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COVID-19 Frequently Asked Questions **Last Updated: April 24, 2020**

1. Are providers able to continue to bill for day and/or residential services when a person is displaced from those settings due to COVID-19?

The Centers for Medicare and Medicaid Services (CMS) allows states to request approval to issue retainer payments to providers to “retain” the person’s day and/or residential placement. The Division of Developmental Disabilities (DDD) submitted a request to CMS on March 26, 2020 to seek approval to issue retainer payments. If approved, the DDD will issue guidance about retainer payments, which will be retroactively applied under certain conditions. At this time, we ask providers to not submit significant change requests or pursue a discharge in relation to this matter.

2. Due to COVID-19, has there been any consideration of suspending co-pays for people on the CHOICES waiver who have an earned/unearned income above the limit? Additionally, is there any consideration of changing the \$2,000 resource limit due to COVID-19?

There is currently nothing in the bills going through Congress which waive the eligibility requirements for Any Medicaid coverage group or cost shares for individuals with the exception of services associated with COVID-19 testing and treatment.

3. Is the DDD considering suspending the annual medication administration proficiency requirements for staff who are already trained?

Yes, the DDD included this in the Appendix K request.

Update (4/24/20): See COVID-19 Policy Changes last updated April 24, 2020.

4. What will DDD look for as part of the new CHOICES SMART review process which only reviews for COVID-19 supports and prevention of abuse, neglect and exploitation?

Reviews will focus on identification, reporting, and prevention of ANE as well as the precautions taken by CSPs and CMs to keep each participant safe from COVID-19.

The review timeframe for this lookback will start March 1, 2020 through the month the review is being conducted. DDD will not conduct a 12-month lookback for these reviews.

DDD Program Specialists and the DDD Nurse will review the CM and CSP for the following elements:

- ANE Reporting- review of GERs in Therap for incidents which occurred between March 1, 2020 through the date of the file review
- ANE Response- review to ensure instances of ANE identified during the review timeframe were handled appropriately in accordance with ARSD
- Safety - review of participant specific documentation on how providers and case managers are mitigating risk related to COVID-19, this includes:
 - Staff training related to protecting individuals from COVID-19

- Controlling the spread of infection
- Preventative measures put in place
- Monitoring of infections
- DDD will review existing documentation in Case Manager and CSP Therap accounts and will seek pertinent information in the following Therap locations: Case Manager Case Notes, Individual T-logs, ISP Programs, GERs, and/or the Health Tracking module
- In the event the ISP team determined safety of living and/or work environment to be compromised but no was action taken, or if the if there is a safety risk that was not determined due to an oversight of the ISP team, citations will be made under Safety Element, causal factor safe environment-risk not mitigated
- If citations are made, typical remediation requirements and timelines apply

5. Is the DDD considering suspending new staff training requirements?

Yes, the DDD included this in the Appendix K request.

Update (4/24/20): See COVID-19 Policy Changes last updated April 24, 2020.

6. What if the Human Rights Committee is unable to convene due to COVID-19?

Contact the person's guardian and case manager to discuss temporary extensions of any rights restriction. Any extension of a person's rights restriction shall be documented in Therap and include an explanation as to why the Human Rights Committee is unable to make the rights restriction authorization. Documentation shall also include when the committee is able to convene and authorize the restriction.

Update (4/24/20): After discussions with the Council on Quality & Leadership and Disability Rights of South Dakota, the DDD provides the following guidance and expectation of positive behavior support and human rights committees during the pandemic. Some type of review shall happen when it comes to restrictions. With the current pandemic, all our rights are being restricted to varying degrees. The DDD does not expect limitations on rights that affect all people to be reviewed. For example, we are all under orders to refrain from gathering in groups larger than ten until at least the end of May. The DDD would not expect this to go through PBS/HR committees. The DDD understands the challenges of convening all committee members to attend meetings during this time and will allow a short-term, limited review of restrictions and behavior support plans to occur. This means at least one committee member not employed by the provider implementing the restriction may authorize the restriction. Detailed notes in the minutes should explain that the restriction was put in place during the pandemic and that it will be reviewed again once the majority of the committee can meet.

7. Where can providers get Personal Protective Equipment (PPE)?

The email address to request PPE: covidresourcerequests@state.sd.us

Form to request PPE: https://doh.sd.gov/documents/COVID19/COVID-19_PPE_Supply_Request_Form.pdf

Call 1-800-997-2880 for more information or to request PPE.

8. Can providers designate their staff as essential?

Providers may designate their employees as essential at their own discretion. The DDD has provided examples of essential employee designation templates.

9. How will the change to FMAP be used?

These are unprecedented times – The Governor understands the financial constraints on everyone. We are working as quickly and diligently as possible to provide information as it becomes available.

10. The guidance from DDD about allowing CSPs to temporarily suspend career exploration and individual and group supported employment services states that CSPs and case managers shall document any changes to ISPs as a result of COVID-19 and describe why changes were made. Does this include changes to career exploration and supported employment, or is this referring to other changes?

It is expected that the Individual Service Plan (ISP) for a participant may need to change during this time period. Case Managers will eventually need to document all plan changes, but services might need to be modified to ensure the health and safety of the individuals we serve. Case Managers in conjunction with the ISP team should make every effort to revise service plans as quickly as possible to reflect new or increased services being used. However, due to the volume of changes, a Case Manager and ISP Team may not be able to have an approved, updated service plan before the service changes are implemented. In circumstances where the service is provided prior to plan approval, changes should be documented in case notes and Service Plans revised as soon as possible.

11. We are working with our psychiatric PA on a Telehealth option for people who have on-going psychiatric needs. What additional information can be provided regarding telehealth, specifically for services in rural areas and crossing state lines?

Below are links to the most current FAQs and Medicaid's telemedicine policy. Medicaid covers extensive telehealth for behavioral health, even audio-only in many cases and more than Medicare in some cases too. If there are specific services, codes or providers you have questions about that aren't addressed here, let your DDD Program Specialist.

FAQs: https://dss.sd.gov/docs/COVID19/COVID19_FAQ_Providers.pdf

Telemedicine Policy:

<https://dss.sd.gov/docs/medicaid/providers/billingmanuals/Telemedicine.pdf>

12. How will the federal stimulus relief checks and pandemic unemployment insurance benefit affect a person's Medicaid eligibility status?

The \$1,200 stimulus check will not be counted as income and will also be disregarded as a resource as long as it is spent within 12 months of receipt.

The additional \$600 Pandemic Unemployment Assistance will also be disregarded for eligibility purposes for Medicaid. The regular unemployment that people are receiving will still be counted as unearned income.

The Division of Economic Assistance within the Department of Social Services will not be closing out anyone's Medicaid until the end of the pandemic.

13. Are required fire drills being considered during COVID-19?

At this time, the DDD asks Community Support Providers to maintain their safety and sanitation plans to ensure the health and safety of participants, including regularly scheduled drills. The DDD understands COVID-19 might prevent certain drills or the frequency of drills to occur as described in your safety and sanitation plans along with efforts to comply with Life Safety Codes. Even during the pandemic, it is important for participants to understand how to reach safety during an emergency. It is the hope of the DDD that CSPs can complete drills within the framework of CDC COVID-19 recommendations. If you

have any concerns, please contact your program specialist. If major systemic issues arise, the DDD will consider submitting another Appendix K to address the matter.

14. Is Extraordinary Needs Funding (ENF) available at this time? If so, can ENF cover COVID-19 related costs?

The DDD is able to process standard ENF requests as long as budget is available. You may continue to submit your ENF requests as normal and the DDD will work to make a decision as quickly as possible. If budget becomes depleted, providers will be notified. ENF requests for COVID-19 related costs will not be approved. The DDD is hopeful to receive more guidance regarding federal COVID-19 financial relief funds soon.

CHOICES-CTS Retainer Payments

1. Will the DHS-DDD-C305 be sent back to the CM and CSP once approved by the DDD?
DDD will assure the form is submitted back to the CSP and the CM.

2. Are the CSPs going to get some training on what this looks like?
The DDD will provide technical assistance to providers as needed. They should contact their program specialist should you encounter any issues or have any questions.

3. How does the intended flow of the process look?
The process will be driven by the CSP. The CSP will decide if they can deliver remote supports or not. If they want to request a retainer payment, they will reach out to the CM for a team discussion on why they can't support the individual using technology.

- The CM completes the form with the assistance of the CSP and documents the pending DDD decision as a case note
- The CM submits the form to Liliana Borcea (Liliana.Borcea@state.sd.us)
- DDD reviews the form
- Once approved or denied decision is made it is communicated to the CM and CSP

4. When does the 30-day start? When the form is submitted, when it is approved, or when the person went home?
The retainer payment request should be submitted for anyone who is not or will not be receiving their services one time per week. The date should reflect when they went home or when the services stopped. If the form is submitted and 30 days has passed already, the start date will be back dated.

5. What is needed to assure documentation if a retainer payment request is granted?
Once the CM receives the DHS-DDD-C305 returned, they should document the approval in the ISP (as a revision to the ISP) and attach the form as an attachment to the ISP. If the form is submitted again (which is allowable two times), the most recent form should be saved, and the previous form can be deleted from the ISP. If the team determines that a new DHS-DDD-C305 needs to be submitted (meaning 90 days has passed and another 30 days is needed) then the previous form should stay in the ISP, and the new form should also be uploaded.

6. Where should the retainer payment option be documented?
The CM should document the changes to the person's services in the form of the retainer payment in the discussion record on the ISP. It can also be documented in the quarterly

monitoring process. Again, the DHS-DDD-C305 should be added as an attachment to the ISP.

7. What does the “one service per week” guidance look like for those getting both day and residential and are living outside the CSP?

The expectation would be that the CSP would deliver one support a week for the services they have open. For example, if someone who was receiving residential and day is now home with their family, the expectation would be that the CSP would provide remote/virtual support for both services. If the ISP team decides they cannot deliver residential support but can provide day, then they would submit the retainer payment request for the residential portion only.

8. Does the ISP team need to convene regarding providing remote/virtual services or the retainer payment?

The remote/virtual services must be authorized by the DDD through the Consumer Service Authorization, agreed upon by the person’s team including the case manager, and goals should be clearly identified in the Individual Support Plan. The ISP team should also decide when remote/virtual services are unattainable due to COVID-19. Under these circumstances, the CSP can work with the person’s CM to apply for a retainer payment. ISP teams may meet via technology or can provide written recommendations.

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