



DIVISION OF DEVELOPMENTAL DISABILITIES

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COVID-19 Frequently Asked Questions

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General COVID-19 Questions

1. Are CSPs required to report if a staff member tests positive for COVID-19?

A: As described in ARSD 46:11:06:01, each provider must have a health, safety, sanitation, and disaster plan approved by the division which should include procedures to notify the division of any staff diagnosed with a reportable communicable disease once the provider becomes aware of the diagnosis.

2. Does DDD expect providers to have an identified “Back to Normal Plan”?

A: DDD strongly recommends that providers develop a pandemic response plan to provide clarity to self-advocates, families, and employees regarding COVID-19 prevention, risk mitigation, and response. Any plan developed or used by the provider should be shared with stakeholders and DDD.

3. 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?

A: Effective November 1, 2020, DDD will resume standard monthly file reviews to ensure compliance with ARSD and CHOICES waiver performance measures. Also starting in November, DDD will begin conducting policy implementation reviews for providers due for recertification in FY21.

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

A: Yes, the DDD included this in the Appendix K.

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

A: Yes, the DDD suspended this requirement in the Appendix K.

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

A: Neither the Appendix K nor the Governor’s Executive Order suspended requirements related to Human Rights Committee and Behavior Support Committee review of restrictions, medications to manage behavior, or behavior support plans; therefore, providers shall continue to facilitate reviews as required. DDD understands 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.

Documentation is required to 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. DDD also suggests that Human Rights Committees and Behavior Support Committees convene virtually.

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

A: 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?

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

9. 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?

A: 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>

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

A: 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.

11. 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?

A: 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.

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

A: 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.

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

A: 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.

Retainer Payments and Virtual Supports

1. Will an attestation be required for individuals' retainer payments requested, approved, and paid prior to September 1, 2020?

A: Yes, although a new DHS-DD-C305 is not required. The CSP must submit a list of participants for whom retainer payments have been received and attach a single, signed attestation.

2. Can a request for retainer payment be submitted when a person leaves services for a typical home visits or vacation?

A: No, regular home visits and vacations do not qualify for retainer payments. The absence from services must be due to the pandemic and telephonic and virtual supports must be ruled out as a viable option by the person's team.

3. Although individuals went home and stayed home in mid-March, retainer payments were requested per direction from DDD due to no habilitative goal being met although we continued to coordinate psychiatric services.

A: DDD recommends the person's team convene to discuss the person's goals and supports and whether revisions to the ISP are necessary due to the pandemic. Mental and emotional health are crucial and include supports beyond scheduling and coordinating appointments and medications for the person, such as teaching and/or reinforcing coping skills, for example. If the team deems it appropriate, in-person or virtual supports may be an option and a Significant Change Request (SCR) may be submitted to re-open habilitative services.

4. Is a CSP eligible for retainer payments if they have received COVID relief funding from another other sources (i.e. PPP and small business loans) in order to receive retainer payments?

A: The provider can receive funding; however, it cannot be duplicated or exceed what they would have accrued if not for the closure/pandemic. For example, a provider can receive a small business loan to pay for administrative costs to keep their business open then receive retainer payments to pay for payroll. Two different purposes, two different funds but does not and it cannot exceed what they would have normally received for revenue. The purpose of the retainer payment is to retain/keep staff in order to deliver services to individuals.

5. Should Retainer Payment requests be submitted at the beginning or end of the 30-day period?

A: Submit the DHS-DD-C305 at the end of each 30-day period for which a retainer payment is requested. Doing so verifies to DDD that service(s) to the participant were not re-initiated within that 30-day timeframe.

6. When is a Significant Change Request (SCR) required to be submitted to DDD?

A: A Significant Change Request is required when participant services have been provided at a lesser scope, frequency or duration as approved through the Consumer Service Authorization for over 30 days, per guidance provided in *Policy Memo 11-04 HCBS Extended Absence* and applied to COVID-19 related service changes. In these instances, the effective date of the SCR must reflect the actual date the service change occurred.

7. The 10-day notice requirement for reduction in service is effective Sept 1, 2020. For people whose services were reduced in March and have continued to be reduced, what is our deadline to provide the reduction notice, teams to meet, etc.?

A: Notice is not required for services reduced prior to September 1, 2020. Any reductions effective prior to that date will be documented by Case Managers in quarterly monitoring or in the ISP.

8. Due to the closure of traditional day services and in an effort to provide people with meaningful activities, materials were prepared and provided to participants not attending day services in a residential setting. Does this qualify as a billable service?

A: Providers' ability to bill for the compilation of activities for participants is dependent on whether there was direct support/interaction in the drop-off, delivery, or collection of the materials.

- Billable: Staff compiled activity packets and mailed to the participant to complete and spoke with the participant and/or family member to discuss the materials. *Provider will need to demonstrate the interaction through documentation.
- Not billable: Staff compiled activity packets and mailed to the participant to complete. No direct interaction – face to face, phone, or virtual – occurred.

9. Staff made multiple attempts to provide telephonic or virtual supports but did not connect with the participant. These attempts are documented. Does this qualify as a billable service?

A: Failed attempts to connect with the participant would not qualify as a billable service.

10. What number of hours should the ISP reflect for in person, telephonic, or virtual day services which total less than 1 hour per week?

A: Day & Employment rates are based on one-hour increments of service. The number of hours should reflect the schedule and frequency of the telephonic and remote supports. For example:

- John received 30 hours of day services pre-pandemic. He is now staying at home with family and not attending in-person services. His team has established a schedule to provide virtual supports five times weekly, for at least 30 minutes each, to assist John with reviewing his daily schedule, doing virtual tours of places John would like to visit, playing Words with Friends, answering questions John may have about when day services will re-open.
 - Significant Change Request submitted to reduce Day Services from 30 hours/week to 5 hours/week.

11. Could Community Support Providers experience a financial hardship with the requirement to submit a SCR to reduce services thereby likely reducing the daily rate for the person?

A: It is likely that CSPs will experience reduction of revenue as a result of reducing services to reflect the lesser scope, frequency and duration of telephonic and virtual supports; however, DDD encourages CSPs to be creative in their provision of telephonic and virtual supports to reduce the time and workforce required to provide 1:1 virtual supports. Options might include small group Zoom meetings so people can visit and interact, play virtual Bingo or other online games, trivia, etc. CSPs may not bill for services not provided and to do so is considered Medicaid Fraud.

12. Why is a Notice of Reduction in Services required?

A: In the event the scope, frequency, or duration of a participant's services are reduced, the provider is required to inform the participant, in writing, of the intent to reduce services and the participant's right to appeal the reduction of services *at least ten calendar days prior to the date of the provider initiated action*. This affords the participant an opportunity to contest reductions to services as a result of an organizational decision rather than based on an ISP Team decision to modify services. When reduction of services is being appealed, services cannot be reduced until a decision is reached after a hearing pursuant to SDCL chapter 1-26.

13. Are there instances a Notice of Reduction in Services is NOT required?

A: The notice requirement can only be waived if the participant or legal representative provides a signed, clear written statement that the participant or participant's legal representative agrees with the reduction of services.

14. Day Services re-opened and then closed again due to community spread after September 1, 2020. Does a notice of reduction need to be completed?

A: The CHOICES Appendix K allows for habilitative supports to be provided in settings that would not typically meet standards set forth by the HCBS Settings Final Rule. Through January 26, 2021, day services provided in the person's home or an alternate location are allowable. As long as services are provided at the same scope, frequency, or duration as pre-pandemic, a notice of reduction of services is not necessary.

15. Supports to participants who were working towards goals related to self-administering medications pre-pandemic have been halted, i.e. medication administration certified staff assisting participants to fill their medication minders has not been occurring either in-person or virtually. In the past, we have been directed that even med certified staff filling medication reminders is considered dispensing medications and against regulations. Could reconsideration be given so staff can fill medication minders for participants?

A: DDD consulted with the Department of Health regarding this matter. The following direction was provided: Medication is considered dispensed after it comes from the pharmacy, so a nurse filling a patient's med minder is not considered dispensing. The Board has an advisory opinion on this topic, which includes guidance regarding whether the task can be delegated. See #4:

<https://doh.sd.gov/documents/MedicationAdministrationRNLPN.pdf>.

16. A participant returns to the CSP after spending months living at home with family where they participated in remote supports the entire time. However, the participant's day service hours were 30 hours per week prior to COVID, and now is only getting 4 hours a week of day services upon their return to the CSP due to COVID precautions. Do we complete an SCR for a reduction of services? If so, would the Sept. 1 timeline affect this, or would this be true for anyone in this scenario regardless of the date they returned to the CSP?

A: If the change in hours occurred prior to September 1st, an SCR is not necessary, but the CM must document the change in the ISP. If the change occurred after September 1st, an SCR should be submitted and the CSP must issue a reduction of services notice.

17. Participants who only receive day services returned to the CSP day program when it reopened on Sept. 1st. After one week, the day program closed again due to positive COVID test results and exposure risk. It was only a matter of days that participants were able to attend day services, and now the participants are back at home receiving remote supports, as they were prior to September 1st. Does this qualify as a reduction in services and submission of a Significant Change Request?

A: Changes which occur after September 1st which result in a service reduction (whether due to limitations of the provider or at the request of the participant/guardian) for over 30 days require a Significant Change Request. In this example, the return to day services did not exceed 30 days; therefore, a SCR would not be required.

18. A participant tested positive for COVID-19 after September 1, 2020 and left the group home to stay with family during the quarantine period. Residential and Day Services are being provided remotely during this timeframe. What action should be taken in this situation?

A: If the reduction of day services continues for over 30 days, a Significant Change Request for a reduction of services should be submitted to DDD to reduce residential from Level 1 Group Home to Family Home residential services and revising the number of hours the participant will receive virtual day services.

19. A participant tested positive for COVID-19 after September 1, 2020 and left the group home to stay with family during the quarantine period. Residential supports are *not* being provided virtually. What course of action should be taken in this situation?

A: If the reduction of day services continues for over 30 days, a Significant Change Request for a reduction of services should be submitted to DDD. Because residential supports are not being provided, the CSP may submit a request for a Retainer Payment for residential services only.