

COVID-19 GUIDANCE FOR PROVIDERS OF  
DEVELOPMENTAL DISABILITIES SERVICES  
JULY 24, 2020

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

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*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 continue to change over time. 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.***



## 1. GENERAL GUIDANCE

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### A. WORKPLACE SAFETY

There are multiple tools for staff and independent support workers to ensure safety as much as is possible. Workers who are required to perform face-to-face activities should follow all safety guidelines that have been posted by the Centers for Disease Control, the Vermont Department of Health, the Department of Disabilities, Aging and Independent Living and the Agency of Commerce and Community Development.

When 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. The Division of Developmental Disabilities Services may be consulted directly when Agencies do not have sufficient available guidance to direct their workforce.

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### B. REMOTE WORK

Agencies should follow the ACCD guidance regarding restarting services.

<https://accd.vermont.gov/news/update-new-work-safe-additions-be-smart-stay-safe-order>

Continuing to have some workers work remotely is an appropriate strategy to continue to mitigate the spread of the Coronavirus.

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### C. SUPPLIES AND EQUIPMENT

The State stockpile of PPE is intended to augment, but not replace private sourcing of materials. Vermont Emergency Management maintains a webpage with a list of suppliers with known availability for items such as hand sanitizer and PPE; consult this frequently for updates:

<https://vem.vermont.gov/ppe>

You may also purchase PPE through other channels known to you.

If you are unable to source PPE through other supply channels and anticipate depletion of any COVID-19 specific resource stocks within the next 14 days, you may submit a request through the State stockpile [PPE Request Form link](#).

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 use them as a last resort.

The State stockpile should not be the first option in obtaining PPE and distribution of materials will be prioritized according to the memo published here:

[https://dail.vermont.gov/sites/dail/files//documents/DAIL\\_PPE\\_Memo\\_07-06-2020-Final.pdf](https://dail.vermont.gov/sites/dail/files//documents/DAIL_PPE_Memo_07-06-2020-Final.pdf)

Additional important information regarding PPE:

- [PERSONAL PROTECTIVE EQUIPMENT \(PPE\) STRATEGIES FOR SCARCE RESOURCE SITUATIONS \(VDH 3/13/2020\)](#)
- [Personal Protective Equipment \(PPE\) Conservation Measures \(VDH 3/13/2020\)](#)
- [Guidelines on Requesting and Using Personal Protective Equipment \(PPE\) \(VDH 4/8/2020\)](#)

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## D. TESTING

**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 guidance as outlined by the Vermont Health Department regarding who should be tested, as well as caring for a person suspected of having COVID

(<https://www.healthvermont.gov/response/coronavirus-covid-19/about-coronavirus-disease-covid-19#prevention>). Agencies may consult Joy Barrett at [Joy.Barrett@vermont.gov](mailto:Joy.Barrett@vermont.gov) if there are questions about this guidance.

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, send a follow-up email to Joy Barrett with the results.

## 2. SERVICE DELIVERY

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### A. ESSENTIAL & NON-ESSENTIAL SERVICES

During the State of Emergency, the Governor declared that all non-essential, in-person including home-based services that do not directly contribute to health and safety were to be suspended until further notice. For a description of what was considered essential vs non-essential services, see pp 2-4 of

<https://mentalhealth.vermont.gov/sites/mhnew/files/documents/V.7%20DMH%20DDS%20Guidance%20April%206%202020.pdf>.

Since then, the Governor has eased the restrictions regarding the provision of non-essential services. DAIL has issued guidance regarding the return to providing non-essential services.

[https://dail.vermont.gov/sites/dail/files//documents/Final\\_Memo\\_RE\\_Essential\\_Services-05-19-20.pdf](https://dail.vermont.gov/sites/dail/files//documents/Final_Memo_RE_Essential_Services-05-19-20.pdf)  
[https://dail.vermont.gov/sites/dail/files//documents/Memo\\_In-Person\\_Services.pdf](https://dail.vermont.gov/sites/dail/files//documents/Memo_In-Person_Services.pdf)



Developmental Disabilities Services agencies have also been provided tools to assist them with determining when it is safe for individuals and others to resume some services that were suspended due to the State of Emergency:

[https://ddsd.vermont.gov/sites/ddsd/files/documents/Return\\_to\\_Employment\\_Svcs\\_Assess\\_Tool.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/Return_to_Employment_Svcs_Assess_Tool.pdf)  
[https://ddsd.vermont.gov/sites/ddsd/files/documents/Return\\_to\\_Community%20Activities\\_Svcs\\_Asses\\_s\\_Tool.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/Return_to_Community%20Activities_Svcs_Asses_s_Tool.pdf)

Decisions to resume services must be made by the provider of services and the person/guardian along with input from the team and should be based on individual need and level of risk. When needed, services may continue to be provided remotely if alternative, remote methods of delivery are available and determined to be appropriate.

All in person services should continue to follow the guidance provided by DAIL  
[https://dail.vermont.gov/sites/dail/files//documents/Memo\\_In-Person\\_Services.pdf](https://dail.vermont.gov/sites/dail/files//documents/Memo_In-Person_Services.pdf))

#### ADDITIONAL DETAIL ABOUT ESSENTIAL SERVICES FOR DEVELOPMENTAL DISABILITIES PROGRAMS

*DAIL sent additional information to providers in a [memo](#) in order to more clearly define what providers and services are considered to be essential in light of the Governor's [Stay Home, Stay Safe](#) Executive Order. These considerations continue to apply to the provision of services.*

#### **Service Coordination**

Regular check-ins by the service coordinator to the individuals on their caseloads need to happen, especially for individuals receiving 24-hour residential supports. These check-ins should happen at a minimum weekly by phone, Skype, Zoom Meeting or other appropriate electronic means. The type and frequency must match the needs of the individual and be flexible to meet this need as it changes.

While the majority of supports associated with Service Coordination can be provided remotely via phone conversation, Skype, Facetime, Zoom Meeting or other video conferencing services, there remain some vital services and supports that must be done via in person contact. Examples of these include:

- Response to emergency or crisis situations resulting from the individual becoming dysregulated and in-person support to assist the individual and their support team help him/her self-regulate and ensure the safety of the individual and those supporting him/her, providing assistance with police, rescue squad and other public supports that have become involved in the situation, support if the individual needs to be taken to the ED for evaluation of physical injury, illness or psychiatric concerns.
- Service Coordination may need to be done in-person with individuals living independently if they are in a crisis situation that might result in eviction from their home, the need for welfare checks when there has been a lapse in regular contact, when potential exploitation or abuse is suspected to have happened and the individual needs support to process and report it.



In summary, in-Person Service Coordination should be occurring when the level of need is more than, or not appropriate, to happen via verbal or video contact.

### **Community Supports**

For some individuals, receiving regular, planned community supports is vital to their routine and ability to regulate their lives and behaviors. For these individuals, having regular, planned community supports is key to helping them maintain their home and those relationships that are important to them. Without these routines and the activities within them, the person's ability to self-regulate their emotions and behaviors can become more difficult, thus placing their safety and that of those around them in jeopardy. For some, the opportunity to get out into the community to places and participate in activities they enjoy is a time to relax, focus on things of interest and participate in things that are meaningful to them, some of which include activities that give back to their community. It also gives the individual and their family, shared-living provider or residential staff a needed break in which they too can relax and attend to things and activities that they can't while having to maintain attention and awareness of the individual and what is happening in the home. Not having these supports can place the home and associated supports in jeopardy.

It might be possible to have some of the community supports provided in a flexible manner, where instead of the staff taking the person out of the home, they could check in with the individual per usual schedule and maybe engage in an activity within the home or an alternative setting like a walk in the neighborhood, basketball in the local outdoor courts, hike in the woods or other venue with few people and the ability to practice social distancing.

The key is to engage in activities that meet the individual's needs while providing meaningful support and a routine which both the individual and his/her family, shared living provider or residential support can rely on.

### **When there is disagreement on the team about going out into the community**

It is expected that services will be planned with an individual and their guardian to determine the best viable options. Agencies were provided a form to indicate any changes to the ISA related to COVID.

[https://ddsd.vermont.gov/sites/ddsd/files/documents/COVID-19 ISA Change Form-Fillable.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/COVID-19%20ISA%20Change%20Form-Fillable.pdf)

As indicated in the ISA guidelines (pp 21-22), the agency and individual/guardian should work together to try to reach agreement on the plan. 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. Agencies must continue to follow the grievance and appeals regulations.



Individuals can outreach to 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.

### **Respite**

For some individuals, families and shared living providers respite is an essential service. The regular break it provides helps maintain the ability for the individual to remain living in the home. Without it, not only is the home and ability to remain living there in jeopardy, in some cases the very safety of the individual and those s/he lives with is in jeopardy. For these people, the break allows the provider and themselves to let their guard down, relax and recharge so they can effectively provide the intense, 24/7 awareness of the person and their needs that it requires to keep them safe and productive.

For all of the above services, the agency and individual's team will decide when it is essential and provide the service based upon that team determination.

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## **B. HOME VISIT 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. Since the governor ordered people to stay home and stay safe, these check-ins by the service coordinator must happen at least weekly. Check-ins may need to happen more frequently depending on the individual situation, this is a decision that needs to be made by the individual and his/her support team, including the guardian.

Service coordinators and teams should be assessing the risk of face to face home visits and resuming these in person contacts with individuals identified as being appropriate for such a visit in the manner that is determined to be safe for all participating in the visit, e.g. outside the home, in the yard with all participants wearing masks and socially distancing.

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## **C. ASSESSMENT OF NEED, INITIAL AND CONTINUING CLINICAL ELIGIBILITY**

Due to the state of emergency, agencies were directed to limit face to face service delivery to essential services. This impacted the typical process for conducting assessments and re-assessments for clinical eligibility.

### **NEEDS ASSESSMENTS AND PERIODIC REVIEWS**

During the COVID-19 state of emergency, Agencies may temporarily conduct Needs Assessments and Periodic Reviews via remote means. If it is determined that a face to face meeting is required to adequately conduct the assessment and it is determined to be safe to do so for the evaluator and the person and their supporters, the meeting should be arranged following all safety precautions outlined in the DAIL memo regarding in-person services



([https://dail.vermont.gov/sites/dail/files//documents/Memo\\_In-Person\\_Services.pdf](https://dail.vermont.gov/sites/dail/files//documents/Memo_In-Person_Services.pdf)) and the ACCD guidance regarding restarting services (<https://accd.vermont.gov/news/update-new-work-safe-additions-be-smart-stay-safe-order>).

#### CLINICAL ELIGIBILITY EVALUATIONS

Assessments to determine whether a person has a developmental disability (DD) should continue to be conducted according to the current *Regulations Implementing the DD Act* with the following considerations.

- In some instances, evaluations to determine whether a person has DD can be done through a review of existing information, as long as it is current according to the regulations. The regulations allow for the evaluator to make a determination about whether new cognitive testing is needed for determining a diagnosis of intellectual disability or new observations or assessments are needed for determining a diagnosis of autism spectrum disorder.
- In addition, most adaptive behavior assessments can be conducted remotely as information is generally gathered from informants through interviews or completing questionnaires. Scores on an adaptive behavior assessment that exceed the cut off for eligibility could also be used as the basis for a denial of service without further in person testing.

In these circumstances where the evaluator has determined that new testing is not needed, he/she can conduct the evaluation remotely.

When in-person assessments are needed to make a diagnosis and it has been determined to be safe to do so for the evaluator and the person and their supporters, the meeting should be arranged following all safety precautions outlined in the ACCD guidance regarding restarting services. (<https://accd.vermont.gov/news/update-new-work-safe-additions-be-smart-stay-safe-order> and the DAIL memo regarding in-person services ([https://dail.vermont.gov/sites/dail/files//documents/Memo\\_In-Person\\_Services.pdf](https://dail.vermont.gov/sites/dail/files//documents/Memo_In-Person_Services.pdf)).

If it has been determined that in-person assessment is needed, but it cannot be conducted safely, and the person may be in crisis within 60 days (see 4.4(a)(4) of the Regulations Implementing the DD Act), the agency will make a temporary decision based upon available information. The person should be informed that a temporary eligibility decision is being made and that as soon as it is safe to do so, a full assessment will be completed, which could impact ongoing eligibility. The evaluation should indicate that a full assessment could not be completed due to safety issues related to the Coronavirus and that the diagnosis is preliminary. The agency needs to keep track of people who received the temporary decisions and follow up with full assessments when it is safe to do so. Agencies may reach out to the DDS Specialists at the Division for technical assistance as needed.



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#### D. TRANSPORTATION OF CLIENTS

Current ACCD guidance indicates that “no more than 3 people shall occupy one vehicle when conducting work.” For developmental disabilities services, this limit may be exceeded for individuals that are residing in the same household.

There is not currently guidance regarding transportation for individuals living in a residential setting. In this instance, where there is an absence of regulatory guidance, agencies are able to interpret the available information to make an informed decision.

Information that should be considered includes the nature of the group home and the extent to which physical distancing and other precautions are being observed within the residence. Two examples:

1. If the mental health and/or behaviors of the residents of the group home have already dictated the need to increase interactions by sharing common spaces and reducing some precautions such as physical distancing and face coverings, then using a single van to transport folks living in the same home, one per row of seats, likely does not pose a greater risk of exposure than is already experienced in the group home itself.
2. For a home that has been strictly observing distancing, masking and other guidelines, 4 people in the same 15 seat van may be an increased risk due to the confined space and may not be the right decision.

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#### E. LOCATING HOUSING

In this unprecedented time, Agencies should call their regional developmental disabilities specialist so that they can triage and think with you about the best resources in your area and statewide. The State has worked on contingency plans for housing should there be a significant surge in cases and DDS can assist in locating options. Another option under current policy is to request an exception to the maximum number of individuals served in Shared Living settings as described in the next section.

##### EXCEPTIONS TO THE MAXIMUM NUMBER OF INDIVIDUALS SERVED IN SHARED LIVING PROVIDER SETTINGS:

According to State Licensing rules, any home providing services to three or more residents must be licensed.

If an Agency seeks to allow a Shared Living Provider home to start serving three individuals on a temporary basis, in order to ensure availability of living arrangements during the State of VT COVID - 19 state of emergency, they may submit an exception request to the Commissioner of DAIL via [Liz.Perreault@vermont.gov](mailto:Liz.Perreault@vermont.gov).

Any request for exception to licensure for a Shared Living Provider serving more than two individuals should ensure the following considerations are addressed:

1. The request is made by the Agency.

2. The Shared Living Home has adequate resources to meet the needs of all individuals served, including a separate room for each individual served, in order to support physical distancing and potential need for future isolation.
3. The change in living arrangement is voluntary and acceptable to the individuals receiving services and any guardian of each individual.
4. There is a plan for transition back to long term living arrangements, after the novel coronavirus crisis has passed.

Please note the following additional considerations:

- Home inspections- Until August 3<sup>rd</sup>, consistent with prior guidance regarding home inspections, please request an Emergency placement using the guidance for Emergency Placement in the Housing Safety Inspection Protocol. This still requires the agency to do the pre-inspection to make sure the basic safety requirements are in place. If a housing inspection was previously completed, and the rooms were not included in the inspection at that time, only the “new” rooms will need to be inspected.
- Onsite, in-person home inspections will resume August 3, 2020. Guidance with specific instructions for the resumption of these inspections was sent to the DA/SSAs on July 13, 2020 and is available here: [https://dail.vermont.gov/sites/dail/files//documents/Update\\_Resumption\\_Inspections\\_PostCOVID\\_2020-07-10.pdf](https://dail.vermont.gov/sites/dail/files//documents/Update_Resumption_Inspections_PostCOVID_2020-07-10.pdf) . (See also section 3.A on Housing Inspections)
- Any exception to licensure granted by the DAIL Commissioner as a result of the novel coronavirus crisis is short term in nature and is not presumed to continue after the crisis has ended.

### 3. QUALITY MANAGEMENT

DAIL-DDSD temporarily suspended Quality Reviews and National Core Indicator (NCI) surveys. The face to face interview portions of the quality review process remain suspended until it is determined to be safe for resumption. File reviews and virtual interviews with individuals and teams began in late June 2020 when it is seen as a viable option and will continue until the ability for face to face interviews can resume. The earliest planned start date for in-person interviews to resume is August of 2020.

The NCI participant survey will not be resuming in 2020.

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#### A. HOUSING 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).

The above guidance remains in effect until August 3, 2020 when onsite, in-person home inspections will resume. Guidance with specific instructions for the resumption of these inspections was sent to the DA/SSAs on July 13, 2020 and is available here:

[https://dail.vermont.gov/sites/dail/files//documents/Update\\_Resumption\\_Inspections\\_PostCOVID\\_2020-07-10.pdf](https://dail.vermont.gov/sites/dail/files//documents/Update_Resumption_Inspections_PostCOVID_2020-07-10.pdf).

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## B. BACKGROUND CHECKS

Due to concerns regarding adequate staffing when the state of emergency was declared, DAIL modified the Background Check Policy as follows: 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.

In addition, portions of the background check policy were waived for parents or other family caregivers

([https://dail.vermont.gov/sites/dail/files//documents/FINAL\\_ARIS\\_Background\\_Check\\_Memorandum-04-23-2020.pdf](https://dail.vermont.gov/sites/dail/files//documents/FINAL_ARIS_Background_Check_Memorandum-04-23-2020.pdf)). As stated in the memo, these flexibilities may continue until the end of the state of emergency.

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## C. CRITICAL INCIDENT REPORTING

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.

### HOW SHOULD CIRs BE UPLOADED?

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.

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## D. ISA SIGNATURES



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. As noted previously, agencies were provided a form to indicate any changes to the ISA related to COVID. ([https://ddsd.vermont.gov/sites/ddsd/files/documents/COVID-19\\_ISA\\_Change\\_Form-Fillable.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/COVID-19_ISA_Change_Form-Fillable.pdf))

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.

All of the above remains in effect and should until teams can meet in person for planning and review purposes. As a reminder, the term of an ISA may not be greater than two years (unless there is an agreed upon 30 day extension) and it remains a requirement that the entire ISA is reviewed every 12 months.

## 4. PAYMENTS AND DOCUMENTATION

### A. TEMPORARY PAYMENT MODEL CHANGES 3/1/2020-8/14/2020

During the initial months of the state of emergency, DAIL suspended the 14-day suspension rule related to gaps in service which is outlined in the System of Care Plan (see p. 53). Agencies were not required to suspend billing of services when there was a gap in service beyond 14 days. The purpose was to stabilize payments to providers, with a principle goal of maintaining our critical networks of supports and service delivery for developmental services. This change was made formally by changing the payment model to a case rate in which payment was



considered to be earned if an agency provided two units of any service in a two-week billing cycle.

In addition, DAIL suspended the requirement to submit spreadsheets that reflected substitutions between approved service lines, as long as they were within the total approved budget.

Finally, agencies were also allowed to convert unused funds into difficulty of care payments to home providers and to unpaid family caregivers. These changes were permitted without the completion of a new Needs Assessment.

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## B. UPDATES TO THE DS HCBS PAYMENT MODEL STARTING 8/15/2020

During the 4<sup>th</sup> quarter of FY'20, DAIL was able to sustain DS HCBS payments despite changes in service delivery, as well as providing additional funds to support new difficulty of care stipends to SLP and unpaid family caregivers. While the state of emergency is still in effect, DAIL no longer has additional funds to make those payments, and, there are now other funds available to address these needs.

In addition to other federal relief funds, such as FEMA, Vermont has been awarded funds called the Coronavirus Relief Fund (CRF). The CRF is available by application through the Department of Vermont Health Access, and was established specifically to provide financial relief for coronavirus related losses for health care providers.

Details:

- CRF is available through an application and is designed to cover documented losses and expenditures related to COVID-19. DAIL specifically requested that DOC payments for both shared living providers and unpaid family caregivers be identified as a reimbursable cost under the CRF when there are no available funds to convert.
- CRF is available retroactively. We expect that funds will be available for needs incurred during the July-Sept time frame.
- More information about CRF and application processes are available at this website: <https://dvha.vermont.gov/covid-19>

Because of the availability of the CRF funds, DAIL has reviewed the payment flexibilities that had been provided and is making the following adjustments to those flexibilities.

As of August 15, 2020, agencies must:

- Follow the 14-day suspension rule in the SOCP where there is a gap in services of 14 days after 8/15.
- Reflect changes between approved service lines that are within the approved budget on the monthly spreadsheets, including temporary shifts between individual budgets.



Agencies may continue to convert unused funds from approved line items to make Difficulty of Care payments to SLP (as noted below) or unpaid family caregivers for the first quarter of FY21. The conversion of funds helps maintain revenue for providers as well as meeting the needs of individuals. This flexibility is described in sections 4.F and 4.G of this document.

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### C. "CASH FLOW" PAYMENT MODEL EFFECTIVE 7/1/2020

On 7/1/20, DAIL moved to implement a new monthly per member/per month payment model for the submission of claims for HCBS. This was to create a more efficient and streamlined process for managing spreadsheets. Information has been shared with providers regarding the new process. In summary, billing may occur for the month as long as one unit of service is provided in the month. The payments rates will be adjusted month to month and reconciled at the end of the year based upon changes made to the HCBS spreadsheets.

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### D. SUSPENSIONS, TERMINATIONS AND SUBMISSION OF MONTHLY HCBS SPREADSHEETS

Flexibilities that may continue-

- As is currently the practice, you may move funds around within an approved budget to meet the needs of eligible individuals. This includes changes to implement restrictions on going into the community and meeting face to face as determined by a person-centered determination process.
  - You are not required to complete a new needs assessment to implement these changes or restrictions.

Additional considerations-

- Your Agency must keep track of changes so that services can be appropriately readjusted. The DS HCBS Spreadsheet must be fully up to date starting 8/15/2020.
- Information about changes must be provided to the individual/guardian and, as needed, to ARIS if there are changes to funding amounts.
- If funds are permanently being moved from one person to another, these changes must be reflected on the HCBS spreadsheet.
- Agencies remain responsible for notifying individuals of their appeal rights for reductions in service.
- All other rules related to suspensions and termination apply with the following exceptions:
  - Visits outside of VT – DAIL allow for those services which are continuing while outside of the state to continue for up to 6 months. DAIL will allow for the continuation of those services which are being provided to extend beyond 6 months when the person is unable to return to VT due restrictions to travel related to the COVID-19 State of Emergency.



**Note:** If services were already suspended in February, they should remain suspended unless the person resumes services as these suspensions were not related to the VT COVID-19 State of Emergency. SOCP requirements related to suspensions and terminations continue to apply in these instances.

Exceptions:

- If a person has an extended visit out of state that exceeds 6 months because the person is unable to return to Vermont due to the crisis and the suspension is extended, a termination is not required.
- For other prolonged suspensions exceeding 6 months, the agency can request an extension. DAIL will be providing additional guidance regarding prolonged suspensions due to COVID-19 in the near future.

DOCUMENTATION:

Agencies should follow standard documentation requirements for services, except as noted in this FAQ document or other communications from DAIL. The only additional documentation is that changes in people's plans of service/budgets should be noted in individual records.

Spreadsheets:

DDSD temporarily approved changes from 3/1/2020-8/14/2020 that would result in a difference between the approved plan and the documented encounters. Agencies will be expected to update spreadsheets according to pre-COVID-19 requirements starting 8/15/2020.

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## E. CHANGES IN SERVICE DELIVERY

The Developmental Disabilities Services 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. Flexibilities related to ISA and spreadsheet changes are noted above.

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## F. FINANCIAL SUPPORTS FOR SHARED LIVING PROVIDERS

For the final quarter of FY20, DAIL offered the flexibility of increasing SLP stipends as outlined in the document linked here: [https://dail.vermont.gov/sites/dail/files/documents/DDSD\\_COVID-19\\_Relief\\_for\\_Shared\\_Living\\_Providers\\_Final\\_051320.pdf](https://dail.vermont.gov/sites/dail/files/documents/DDSD_COVID-19_Relief_for_Shared_Living_Providers_Final_051320.pdf)





For the first quarter of FY21 (ending September 30, 2020), if some services are reduced due to either the unavailability of workers to provide the service or a decision not to resume a service due to health and safety concerns, agencies have a variety of things they can do to support shared living providers.

- I. Move funds within the existing budget to provide alternative services that can meet the need; and/or,
- II. Move funds within the existing budget to increase the difficulty of care payment to the shared living provider.
- III. NEW- Agencies may also choose to increase difficulty of care payments and seek reimbursement through the Coronavirus Relief Funds (CRF) available to health care providers.

Agencies should access funds available within existing budgets to increase DOC payments to shared living providers prior to accessing CRF.

Conversion details:

- For July and August, funds available for conversion are from services not associated with agency-hired staff in the individual's HCBS budget. As noted previously, related to the resumption of the 14-day suspension rule starting August 15, 2020, funds from unused agency services will also be available for conversion 14 days after 8/15/20. At that point funds from all unused services should be considered for conversion.
- In circumstances where services have resumed and therefore there are no unused funds available, an increase in the DOC payment is not warranted.

CRF for additional increases without conversion:

- This option is to provide an additional \$500 DOC payment. Agencies may apply reimbursement after the first quarter of FY21 from the CRF. Unreimbursed SLP stipends have been identified as an allowable expense to seek reimbursement for under the CRF.

The limits for total increased DOC payments outlined in the SLP relief document apply to the first quarter of FY21 (\$1,000 per month via conversion + \$500 per month via CRF).

The flexibilities regarding who can be hired to provide services in the SLP relief document remain in effect.

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## G. EMERGENCY SUPPORTS FOR UNPAID FAMILY CAREGIVERS

For the final quarter of FY20, DAIL offered the flexibility of making unpaid family caregiver stipends as outlined in the document linked here:

[https://dail.vermont.gov/sites/dail/files/documents/DAIL-DDSD\\_Emergency\\_Relief\\_to\\_Family\\_Caregives-Rev04292020.pdf](https://dail.vermont.gov/sites/dail/files/documents/DAIL-DDSD_Emergency_Relief_to_Family_Caregives-Rev04292020.pdf)

For the first quarter of FY21, Agencies may continue to convert unused funds from approved line items to make Difficulty of Care payments to unpaid family caregivers. The conversion of funds helps maintain revenue for providers as well as meeting the needs of individuals.





For payments to unpaid family caregivers, if some services are reduced due to either the unavailability of workers to provide the service or a decision not to resume a service due to health and safety concerns, agencies can:

- I. Move funds within the existing budget to provide alternative services that can meet the need; and/or,
- II. Move funds within the existing budget to make a difficulty of care payment to an unpaid family caregiver who is providing substitute care in lieu of services<sup>1</sup>.
- III. When no funds are available for conversion or the amount available is less than \$2,000, provide a payment up to \$2,000 in total. Agencies would then apply for reimbursement after the first quarter of FY21 from the CRF. Unreimbursed stipends have been identified as an allowable expense to seek reimbursement for under the CRF.

The total amount available to convert is up to \$5,000 or up to one-quarter of the annual allocation, whichever is less. The service lines that are available to convert are those not associated with agency-hired staff. After August 29<sup>th</sup>, unused service lines that are associated with agency-hired staff could also be available for conversion.

In circumstances where services have resumed and therefore there are no unused funds available, payment is not warranted.

#### DOCUMENTATION

These changes to HCBS funds should be reflected on the HCBS monthly spreadsheets.

#### FAMILY MANAGED RESPITE

The increase in allocations for Family-managed Respite (FMR) are no longer available for FY21. Allocations will be based on the current FMR Guidelines.

#### FLEXIBLE FAMILY FUNDING

Flexible use of available one-time funds will continue as outlined in the 4.29.20 guidance regarding emergency supports for family caregivers.

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## H. RETAINING STAFF

For FY'20 during the state of emergency, DAIL offered support to agencies by not requiring the suspension of services<sup>2</sup>. This allowed Agency to continue to pay staff who were not working, who were working reduced hours or who may have shifted hours away from direct billable services. This flexibility will continue until August 15, 2020. After that time, if there is a gap in services over 14 days, the agency will need to suspend those services on the spreadsheet according the rules in the DDS System of Care Plan. If agencies wish to continue to pay staff

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<sup>1</sup> The division will be updating other tools and guidance documents previously created for families and service coordinators.

<sup>22</sup> This was permitted by implementation of a temporary case rate payment model effective 3/1, in which payment was able to be earned based on provision of at least two services in the two-week billing cycle.



who are not working 14 days after this date, they may submit a request for CRF for unreimbursed costs.

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#### I. USE OF ONE-TIME FUNDS

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.

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#### J. PAYMENT REFORM

Payment Reform work was been put on hold during the initial months of the State of Emergency. More information will be forthcoming shortly regarding plans to resume work on encounter data reporting and the independent needs assessment process. 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.

#### ENCOUNTER DATA REQUIREMENTS

Agencies had been submitting encounter data for Home and Community-based Services (HCBS) to the MSR. Some agencies had moved some or all of their reporting to MMIS. Due to this partial implementation of reporting in MMIS, it is likely neither MMIS nor MSR will contain a complete record of services. In addition, due to the temporary flexibilities that had been provided, there is an increased likelihood of irregularities in encounter data. **Therefore, DAIL does not intend to use encounter data as an accurate measure of service delivery at least through the end of calendar year 2020.** Planning for the resumption of the MMIS encounter data reporting project is underway and information will be communicated in the coming weeks.

**ATTACHEMENT A – TABLE OF DOCUMENTATION REQUIREMENTS**

Funding change during COVID emergency (3/1/20-6/30/20)	Why was change made?	What are the reporting requirements/form?	Changes effective 8/15
<b>Provision of services remotely via phone or other technology.</b>	In order to comply with the Governor’s stay home order for non-essential services as an alternative to face-to-face services.	Document in service notes.	Continued
<b>Suspension of the 14-day suspension rule in System of Care Plan. Changed the amount of service delivered to two units of service to earn the HCBS the daily payments for a two-week billing period.</b>	Some non-essential services are being suspended longer than 14 days. Change was made to allow providers to continue to receiving funds to ensure that providers would be available when the emergency ends.	Document in individual record that 2 units of service from any service category were delivered in a two-week billing cycle.	Discontinued. Resume reflecting suspensions of services on HCBS spreadsheet.
<b>Service plan changes due to COVID-19 (i.e. substituting and/or temporarily suspending delivery of non-essential services)</b>	Some changes were made to the amount, method or frequency of service delivery outlined in the ISA in response to the Governor’s stay home order and to minimize the	An update to the service plan is required within 60 days of the date the change was made. Complete the COVID-19 ISA change form. Record the date that the service coordinator discussed the temporary service plan changes with the individual and guardian. The form must be completed and a copy sent	No change.

	spread of the coronavirus.	to individual and guardian by June 15, 2020. Signatures are not required during the COVID-19 emergency. Note the alternative manner that approval was obtained (e.g. verbal/visual). Electronic signatures are acceptable. Signatures will be required when in person restrictions are lifted.	
<b>Conversion of unused funds managed by families to pay family caregiver stipends up to \$5,000.</b>	To provide support to family caregivers who were unable to have workers providing support due to the COVID-19 emergency.	Document the funds to be converted in the COVID Payment Authorization form and send to ARIS. Document change in service coordinator notes. Document on the ISA COVID-19 change form. Service coordinators need to contact families receiving payments and document in their monthly notes what support the parent is providing to the individual. If possible, document how support provided by the family member supports the goals on the ISA. If support is not connected to ISA goals, document how the family member is supporting health and safety.	No Change.
<b>Flexible COVID-19 Crisis Stipend to family Caregivers, up to \$2,000.</b>	To provide support to family caregivers who cannot access typical hourly or daily supports for their family member due to the current COVID-19 state of emergency.	The agency will document the person’s name, DOB, SSN, rationale for stipend, date stipend was issued, to whom and total amount paid.  Service coordinators need to contact families receiving payments and document in their monthly notes what support the parent is providing to the individual. If	No change in documentation requirements. Source of new funds is retroactive through CRF application effective 7/1-9/30/20.

		possible, document how support provided by the family member supports the goals on the ISA. If support is not connected to ISA goals, document how the family member is supporting health and safety.	
<p><b>One-Time Funds (FY20 &amp; FY21) prioritizing:</b></p> <p>A) Use as Flexible Family Funding (FFF),</p> <p>B) Addressing personal health or safety or public safety issues for individuals with developmental disabilities,</p> <p>C) Short term increases in supports to individuals already receiving services to resolve or prevent a crisis.</p>	To address highest priority needs during COVID-19 crisis.	Document on the One-time Reporting Spreadsheet for FY20 and FY21 if funds were used to address needs related to the COVID-19 emergency.	No Change
<p><b>Increased funding for Family-managed Respite program.</b></p>	To address increased needs of families during COVID-19 emergency.	On the fourth quarter FMR spreadsheet report, in the final spreadsheet column, create a new column marked COVID-19. Place a “1” in that column if the allocation is due to increased needs because of COVID-19.	Discontinued starting 7/1 due to lack of additional funds through DDSD.
<p><b>Conversion of unused respite or other services provided by</b></p>	To provide additional compensation to SLPs who were	Document on the ISA COVID-19 change form.	No Change.

<b>workers hired by Shared Living Providers (SLPs) to increase difficulty of care payments.</b>	unable to have workers providing support due to the COVID-19 emergency.		
<b>\$500 increase to monthly stipend for SLPs, increase to hourly wage for staff providing face to face service delivery and hazard pay increases.</b>	To provide additional compensation to frontline workers during the COVID-19 emergency.	Categorize as COVID related payments in the agency's accounting software.	No Change to Documentation although Hazard Pay is no longer available. Source of new funds is retroactive through CRF application effective 7/1-9/30/20.