



## Advisory Council

TO THE DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

### Advisory Council to the Division of Developmental Disabilities

March 26, 2020

9 a.m. – 11 a.m.

1056 Governor's Avenue, Dover, DE

Due to COVID-19, meeting held via Skype Video/Audio Conference

<b>Council members</b>	Terri Hancharick, Chair
	Susan Pereira
	Tom Rust
	Tim Brooks
	Stan Trier
<b>Staff Members</b>	Marie Nonnenmacher, Director
	Marissa Catalon, Deputy Director
	Cory Nourie, Director of Community Services
	Stacy Watkins, Asst. Director of Community Servs., Operations
	Kamin Giglio, Asst. Director of Community Servs., Policy & Planning
	Katie Howe, Director of Program Integrity
	Vicky Gordy, Executive Secretary (minutes)
<b>Other Attendees</b>	Terry Olson, Executive Director of The ARC of Delaware

#### Review of Previous Meeting Minutes

The January 16, 2020 and February 20, 2020 minutes were approved. October 17, 2019 minutes not available and will be reviewed during April 16, 2020 meeting.

#### Meeting Notes

##### **Cancellation of April Retreat – Logistics**

Due to COVID-19, the DDDS Advisory Council retreat is canceled. DDDS was able to retrieve deposit for venue. Council members elected to conduct April 16, 2020, meeting via video/audio conferencing, beginning at 10 a.m.

##### **COVID-19**

DDDS is sending guidance documents electronically to provider agencies. Most DDDS communication with providers is being done via email and Zoom meetings. A positive unintended consequence of COVID-19 is that people are coming together, communicating well and helping each other.

All providers have been asked to notify Cory Nourie, Director of Community Services, of anyone they support with COVID-19 symptoms and/or tested positive. DDDS is tracking this data. To date, no DDDS service recipients tested positive although some were tested with a negative outcome. Approximately two weeks ago, a DSP that works in a provider managed setting tested positive. The provider notified service recipients and staff that had contact with DSP. The DSP self-quarantined for 14 days and no one else tested positive.

Everyone is trying to follow guidance issued by CDC and Public Health. Some resistance from families of people that live in a provider managed setting is reported due to some providers stopping visitors to limit exposure. Some providers are discouraging individuals going home for visits unless the visit is extended for at least 30 days due to attempting to limit the potential spread of exposure as many individuals served are vulnerable. DDDS understands that routines are important, and things are confusing but in weighing impact if exposed, DDDS is supportive of stopping visitors. People encouraged to utilize technology to video chat, view YouTube, etc. with the assistance of DSP's to help stay connected while protecting health and safety.

Instead of in-person visits at provider managed settings, DDDS is video conferencing or telephone conferencing. Although doing things differently, operations are still being maintained. Onsite investigations will be performed only if outcome is adverse or if allegations pertain to emotional or sexual abuse. DDDS plans to waive the requirement to cite providers for not meeting staffing requirements due to COVID-19 in the Appendix K application. Everything that may be completed remotely for site reviews will occur as such until the crisis is over.

DDDS is applying for an Appendix K amendment for LifeSpan Waiver that includes retention payments for providers. DDDS is concerned about the provider network; it is critical that Delaware maintains a robust provider network once COVID-19 is over. Therefore, DDDS is planning to offer retention payments. Some providers are closing and laying off staff while others are closing and keeping staff on payroll; different circumstances will require difference responses. Residential provider retention payments are different as most got an exception authorized to allow individuals whose day programs closed to get extra units allocated for support at residence. If individual is hospitalized for COVID-19 or if family moves member home until outbreak is eliminated, DDDS will offer residential provider retention payments to hold spot for when individuals can return.

DDDS plans to include in Appendix K the option to allow a family member to receive payments for providing direct support of family member who lives in a provider-managed residential setting who has tested positive for COVID-19. One provider reported that a DSP volunteered to support an individual 24/7 if quarantined for COVID-19, without concern for self.

Other options DDDS plans to include in Appendix K:

- Receive two home delivered meals, daily to individuals supported by Shared Living Provider if provider becomes ill or quarantined due to COVID-19;
- Training requirements of LLAM and MANDT re-certifications are given a buffer period of two months after expiration if in good standing;
- Allow day provider DSP's to be hired by residential providers to back-fill current staffing gaps. DDDS has developed a network to connect residential providers with day provider DSP's to fill gaps. If day provider and DSP is in good standing, DDDS will honor background check and training requirements to allow DSP to begin work at residential site immediately;
- Allow nurses in provider managed setting to provide skilled care if needed.

DMMA just reported that a government bill, approved by Congress was established that allows Medicaid programs to reimburse DSP's to assist individuals in hospitals during overall length of stay for COVID-19. Currently, hospitals are restricting visitation with allowing only two people (including support staff) to visit during length of stay. DDDS plans to work with hospitals on case-by-case basis if individual is admitted and requires support staff assistance for behavioral, communication, or personal care need.

Additionally, with the Governor's Order that went into effect on March 24, 2020, all DHSS employees including DDDS are essential to business function; therefore, DDDS employees continue to work. If COVID-19 escalates and the Governor must close state offices, 60 DDDS core staff selected to maintain operations were notified of essential status and signed agreement. In case of driving restrictions, DDDS issued letters to providers for DSP's to justify driving to and from work; DDDS employees received similar letter. Discussions with DEMA revealed that enforcing driving restrictions would present difficulties.

DDDS requested personal protection equipment (PPE) via the State Health Operation Center (SHOC) to provide arsenal to distribute to staff supporting person with COVID-19. CDC recommends wearing a gown, gloves, mask and face shield if supporting someone with COVID-19.

DDDS is issuing letters to families by sending letter via support coordinators and Columbus community navigators to share with families. Columbus is posting letter on national website on Delaware page and DDDS posted on Facebook page and DDDS website. DDDS received feedback from some families thankful for DDDS keeping them updated.

Council member suggested keeping a close eye on the Families First Coronavirus Response Act that provides unemployment and small business resources as it may be a resource for some providers. Resources from unemployment payments and small business loans will take time to receive. DDDS is hoping that general and federal funds can be resourced in the meantime. DDDS is hearing that CMS is approving Appendix K applications quickly to get resources to providers for staff. DDDS worries about long-term sustainability of providers and hopes that providers will acknowledge receiving alternative resources and only ask for what is necessary.

The Families First Coronavirus Response Act allows Congress to temporarily increase the federal matching rate, retroactive to January 1, 2020, for all Medicaid services. DDDS completed the fiscal note that revealed an estimated savings of 3.5 million dollars from January through March 2020. DDDS is hopeful that these savings may be used to fund other Medicaid services in the future but requires approval from OMB. Marie Nonnenmacher, DDDS Director, expressed her appreciation to Council for their support of DDDS' mandating that adults apply for Medicaid to receive DDDS services. The savings from Medicaid and funding saved from budget (at some point hope to use as a provider rate increase) can be used cover extra expenses from COVID-19.

### **DDDS FY2021 Budget Request Update**

Governor recommended creating a pool of approximately five million dollars for rate increase to spread across DHSS using the results of rate study (ongoing), required by Legislature, per FY20 epilogue language. The likelihood is high that Delaware's projections used to develop Governor's recommended budget will change as high unemployment rate expected, people not paying taxes due to job loss and business closures occur due to COVID-19. It's possible DDDS may be asked to reduce budget or give up one-time funding for other agency shortfalls. DDDS has not be notified of any changes to date.

## **DDDS Task Force & DHSS Task Force - Update**

Meetings are delayed due to COVID-19.

### **DDDS Focus Groups – deferred**

#### **Shared Living Broker**

DDDS thought about contracting with a shared living broker using a stand-alone delivery method. Since then, DDDS has spoken to several shared living entities that are agency managed that revealed once the infrastructure is set, adding one, two or six homes is not much of a lift and the entity provides all facets of service delivery (i.e. hire/train/pay people, background checks, service delivery, bill for person, etc.), once authorized.

DDDS is looking at amending the LifeSpan Waiver to have Shared Living managed by an agency. Any qualified agency could apply to become a DDDS authorized provider of Shared Living services. Several providers in other states deliver this service and the hope is that they will come to Delaware.

Currently, DDDS monitors people that reside with Shared Living providers the same as other provider-managed residential settings except that Shared Living coordinators are in homes more frequently for advanced monitoring. Due to COVID-19, DDDS Shared Living Coordinators are calling Shared Living providers who are 60 years old or older at least three times a week while providers under 60 years old are called at least once a week to check health status. If Shared Living moves to agency managed setting as proposed, DDDS would monitor agency.

#### **Service Recipient Cost & Acuity Data**

Council members received and reviewed the DDDS Cost by Service Chart and Acuity Data. The acuity data frequency distribution for charts provide the number of support hours authorized for individuals. The bar indicates that number of people while the horizontal axis reveals range of hours. Charts reveals clusters of authorized hours for service.

- **Residential Habilitation Cost Per Person by Setting Type**

The DDDS Cost by Service chart reveals average annual cost per person by service. The bar indicates the cost of service per year and the horizontal axis reveals type of residential service. Community Residential Service cost is highest (\$128,267) and Supported Living costs (\$30,070) falls between Community Residential Service and Shared Living cost (\$19,794). Day Services cost includes day habilitation, pre-vocational and supported employment services at an average cost of \$13,817, per person, annually. Behavioral Consultation cost is \$1,512, Nurse Consultation cost is \$1,339 and state funded Respite Service cost is \$1,109, although DDDS authorizes \$1500 per person annually for Respite Services. Stockley Center's cost per year, per person is located at the top of the chart as other services costs bars would be small in comparison to Stockley Center (\$384,604).

Stockley Center annual cost per person can be calculated multiple ways. Council chair asked if person living at Stockley Center with high needs cost can be broken down to reveal cost of supporting in a community setting. If supports hours are known, this may be feasible. Keep in mind that the Stockley Center Medicaid rate is the single richest benefit under Medicaid as it includes, dental, nursing, and physician services, that are not included in community living. Stockley Center residents are asked yearly if they want to choose a community living option.

- **ICAP hours – frequency distribution**

- **Residential Habilitation**

Chart revealed bulk of individuals require 5 to 20 hours of support. Some individuals exceed 24 hours per day due to receiving 1:1 service for part of the day while receiving a 1:2 or potentially a 1:3 service per day as well. The greatest single frequency for number of support hours is between 5 and 7.5 hours per day.

Therefore, out of approximately 1050 people that live in a provider managed setting, 220 of are receiving between 5 and 7.5 hours a day.

- **Day Services**

Chart revealed most people do not need a lot of support hours during the day.

- **Pre-Vocational**

Chart revealed most people need between 1.5 and 2 hours of support per day.

DDDS continues plans to send letters to families/guardians detailing the cost of care for the family member who is supported by DDDS and funded via Home and Community Based Services. DDDS will share draft of letter with Council for feedback before sending.

### **Other Business/Announcements**

Columbus has hired and trained the five LifeSpan Waiver Supports Specialists that are processing Waivers. COVID-19 has made process more difficult with receiving signatures and are working through process. DDDS is confident that once COVID-19 restrictions are lifted, Waiver processing will progress significantly.

Medical Residential Habilitation is now an option but since this is a new service, providers wanting to provide service must go through the RFP process to add service. This has slowed significantly, due to COVID-19.

In person NCI survey has been suspended through May 15, 2020, due to COVID-19.

Family/Guardian NCI survey is ongoing as it's completed online. Updates reveal that more people are completing than before which may allow Delaware DDDS data to be included in NCI's national report for this year. Staff stability survey is ongoing. Contact information from all providers was not received. SIE to reach out to providers individually for information, once list is received that is expected at end of week.

Before COVID-19, DDDS was encouraging providers to ensure US Census packets are completed for all individuals that live in a provider managed setting and was discussed during DDDS provider meetings. Census packets are due to arrive between March 12 and March 14, 2020. Some provider managed settings are considered a congregant living environment, which requires a person going to site to collect census information.

Vicky Gordy announced her retirement, effective June 1, 2020.

### **Adjournment**

Meeting adjourned at 10:50 a.m.

### **Next Meetings**

March 26, 2020	9 a.m. – 11 a.m.
April 16, 2020	10 a.m. – 12 p.m.
May 21, 2020	10 a.m. – 12 p.m.