff are considered essential?** The governor has stated that our services are essential as we support some of the state's most vulnerable people. You will need to decide for your agency who is essential in order for you to run your business efficiently and effectively to continue supports to the clients we support. This may include those staff who provide indirect client supports as well. You can find DDA management bulletin regarding this issue at [2020 DDA management bulletins, D20-017](#).

21. **How do my staff get to work when we need to shelter in place?** Direct support professionals are considered essential staff and they will still be able to go to work. They should be able to present some type of confirmation of where they work if stopped by the authorities such as an employee ID, business card, a letter from your company, etc.
22. **How does the Federally Mandated 80 hours of PTO that employers need to provide as of April 1 to Dec. 31 impact Supported Living, Group Training Home, Group Home providers?** Information on 80 hours of paid time off required under the Families First Coronavirus Response Act can be found on the [US Department of Labor](#) website [Employee Rights publication](#).
23. **Should Supported Living, Group Training Home, and Group Home providers pay staff for a quarantine period to reduce the spread of the coronavirus?** Follow the guidance given in the Families First Coronavirus Response Act can be found on the [US Department of Labor](#) website.
24. **Should a provider require new employees to quarantine for 14 days before they start working with clients?** We encourage setting up systems for screening for symptoms of COVID-19 to reduce the risk of transmission of the virus. Hiring and retention of staff is determined by the provider.
25. **What alternatives do providers have if staffing is not available to work with a client who is diagnosed with COVID-19?** We hope that the agency has contingencies if such a situation may arise. This may include working with cohorts to evaluate if another agency can provide some level of back-up support. Reaching out to your DDA field services partner early if your agency foresees such an emergency.
26. **Is a new staff coming from out of state allowed to work without fingerprinting? Does the local background check reveal out of state background information?** A staff can be hired from out of state pending a FP check after they do the Washington State Name and DOB check. Make sure they either fill out the online BCS or paper form, and sign for the Washington state name and DOB and attest that they have not had any crimes or had any negative actions. Washington State Name and DOB check includes:
  - a. Applicant self-disclosure
  - b. Department of corrections convictions
  - c. FBI results
  - d. Negative actions from AL TSA, APS, CPS and DOH, out of state provider and professional license status
  - e. Washington state courts and other state court systems
  - f. Washington state patrol results
  - g. Western Identification Network-state police records from Alaska, Idaho, Montana, Nevada, Oregon, Utah and Wyoming

27. **How may a provider learn whether to contact their local health jurisdiction or Emergency Operations Center in their area to request PPE supplies?** There is a quickly evolving effort for local emergency centers (out of counties and municipalities) to reach out to SL Administrators to coordinate the dispensing of testing kits. Phone surveys are also underway by AL TSA and DDA staff to collect information. This data will be shared with the counties as well as retained by AL TSA and DDA. Local emergency operations centers in the counties may reach out to facilities and SL Providers to assess their needs for test kits and possibly to dispense PPE. Some emergency PPE will also be purchased by AL TSA and DDA. The topic of PPE is a quickly evolving one. Pay attention to RCS Dear Provider Letters and DDA GovDelivery Messages for the latest information on this topic.
28. **Will DDA provide gowns and masks to providers?** RCS issued a letter on April 9th that gives instructions on requesting PPE if your agency has identified one or more COVID-19 positive or suspected clients or staff. The letter can be found at the [AL TSA Provider/Administrator Letters](#), Letter #020-008. These request forms should continue to be used by providers, in addition to the effort of local emergency centers to support the dissemination of PPE and testing kits. DDA does not currently have a supply of PPE.
29. **Where can I get information about how to use personal protective equipment?** University of Washington has published instructional videos that demonstrate the use of various personal protective equipment and can be viewed for free at [UW medicine online learning](#).
30. **Can a client receive additional boxes of gloves outside of the limit set by Medicaid?** Yes, the current limit is 2 boxes per client per month, clients who have current Limit Extensions in place will continue. If clients need more than the limit they can work with their DME Provider to request a Limit Extension. With the current COVID-19 situation hand washing is the recommended prevention. Details can be found in [MB D20-016](#).
31. **What do I do if I can't find cleaning supplies?** If cleaning supplies are not available in the general community stores you may be able to access them through your specialized medical equipment and supplies vendor. Some clients may be eligible for these supplies via waiver funds. Details can be found in [MB D20-016](#)
32. **Can staff work without a Nursing Assistant Registered (NAR)?** NAR is required for staff who may provide nursing tasks under delegation. However, license expiration dates have been extended. Information can be found on the DOH website, [License expiration date extensions](#). Staff can provide direct support tasks that do not require delegation.
33. **Staff have to have a 75 hour certificate in order to be delegated. Since the requirement for 75 hours of training is suspended, how does that affect nurse delegation?** Employees are not required to complete the 75 hour training prior to completing nurse delegation training. Nurse delegation training is available on-line and the nurse can proctor the test. These suspended statutes will eventually be reinstated and it is important to not fall too far behind.

34. **Providers cannot get new NAR's issued from DOH in time to meet the immediate need. Can the NARs being issued quickly?** DDA is working closely with the department of health and these request are being expedited. Please inform your regional nurse delegation coordinator if your experience delays.
35. **Are the requirements for 90 day nursing visits waived for clients who have delegated nursing tasks?** The delegating nurse will make the decision using their professional judgement whether the visit will be in person or remotely using technology. Your delegating nurse will work with your staff to coordinate the use of technology in this process.
36. **What is the process for Nurse Delegation if a new client comes into program?** The delegating nurse will make the decision using their professional judgement whether the process to delegate new staff will be in person or remotely using technology. Your delegating nurse will work with your staff to coordinate the use of technology in this process.
37. **What do I do if a client cannot get into see their prescriber and their medication order has expired?** [WAC 246-869-105](#) is now in effect. Pharmacists can authorize a 72 hour fill of non-maintenance medications and a 30 day fill of maintenance medications even if they are unable to obtain a refill authorization from the physician. This could be beneficial to clients that are having difficulties getting in to see their existing provider or new providers when discharging from a facility. Also, as part of the WA DOH Pharmacy Quality Assurance Commissions "Plan-19" they are allowing pharmacists and pharmacy technicians to deliver medications to patient residence.
38. **Are the timelines for Community protection training suspended?** Consider alternative methods to cover the DDA developed Community protection program orientation and training. If you need assistance with providing this this training on alternative platforms you can contact Community Protection program manager, [Jeff Green](#). Community Protection policies regarding community protection training are unchanged at this time.
39. **Can SOTP's get approval to provide therapy via phone?** Yes, DDA will allow this activity to be completed virtually using technology.
39. **Should I continue staff training during the COVID-19 emergency?** Some of the training time lines have been suspended; however, each provider should continue to offer trainings virtually whenever possible. Some training content cannot be offered virtually, contact the Community Residential Services Training Program Manager, [Sarah Blanchette](#) for more information. The Training Unit is working to support providers with training and information on how to facilitate many of our trainings virtually and offer more direct training opportunities.
40. **If we teach a continuing education (CE) class via zoom or as a recorded training, as long as we do a quiz to show understanding of material can it still count as CE?** For all CEs that have been approved you can train these virtually. Please reach out to Sarah Blanchette with an

outline of what you are planning and if you plan to change any curriculum we need to have a conversation. She will be providing guidance in the coming weeks on how to train all of DDA developed CE courses. Sarah Blanchette, Community Residential Services Training Program Manager [Sarah Blanchette](#).

- 41. How can we expedite approval for CE's during this time?** Please reach out to Sarah if you need any courses approved with a short turnaround time.
- 42. Can a group home use an unlicensed bedroom for quarantine purposes?** Call your Local RCS Field Manager or the person who most recently completed your licensing inspection for guidance on this question.
- 43. Will portions of Chapter 388-101D be suspended during the COVID-19 emergency?** RCS has provided guidance to providers that can be found at the [AL TSA Provider/Administrator Letters](#), Letter #020-005.
- 44. Can DDA suspend Community inclusion and work programs during the COVID-19 emergency?** All activities in the community should be assessed individually to comply with the executive order. This includes employment and community inclusion. Continuing to work or volunteer in essential business would be permissible under the order. We expect providers to follow the governor's directive and evaluate each situation individually, ensuring the ability to maintain the required social distancing. When considering safeguarding an individual's personal health and safety, it is important to balance their right to make choices and their personal health and safety. Each case needs to be managed individually. The client and their support team needs to work collectively to make decisions that best ensures the health and safety of the individual, themselves, staff and community at large. If a client is receiving services from an adult residential provider, the provider also needs to balance and take measures to mitigate the spread of this virus. The provider may implement restrictions on people coming and going from a home. If a client is not working or volunteering during this time, remind clients to fully explain their absence to their employers, request leave from the employer and convey their interest in resuming their employment after this time of crisis is over.