VERMONT

COVID-19 Frequently Asked Questions and Guidance to Designated Agencies

DEPARTMENTS OF MENTAL HEALTH & DISABILITIES, AGING AND INDEPENDENT LIVING

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While the situation continues to rapidly evolve, we want to provide as much information as possible to you at this point regarding impacts of COVID-19. Please review the information below carefully and distribute it to your staff and partners as you deem appropriate. We recognize additional detail will be necessary in some areas and guidance may change in the coming days and weeks. We will share further information as clarification becomes available. ***If the Vermont Department of Health subsequently releases any direction that differs from the guidance below, the VDH direction takes precedence. This document is updated daily and new information is in red text.***

GENERAL GUIDANCE

WORKFORCE

WORKPLACE SAFETY

There are multiple tools for staff and independent support workers to ensure safety as much as is possible. Workers who are a part of a high-risk group should be working remotely. Workers that are still required to perform face-to-face activities should be following all safety guidelines that have been posted here.

Where there are questions, staff and independent support workers should consult with supervisors and supervisors must weigh the various health and safety needs of individuals to determine appropriate response.

ESSENTIAL HEALTHCARE WORKERS

The press release from the Governor's Office defines designated agencies as essential:

> *Essential persons are defined as:*
> - *Providers of healthcare including, but not limited to, workers at clinics, hospitals, Federally Qualified Health Centers (FQHCs), nursing homes, long-term care and post-acute care facilities, respite houses, VNAs, **designated agencies**, and emergency medical services;*
> - *Criminal justice personnel including those in law enforcement, courts, and correctional services;*
> - *Public health employees;*
> - *Firefighters;*
> - *Vermont National Guard personnel called to duty for this response;*
> - *Other first responders and state employees determined to be essential for response to this crisis under the State Emergency Operations Center; and*
> - *Staff and providers of childcare and education services (including custodial and kitchen staff and other support staff) for children of other "essential persons."*

REMOTE WORK

Recommendations from the Governor about remote work were primarily for state employees, however, the logic about reducing exposure and transmission of illness still apply for others. If an employee cannot work remotely, also consider rotating in-person work schedules so that folks are not all together at the same time when in the office. General information about novel coronavirus and precautions are available here:
https://www.healthvermont.gov/response/infectious-disease/2019-novel-coronavirus

SERVICE DELIVERY

Transportation of Clients

Staff and independent support workers should not transport clients if doing so creates a greater risk to health and safety than the lack of transportation. When it is essential to provide transportation, the client should sit in the seat farthest from the driver in alignment with recommendations for social distancing.

Documentation Requirements

Current recommendation is to reduce minimum documentation to client, time/date, and service for general Medicaid mental health services, with basic, bulleted notes.

For any client identified with suicidal ideation or risk of harm to self or others, notes pertaining to the clinical need and safety planning must be documented.

These recommendations around minimum documentation by AHS do not supersede more stringent requirements each agency's compliance officer and leadership may put into place. It is critical to assure enough documentation is happening to provide for the safety of clients, especially at a time where meetings and updates may not be an option and providers may be relying on documentation for information.

Master Agreement performance measure and VBP reporting will have deadlines extended and targets will need to be reevaluated. We will provide more guidance on this as things develop, but we understand and expect that data will be irregular and incomplete during this time reflecting a major shift in practice.

Bed board reporting is still considered crucial and needs to be maintained.

Provider Enrollment

CMS Health Care Provider Fact sheet addresses what the emergency declaration allows for Provider Enrollment. Please speak to their attorney to assure compliance with the CMS guidance. See DAIL FAQ section of this document related to flexibility in performing background checks.

Caring for COVID-19 positive people

The Vermont Department of Health website will contain the most recent (CDC) information and guidance for health professionals on working with this population. AHS will continue to monitor and advise as necessary.

SUPPLIES AND EQUIPMENT

If you anticipate depletion of any COVID-19 specific resource stocks within the next 7 days, please submit a resource request(link is external).

Completion of this COVID-19 resource request form assumes facility implementation and practice of Contingency Operations Personal Protective Equipment Conservation (PPE) measures. PPE conservation measures are based in part on the CDC's Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response(link is external) (published 03/05/2020).

Homemade masks are not considered personal protective equipment, but in settings where face masks are not available, health care providers may be able to use them as a last resort.

INFRASTRUCTURE AND STAFFING

If an individual being supported by our agency becomes ill and it is suspected that s/he may have COVID-19, what do we do?

Providers need to follow the guidance as outlined by the Vermont Health Department around who should be tested and the symptoms they have. Joy can be consulted if there is a question around this. If it is determined that the individual needs testing and is tested, it is considered a Medical Emergency per the CIR Guidelines and a CIR must be submitted. Subsequently, when the test results are received with a positive diagnosis then a follow up CIR must be submitted. If the test results are negative, then no follow up is required but correspondence with Joy should happen so she is aware of the negative results.

How do we locate housing in the event that we have no place for someone?

In this unprecedented time, Agencies should call their regional developmental disabilities specialist so that we can triage and think with you about the best resources in your area and statewide. We are currently working on the best ways to coordinate housing responses.

Can there be a statewide communication about suspension of certain services? Examples- community supports and supported employment. 1:1 direct supports?

DAIL has published guidance that describes the provision of essential vs. non-essential services that is located here. See also the flexibility section below for more information.

When can folks go into the community?

It is recommended that all people avoid going into the community as much as possible. Visits should be limited to ensuring essential supports rather than social events.

Agencies are concerned about the potential loss of shared living providers – many need more respite due to reductions in services.

If respite is available within the budget, this may be moved around, if this represents an additional expense, we are developing an expedited process to approve short term additional funding. See also the flexibility section below for more information.

Some staff are not working and some staff are wanting to work. What is the commitment from DAIL to be able to pay folks?

It is our priority to keep agencies whole by not requiring the suspension of services. This should maintain the Agency's ability to continue to pay staff.

We are also looking to the Department of Labor related to unemployment supports, should those become necessary.

Finally, DAIL is exploring what emergency funds may be made available through actions of the Vermont State Legislature and through Federal means.

What if there is disagreement on the team about going out into the community? What is the guidance on who has the right to decide?

It is expected that services will be planned with an individual and their guardian to determine the best viable options. The Agency can decide what they're able to support related to health and safety and employee capacity. The Agency must support individuals and guardians with information to understand the risks involved. Individuals receiving services and/or their guardians may then make their own decisions as to their own actions and must be able to grieve or appeal the Agency decision if there is a significant disagreement as to available supports.

Individuals can outreach Vermont Legal Aid as well as DAIL at: Questions about Novel Coronavirus with any concerns about health and safety risks related to temporary service changes.

FLEXIBILITIES/TEMPORARY SUSPENSION OF USUAL REQUIREMENTS

Can background checks for known individuals be waived? For example, if the check has been completed for one employer, can it be waived for the next person?
Background checks must continue to happen for staff and for independent support workers, however, if an independent support worker shifts to a new employer, background checks do not have to be completed again if they were done within the last 90 days.

Can some DAIL- DDSD oversight activities be temporarily suspended?
Yes, we are temporarily suspending Quality Reviews and National Core Indicator (NCI) surveys.

What about home visit and frequency guidelines?

DDSD is temporarily lifting the face-to-face home visit requirement except when determined necessary to assure an individual's health and safety. A "home visit" may be performed using remote communication such as Zoom, Skype, Facetime or the phone, with an emphasis on assuring the health and safety of individuals served and communication that is accessible to the individual and/or their guardian. As the situation progresses and there is more of a call for self-isolation, the service coordinator must check in by phone at least every other week.

What about housing inspections if folks need to be moved around, can we get variance on inspections?

If it is essential a person move into a new shared living home during this period, the inspection can be postponed but the following must be in place.

1. *The pre-inspection must be completed by the agency's assigned person (service coordinator) to ensure as well as can be done that the home is safe.*
2. *Fire safety/escape plans developed and in place.*
3. *The inspection/assessment needs to be entered in the Housing Safety Inspection Portal, which may prompt a Emergency Placement request. (which we will approve).*

We can't grant variances from the inspections, but we can make some accommodations. Those accommodations can include the length of time and Evergreen is willing to continue with inspections and have training in safety and health precautions to limit their spreading of COVID-19 or any other similar viral infection. They are following the guidelines set out by the Health Department and will check in the day before all scheduled inspections to verify no one in the home is sick or vulnerable. They have reached out to all agency housing contacts with specific information around this.

What about getting ISA signatures for addendums to ISAs? Will we have to get ISA changes signed?

On a temporary basis, the requirement for getting an ISA signature for changes is removed. Please note that the approval signatures do need to be obtained when the current situation and need for self-quarantine & associated precautions pass. In the meantime, the addendums to the ISA must be discussed with the person and guardian as applicable by phone, Skype, Facetime or the option that works best for the team and verbal or visual approval obtained. The process must be documented by the service coordinator in their notes and on the ISA form in the approval section. Once face to face meetings resume, signatures or the typical method of approval by the individual, guardian, and other key team members needs to be obtained.

DDSD has been asked if this guidance pertained to New ISAs, ISA reviews and ISA Modifications. The answer is yes, this guidance does pertain and the key is documenting the process and need for obtaining approvals in an alternate, verbal or visual, manner due to the current pandemic.

A question was asked about using electronic signatures similar to ones used by banks, contracts and other legal documents. If your agency has the ability to access and use the technology required for these types of gathering secure electronic signatures via e-mail, then that is an acceptable way of obtaining them.

A question was also asked about using a 30-day extension to continue the current ISA with the Outcomes and supports identified in it. That is acceptable using the process described above. It also might be a better option considering that no one knows how long the current restrictions will last to create a simple, short term ISA as described in the ISA Guidelines for up to 90 days that says the team has decided to continue the current ISA Outcome and supports while focusing on maintaining the health & safety of the individual. The meeting and approvals will then be handled using the above guidance.

What about the 14-day suspension rule?
We are suspending the suspension rule until after this crisis abates.

What about Critical Incident Reports (CIRs)?
CIRs are a key monitoring and tracking tool for all individuals receiving DDSD HCBS services but most importantly the over 1,000 individuals receiving 24-hour residential supports. As such DDSD is requiring that these reports continue to be sent in with priority for APS/DCF reports, Deaths of individuals receiving services, Medical Emergencies, Missing Persons and Potential Media.

While we are working from home and don't have the normal abilities to complete, print or sign the CIR, can we simply upload the unsigned in pen document as a pdf document?
The important thing is to have the CIR and information submitted so sending in the form with the appropriate names and titles of people, especially those people directly involved in the incident, written or typed on the form is acceptable as long as they're legible. The contact information for the people listed must also be on the form for potential follow up questions. There also needs to be a statement documenting that the incident was discussed with supervisors/QDDP. If this is in place, then the signatures and comment from the QDDP as well as all other signatures can be added later.

PAYMENTS AND DOCUMENTATION

What do we do if we're using folks in flexible ways? Can we avoid the ISA and spreadsheet changes?
The Development Disabilities Division has determined that the following flexibilities are warranted and immediately available to Agency providers.

1. *Agencies may temporarily move community and employment support lines over to home supports, service coordination and respite. The staff that were providing community and/or employment supports should be considered as potential providers of home supports, service coordination and respite as those needs are increasing as a result of these shifts.*

2. *These changes can occur without a needs assessment, however, service coordinator notes should include the change.*
3. *The Division and Agencies should be focused first and foremost on ensuring the health and safety of those we serve. The Division is determining what streamlined process may be used for new proposals and increased needs.*
4. *Agencies may flex the above-mentioned services within the person's currently approved budget and without submitting the spreadsheet. Encounter data that does not match the approved plan are permissible in this instance. Note that Agencies will need to track this internally, however, in order to take and move funds, and notify ARIS so that spending authority is updated.*

What will happen to payment if there is atypical encounter data, i.e. it is not consistent with approved funding?
We are temporarily approving changes that would result in a difference between the approved plan and the documented encounters. This is acceptable within the bounds of the flexibilities and documentation expectations described above.

Can one-time funds be used to pay for remote technology, i.e. ipad?
Per the System of Care Plan, One-time funds can be used to meet the assistive technology needs of an individual receiving services to support continued services, communication and community connection related to COVID-19 limitations.

Please put on hold DS payment reform and the RFP for doing the new assessments process and tool. We are not requesting a delay in implementing the new cash flow model.

The DS Payment Reform project is being put on hold until further notice. DAIL will not be requiring any additional work on this project at this time to allow agencies to focus on delivering critical services. DAIL will continue to work with providers on implementing the new cash flow model as this may realize administrative efficiencies for providers and the State.

DMH: FREQUENTLY ASKED QUESTIONS

COVID-19 AND MENTAL HEALTH—VERMONT DMH IS HERE.
Mental Health Information for Individuals, Families and Providers (UPDATED DAILY HERE)
Send Questions to: AHS.DMHCOVID19Info@vermont.gov

WORKFORCE

Please support our ability to have all clients, as well as our staff, tested easily and to have access to health care to keep the provider community calm and intact.

These are in limited supply and being prioritized through the VDH process.

OPERATIONS

Can state employees fill positions at DAs to help with staff shortages?
The state cannot commit to staffing our partner agencies at this time. Variables would depend upon the vacant position, availability of qualified individuals at the state, and the arrangement meeting the current requirements of providing services.

Can the state assist in identifying alternate facilities if any of our facilities need to be shut down for disinfecting?
We understand this is concern and we are working to address this.

COMPLIANCE

Please confirm the types of video conferencing that are HIPAA complaint.
Please refer to the HHS guidance here.

When is adherence to HIPAA necessary – i.e. is HIPAA compliance required for conversation between person living at an SLP and their family members?
This is a question that DAs need to consult with their own legal resources on. AHS cannot provide legal advice on this matter.

Can quality reviews be suspended for now?
Yes, we are temporarily suspending Quality Reviews.

MEDICAL CLEARANCE AND TRANSPORTATION REGULATIONS

There can be barriers to helping clients access inpatient care directly from the community rather than be in the ED where they have increased exposure risk. We need to have

flexibility to support clients with no other transportation options to access safe transport (such as ambulance, sheriff, or Medicaid taxi) without going to the ED.

Transportation of people in need of inpatient psychiatric admission who are waiting at a location other than an Emergency Department.

Medical necessity is required for Ambulance transport. If there is no danger to self or others then a regular, non-emergent transport should be pursued. Information about these rides can be found at: https://dvha.vermont.gov/sites/dvha/files/documents/providers/Forms/1nemt-manual-1.1.19-final-.pdf

To coordinate a Non-Emergent Medicaid Transport staff can call VPTA at 833-387-7200.

If there is a medical reason or safety issue that indicates the need for an ambulance transport, staff should contact Sandi Hoffman at DVHA for guidance on coordinating the medically necessary ambulance. Sandi can be reached at: sandi.hoffman@vermont.gov or 802-798-2186.

DMH has provided a memo here from our medical directors suggesting reducing and/or streamlining medical clearances for all levels of care – Hospital, residential and crisis beds.

Can a psychiatrist provide an initial evaluation and prescribe a controlled substance over just a telephone service without access to video? One of our psychiatrist though they read something about it having to be with video or face to face, because of the controlled substance prescription.

The Drug Enforcement Agency has allowed Doctor's to use telemedicine to prescribe controlled substances since declaring a state of emergency in January 2020. This service still requires the doctor follow the telemedicine/telehealth protocol of having both video and audio capability. Psychiatrists are encouraged to regularly check the American Medical Association, American Psychiatric Association, and Drug Enforcement Agency websites for updates. A link is provided with detailed information: ***https://www.deadiversion.usdoj.gov/coronavirus.html***

Can the two-year Re-assessment requirement for DMH Medicaid clients be waived for the balance of 2020? Also, what about extending Medicaid IPC longer than currently required?
Reassessments and IPC's due for an update in the next 90-days can be postponed. We will continue to review this timeline as the situation progresses.

FINANCE

Because Mental Health Payment Reform will not be using the V3 modifier to identify telephonic services, how do the DA's and SSA's that are active with Mental Health Payment Reform move forward during this time?

In collaboration with the Billing Mangers the following guidance will be followed: H2017 and H2015 services will use POS code 53 (CMHC) as it has been since telephonic services have been allowed for these codes. H2011 (Emergency Services) will continue to be coded as it has been as both telephonic and in person has been allowed for this service. All other services that are approved for MHPR will use POS 99 for any telephonic services that are being provided beginning on 3/23/2020 and will continue until we are not longer shifting service provision in response to COVID-19.

Can payment for EMR implementation be expedited to DAs that would reimburse those who have already implemented or are in the process?
Yes, DMH is working now on fully releasing these funds.

Can additional temporary bundle funding be added for high risk clients requiring frequent contact?
We understand this is concern and we are working to address this.

An additional item that will become extremely important will be the need for dollars to be spent on items typically not allowed by Medicaid. We will need to do very unusual things and room and board type of expenses will be among them.
We understand this is concern and we are working to address this.

What payments will be made when utilization levels drop-off below current requirements whether due to drop in demand or staff shortages?
With DMH Case Rate/Payment Reform, through the Mental Health Case Rate model agencies are paid monthly for case rate services on a prospective basis using an annual budget and target caseload for each DA/SSA. The prospective payment is paid in lump sum at the same point each month and the entire case rate allocation is received through equal distribution over 12 months. Reconciliation occurs at the end of each calendar year based on whether agencies met their caseload targets.

This model makes DMH well poised to adjust for a substantial decrease in service utilization across the state. Community mental health agencies would still be able to count on a standard prospective payment throughout calendar year 2020, and the rules of our reconciliation process would need to be modified to adapt to a substantial reduction in services related to a

declaration of State of Emergency. For example, the months of impact could be removed and pro-rated based on the rest of the year's performance.

Additionally, DMH has a case rate valuation model that uses service utilization to plan for future case rate adjustments. This model can also be adapted to consider significant drops in utilization for COVID-19, mitigating the impact of a State of Emergency on future case rate development.

- DMH PROVIDERS: *Programs that exist outside of DMH's case rate are those most at risk given they do not benefit from the flexibility of the case rate as noted above.*

- RESIDENTIAL/PNMI: *Providers bill a daily rate that is computed by Rate Setting based on historical utilization and cost. This daily rate may or may not cover the cost of providing services to the individuals placed at the facility. Providers are able to submit a request for extraordinary financial relief (EFR) if the daily rate does not cover the cost. The state has some flexibility to approve a request that considers the cost of underutilization due to extraordinary circumstances.*

- *There are two adult residential facilities outside of the case rates, Second Spring North and South. Quarterly payments are sent to the provider with a year-end cost reconciliation, and any unspent funds beyond a 1.5% gain is returned to the State. If the cost of the facility is not covered by the quarterly payments, DMH has the flexibility to provide more funding as needed within available resources.*

FINANCE: SCHOOL-BASED SERVICES

CERT revenue currently requires a 2-hour attendance minimum for our Independent Schools. We may be doing treatment support via phone, telehealth, or in home as appropriate so would like to request a waiver on 2-hour minimum to bill.
This was decreased to 15 min.

Please drop School Based Clinician minimum from 2 hours to 30 minutes.
This was decreased to 15 min.

Success Beyond Six providers were issued a separate memo on March 19, 2020 detailing specific SB6 issues around match payments, billing and reimbursement. You can find this on the DMH website at: https://mentalhealth.vermont.gov/coronavirus-and-our-mental-health