AUCD Network Call re: COVID-19

# April 30, 2020, 4:00 pm eastern

# Agenda

1. Federal Update (John)

40 ADRC grants have gone out; remainder by next Monday

* No formal announcement yet
* Have requested of Kelly Cronin @ ACL Deputy Administrator, Innovation and Partnership, a list of the designated awardees
* We know that a handful of network members have been so designated, in cases where no ADRC exists or the existing entity did not apply.
	+ Utah, Arkansas, American Samoa, and also Missouri.
* Like the CIL $$, these are great partnership opportunities, we know some of you have existing relationships
* If you don’t it’s worth contacting the awardee to inform them of your specific competencies and capacity

CDC

* Updated symptoms list
* Guidance for shared housing settings
* Updated FAQ children w/ special needs
* 20 ASL videos (400K views)

Ongoing conversations with CILs/APRIL

* Technology: Using survey data to match local needs w/ UCEDD/LEND competencies
* Stay in place will continue for some time; health needs remain
* Getting technology to people and training them a priority for ACL
	1. [CMS Blanket Waivers for Health Care Providers](https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf), including:
		1. Blanket means no need for a state 1135 waiver application from the states; applies nationwide
		2. Nursing Homes, p.12
			1. **Waive Pre-Admission Screening and Annual Resident Review (PASARR).** CMS is waiving 42 CFR 483.20(k), allowing nursing homes to admit new residents who have not received Level 1 or Level 2 Preadmission Screening. Level 1 assessments may be performed post-admission. On or before the 30th day of admission, new patients admitted to nursing homes with a mental illness (MI) or intellectual disability (ID) should be referred promptly by the nursing home to State PASARR program for Level 2 Resident Review.
				1. The results of this Level 2 evaluation result in a determination of need, determination of appropriate setting, and a set of recommendations for services to inform the individual's plan of care.
			2. Intermediate Care Facilities for Individuals with Intellectual Disabilities, p. 24
				1. **Staffing Flexibilities.** CMS is waiving the requirements at 42 CFR §483.430(c)(4), which requires the facility to provide sufficient Direct Support Staff (DSS) so that Direct Care Staff (DCS) are not required to perform support services that interfere with direct client care. DSS perform activities such as cleaning of the facility, cooking and laundry services. DSC perform activities such as teaching clients appropriate hygiene, budgeting, or effective communication and socialization skills. During the time of this waiver, DCS may be needed to conduct some of the activities normally performed by the DSS. This will allow facilities to adjust staffing patterns, while maintaining the minimum staffing ratios required at §483.430(d)(3).
				2. **Suspension of Community Outings.** CMS is waiving the requirements at 42 CFR §483.420(a)(11) which requires clients have the opportunity to participate in social, religious, and community group activities. The federal and/or state emergency restrictions will dictate the level of restriction from the community based on whether it is for social, religious or medical purposes. States may have also imposed more restrictive limitations. CMS is authorizing the facility to implement social distancing precautions with respect to on and offcampus movement. State and Federal restrictive measures should be made in the context of competent, person-centered planning for each client.
				3. **Suspend Mandatory Training Requirements.** CMS is waiving, in-part, the requirements at 42 CFR §483.430(e)(1) related to routine staff training programs unrelated to the public health emergency. CMS is not waiving 42 CFR §483.430(e)(2)-(4) which requires focusing on the clients’ developmental, behavioral and health needs and being able to demonstrate skills related to interventions for inappropriate behavior and implementing individual plans. We are not waiving these requirements as we believe the staff ability to develop and implement the skills necessary to effectively address clients’ developmental, behavioral and health needs are essential functions for an ICF/IID. CMS is also not waiving initial training for new staff hires or training for staff around prevention and care for the infection control of COVID-19. It is critical that new staff gain the necessary skills and understanding of how to effectively perform their role as they work with this complex client population and that staff understand how to prevent and care for clients with COVID-19.
				4. **Modification of Adult Training Programs and Active Treatment**. CMS recognizes that during the public health emergency, active treatment will need to be modified. The requirements at 42 CFR §483.440(a)(1) require that each client must receive a continuous active treatment program, which includes consistent implementation of a program of specialized and generic training, treatment, health services and related services. CMS is waiving those components of beneficiaries’ active treatment programs and training that would violate current state and local requirements for social distancing, staying at home, and traveling for essential services only. **For example, although day habilitation programs and supported employment are important opportunities for training and socialization of clients at intermediate care facilities for individuals with developmental disabilities, these programs pose too high of a risk to staff and clients for exposure to a person with suspected or confirmed COVID-19.** In accordance with §483.440(c)(1), any modification to a client’s Individual Program Plan (IPP) in response to treatment changes associated with the COVID-19 crisis requires the approval of the interdisciplinary team. For facilities that have interdisciplinary team members who are unavailable due to the COVID-19, CMS would allow for a retroactive review of the IPP under 483.440(f)(2) in order to allow IPPs to receive modifications as necessary based on the impact of the COVID-19 crisis. Ambulatory
		3. DME/P/O/S, p.26
			1. When DMEPOS is lost, destroyed, irreparably damaged, or otherwise rendered unusable, CMS is allowing DME Medicare Administrative Contractors (MACs) to have the flexibility to waive replacements requirements such that the face-to-face requirement, a new physician’s order, and new medical necessity documentation are not required. Suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged, or otherwise rendered unusable or unavailable as a result of the emergency
	2. [SSA Guidance on Economic Impact Payment for SS and SSI Recipients – Steps to Take and Schedule of Payments](https://www.ssa.gov/coronavirus/assets/materials/economic-impact-payments-for-social-security-and-ssi-recipients.pdf)
1. Update on Federal legislative action (What has passed, what is coming, what we are/should we be advocating.) (Rylin)
2. Resource and solution sharing from network (John)
	1. Question raised this week:
		1. From ACL: What are innovative approaches to getting technology equipment and internet access to people with disabilities who don’t currently have access?
			1. Comcast: NYC – free educational use of internet access
			2. ME: Alan – DD Council – iPads; UCEDD = training
			3. Boston – Comcast opening hotspots
			4. NJ: funding for technology tablets; anxiety reducing tools (DD Council)
			5. MD: DD Council – tech; games; puzzles
	2. Highlighted resources (all in Dropbox for AUCD COVID Resource Library):
		1. New AUCD FAQ on COVID
		2. [CDC COVID-19 Guidance on Shared or Congregate Housing](https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html)
		3. [NASDDDS COVID-19 Resources for State DD Agencies](https://www.nasddds.org/news/nasddds-resource-page-covid-19)
		4. [National Disability Institute: Financial Resilience Center](https://www.nationaldisabilityinstitute.org/financial-resilience-center/) for financial health during COVID-19
		5. [Zero to Thrive: Helping families in times of crisis](https://zerotothrive.org/covid-19/)
		6. [Assistive Technology Industry Association: COVID-19 Resources](https://www.atia.org/covid19-resources/)
		7. [Scottish Commission for Learning Disability: COVID-19 Guided Self-help Booklet Series](https://www.scld.org.uk/covid-19-guided-self-help-booklet-series/)
	3. Other needs, resources & solutions from network