

COVID-19 GUIDANCE FOR PROVIDERS OF  
DEVELOPMENTAL DISABILITIES SERVICES  
DECEMBER 4, 2020

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

1. General Guidance.....	3
A. UPDATED Workplace Safety.....	3
B. Remote Work .....	3
C. Supplies and Equipment.....	3
D. Testing .....	4
2. Service Delivery.....	4
A. UPDATED- Essential & Non-Essential Services .....	4
B. Assessment of Need, Initial and Continuing Clinical Eligibility .....	7
C. Transportation of Clients.....	8
D. Locating Housing.....	9
3. Quality Management .....	10
A. UPDATED- Housing Inspections.....	10
B. Background Checks .....	11
C. Critical Incident Reporting.....	11
D. UPDATED ISA .....	11
4. UPDATED- Payments and Documentation .....	13
A. Temporary Payment Model Changes 3/1/2020-8/14/2020 .....	13
B. “Cash Flow” payment model Effective 7/1/2020 .....	13
C. UPDATED- Changes to the DS HCBS Payment Model 8/15/2020-10/31/2020 .....	14
D. NEW Return to Temporary Payment Model Changes 11/1/2020 .....	14
E. Flexibilities and Requirements for Suspensions, terminations and submission of monthly HCBS spreadsheets.....	15
F. Flexibility to meet changes in service delivery.....	17
G. Financial Supports for Shared Living Providers .....	18
H. Emergency Supports for Unpaid Family Caregivers .....	18



H. UPDATED- Retaining staff .....	18
I. Use of One-Time Funds .....	19
J. UPDATED- Payment Reform.....	19
Attachment A – UPDATED- Table of Documentation Requirements.....	20
Summary of Changes and Documentation Requirements .....	20
Service Delivery Changes .....	20
Payment Model.....	21
Unpaid Family Caregiver- Financial Supports .....	22
Shared Living Providers- Financial Supports.....	24

*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

### A. UPDATED 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.

The Division of Developmental Disabilities Services has published guidance specific to agency operations for delivery of developmental disabilities services here:

[https://dail.vermont.gov/sites/dail/files//documents/DD\\_HCBS\\_Guidance\\_For\\_Agency\\_Operati\\_on\\_2020-12-04.pdf](https://dail.vermont.gov/sites/dail/files//documents/DD_HCBS_Guidance_For_Agency_Operati_on_2020-12-04.pdf)

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.

### 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.

### 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 04/16/2020).

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 at [Joy.Barrett@vermont.gov](mailto:Joy.Barrett@vermont.gov) with the results.

## 2. SERVICE DELIVERY

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### A. **UPDATED-** ESSENTIAL & NON-ESSENTIAL SERVICES

During the State of Emergency, and as our understanding of COVID-19 improves, the Governor, the Department of Disabilities, Aging and Independent Living, and the Division of Developmental Disabilities Services have provided guidance about service delivery that supports Developmental Services providers to know when it is considered safe to provide services face to face, in people's homes, the community, and in long-term care facilities.

MARCH-APRIL



At the start of 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>.

#### MAY-JUNE

Since then, the Governor eased restrictions regarding the provision of non-essential services and DAIL has issued updated guidance regarding what services may be considered essential and how to restart providing in-person service.

[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)

#### JUNE

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\\_Assess\\_Tool.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/Return_to_Community%20Activities_Svcs_Assess_Tool.pdf)

#### ONGOING

Decisions to resume or to pause delivery of 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 PROVIDING SUPPORTS FOR DEVELOPMENTAL DISABILITIES PROGRAMS

##### **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 when face to face meetings are not advisable due to the prevalence of the coronavirus in the community. 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_ISA_Change_Form-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. ASSESSMENT OF NEED, INITIAL AND CONTINUING CLINICAL ELIGIBILITY**

The state of emergency has 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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## C. 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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#### D. 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 DDSD 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- consistent with guidance regarding home inspections, please request an Emergency placement using the guidance for Emergency Placement in the Housing Safety Inspection Protocol. This 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.
- 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 was seen as a viable option and will continue until the ability for face to face interviews can resume. The current estimated start date for in-person interviews to resume is June of 2021.

The NCI participant survey will not be resuming in 2020.

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#### A. **UPDATED-** HOUSING INSPECTIONS

The Housing Inspection Process resumed on August 3, 2020 when onsite, in-person home inspections performed in accordance with the guidance 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).

Questions have been asked about the ongoing safety of the in-person inspections and if they should be suspended as they were in March. The answer is inspections will not be suspended at this time. Steps have been taken to ensure the inspection process is as safe as it can be as long as the following is done:

1. Agency staff must ensure they and the shared living provider follow the guidance sent to them on July 13, 2020.
2. The Housing inspectors follow the same guidance as well as the protocol they developed for these inspections which incorporated guidance from VDH, the CDC and ACCD for businesses.



The safety of the inspection process is monitored and reviewed regularly. If it is felt that the process becomes unsafe, notice to all DS/SSAs will be provided and the process suspended.

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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.

As of April 1, 2020, CIRs for Medical Emergencies included the reporting of COVID-19 testing for all individuals receiving HCBS funded services through DDSD. A CIR must be submitted by the provider agency within 24 hours of learning that the individual was tested for COVID-19. If the results of the COVID-19 test were positive, a follow up CIR must be submitted within 24 hours of the provider agency becoming aware of the results. If the test results are negative, an e-mail with that information must be sent to the DDSD Quality Nurse Reviewer within 24 hours of the agency becoming aware of the results.

### 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. UPDATED 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.

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.

## COVID-19 INDIVIDUAL SUPPORT AGREEMENT CHANGE FORM

In May of 2020, agencies were provided a form to indicate any COVID-19 related changes from the temporary suspension of services provided that affected the individual's Outcomes and AFL in their ISA. ([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)) Agencies are expected to use service coordinator notes as a reference point to fill out this form, including:

- The date that a conversation was had with the individual receiving services and their guardian about temporary changes needed to their service plan, who was involved in the conversation, what the changes are to services and/or goals, as well as what type of consent was received from the person and their guardian.



- Requirements for signature apply according to the temporary flexibility that has been granted during the pandemic.
- The second part of the form is reserved for future use, to document upcoming conversations about how and when certain services may resume. We don't expect that you have enough information yet to fill out this part of the form with people you serve, but it is likely coming soon.
- *Note- You do not have to submit a rate adjustment form when you complete the COVID-19 ISA change form.*

Part 1 of the COVID-19 ISA Change form should be filled out when an individual has a temporary change to their ISA due to COVID-19 and which is expected to discontinue when the state of emergency is lifted.

#### 4. **UPDATED-** PAYMENTS AND DOCUMENTATION

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

During the initial months of the state of emergency, DAIL temporarily changed the DS HCBS payment model for the purpose of stabilizing 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. As a result, agencies were no longer required to suspend billing of services when there was a gap in service beyond 14 days, as is outlined in the System of Care Plan (see p. 53).

In addition to the above change, 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. "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 was 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 are then adjusted month to month and reconciled at the end of the year based upon changes reported through the HCBS spreadsheets.

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### C. **UPDATED**- CHANGES TO THE DS HCBS PAYMENT MODEL 8/15/2020-10/31/2020

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.

During the first quarter of FY'21, a portion of Vermont's Coronavirus Relief Fund (CRF) was dedicated to healthcare providers through the Healthcare Stabilization Fund (HSF) and was made available by application through the Department of Vermont Health Access. The HSF was established specifically to provide financial relief for coronavirus related losses for health care providers.

Details:

- HSF 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 HSF when there are no available funds to convert.
- HSF is available retroactively and funds were made available for needs incurred during the July-Sept time frame.
- More information about HSF and application processes are available at this website: <https://dvha.vermont.gov/covid-19>

**Because of the availability of the CRF funds, DAIL made the decision to return to pre-COVID-19 payment model rules and expectations, effective 8/15/2020-10/31/2020.**

From 8/15/2020-10/31/2020, agencies were expected to:

- Follow the 14-day suspension rule in the SOCP where there is a gap in services of 14 days after 8/15 (i.e. suspend billing starting 8/29 and after).
- Reflect changes between approved service lines that are within the approved budget on the monthly spreadsheets, including temporary shifts between individual budgets.
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- 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.
- The DS HCBS Spreadsheets were required to reflect suspensions and changes from 8/15/20 to 10/31/20.

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### D. **NEW** RETURN TO TEMPORARY PAYMENT MODEL CHANGES 11/1/2020

Due to the exhaustion of CRF and HSF designated to support healthcare providers and due to the recent surge in Coronavirus cases experienced in the month of November, DDSD is re-



instating the temporary case rate payment model that was in place from 3/1/2020 - 8/15/2020, with the following changes:

1. Consistent with the “Cash flow” payment model effective 7/1/2020, the temporary case rate will now have a monthly billing period.
2. Based on statewide advances in the ability to deliver remote services, as well as how to deliver in-person supports more safely to prevent infection, the minimum threshold for billing the monthly rate is increased to 6 units of service.

Note- units of service are defined in the DDS D Encounter Data Submission Guidance for Agency-Managed and Shared-Managed Service, V3, 1.28.20 located here: [https://ddsd.vermont.gov/sites/ddsd/files/documents/Encounter\\_Data\\_Submission\\_Guidance.pdf](https://ddsd.vermont.gov/sites/ddsd/files/documents/Encounter_Data_Submission_Guidance.pdf)

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#### E. FLEXIBILITIES AND REQUIREMENTS FOR SUSPENSIONS, TERMINATIONS AND SUBMISSION OF MONTHLY HCBS SPREADSHEETS

Agencies will need to continue to submit monthly spreadsheets during Vermont COVID-19 State of Emergency. Between 8/15/20 and 10/31/20 the DS HCBS spreadsheets were required to be updated as noted above. DDS D is allowing the following flexibilities restarting with the November 2020 spreadsheet:

- 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. You may also temporarily shift funds between individual budgets.

The following flexibilities also apply:

- You are not required to complete a new needs assessment to implement these changes or restrictions required by the Governor’s Executive Orders.
- These changes in service do not need to be reflected on the monthly spreadsheet.
- The requirement to suspend services when there is a gap in service greater than 14 days as described on page 53 the SOCP is also suspended. You do not need to suspend billing for those services. These gaps in service do not need to be reflected on the spreadsheet.

Additional considerations-

- Your Agency must keep track of changes so that services can be appropriately readjusted after the Vermont State of Emergency ends.



- 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.

### **Are there other suspensions that still need to be submitted?**

Please reference #2 on pages 52-54 of SOCP, the following suspensions are required as described:

- Incarceration
- Nursing facility
- ICF/DD
- Psychiatric hospitalization Level 1 bed
- Leaves services
- Other circumstances

Additional Flexibilities:

- Other hospitalizations- we currently have CMS permission to allow some billing for up to 30 days. We are providing additional flexibility to allow agencies to continue to bill for **all** services in the currently approved plan while a person is in a hospital (other than level 1 psych bed) and to extend beyond 30 days. However, please note that billing for a month needs to meet the minimum threshold of 6 units of service as noted above related to the temporary case rate payment model.
- Visits outside of VT – we allow for those services which are continuing while outside of the state to continue for up to 6 months. We 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 to restrictions to travel related to the COVID-19 State of Emergency.
  - In these instances, the agency must contact their DDSD specialist to report if person is out of VT more than 6 months so that the Division can monitor the impact to the individual's Medicaid enrollment status in addition to approved DS supports.





### **Terminations:**

Please reference #3 on pages 54-55 of SOCP, all terminations are required as described with the following 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, however, the person's Medicaid enrollment status could be impacted and the DDS specialist must be notified so that monitoring can occur.
- For other prolonged suspensions exceeding 6 months, the agency can request an extension from their DDS specialist. (Note: an extension would not be granted when services were reasonably available to the person, but the individual or guardian refused services. Reasonably available means that the person and their caregivers were not at increased risk of complications due to contracting COVID-19 based on [increased risk](#) factors established by the CDC.)
- Related to the State of Emergency, agencies should not terminate services that have been suspended for more than 6 months when the following conditions are true:
  - The service was suspended due to limitations imposed by the State of Emergency.
  - The service is expected to be resumed when the State of Emergency is lifted.

### **Newly approved funding:**

- New funding approved from Equity or Public Safety must be added to the spreadsheet.
- If funds are being permanently moved from one person to another, these changes should be reflected on the spreadsheet.

### **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.

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## **F. FLEXIBILITY TO MEET 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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#### G. FINANCIAL SUPPORTS FOR SHARED LIVING PROVIDERS

Guidance has been provided each quarter regarding financial supports for shared living providers.

- Q4 FY20: [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)
- Q1-Q2 FY21: [https://dail.vermont.gov/sites/dail/files//documents/DDSD\\_COVID\\_19\\_Relief\\_for\\_Shared\\_Living\\_Providers\\_Q1-Q2\\_FY21.pdf](https://dail.vermont.gov/sites/dail/files//documents/DDSD_COVID_19_Relief_for_Shared_Living_Providers_Q1-Q2_FY21.pdf)

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#### H. EMERGENCY SUPPORTS FOR UNPAID FAMILY CAREGIVERS

Guidance has been provided each quarter regarding emergency supports available for unpaid family caregivers.

- Q4 FY20: [https://dail.vermont.gov/sites/dail/files//documents/DAIL-DDSD\\_Emergency\\_Relief\\_to\\_Parents-04-10-2020-FINAL.pdf](https://dail.vermont.gov/sites/dail/files//documents/DAIL-DDSD_Emergency_Relief_to_Parents-04-10-2020-FINAL.pdf)
- Q1 FY21: [https://dail.vermont.gov/sites/dail/files//documents/DAIL-DDSD\\_Emergency\\_Support\\_for\\_Family\\_Caregivers\\_8.18.20.pdf](https://dail.vermont.gov/sites/dail/files//documents/DAIL-DDSD_Emergency_Support_for_Family_Caregivers_8.18.20.pdf)
- Q2 FY21: [https://dail.vermont.gov/sites/dail/files//documents/DAIL-DDSD\\_Emergency\\_Support\\_for\\_Family\\_Caregivers\\_2020-11-13.pdf](https://dail.vermont.gov/sites/dail/files//documents/DAIL-DDSD_Emergency_Support_for_Family_Caregivers_2020-11-13.pdf)

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#### H. **UPDATED-** RETAINING STAFF

For FY'20 during the state of emergency, DAIL offered support to agencies by not requiring the suspension of services<sup>1</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 who are not working 14 days after this date, they may submit a request for CRF for unreimbursed costs.

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<sup>11</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.



With the reinstatement of the temporary case rate payment model effective 11/1/2020, agencies are able to retain staff who are working reduced billable hours as long as a minimum service level is maintained. The Division's primary goal in reinstating the temporary payment model is to retain our critical networks of supports for individuals with developmental disabilities. This payment model change will support agencies to retain and restore their DS workforce so that services may be sustained and resumed to the maximum extent practicable under current and future conditions of the pandemic.

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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. UPDATED- PAYMENT REFORM

Payment Reform work had been put on hold during the initial months of the State of Emergency. Work has resumed on encounter data reporting and the independent needs assessment process. The Encounter Data Workgroup has restarted with a focus on updating the Encounter Data Submission Guidance. When that is complete, there will be a training for providers on the requirements. Agencies are then expected to prepare for reporting of encounter data with a start date of March 1, 2021. The state intends to monitor the reporting of encounter data and troubleshoot any issues that arise. The initial use of encounter data, once it is consistently being reported, is to determine the level of utilization of services which will help in the design of the payment model. DAIL solicited Requests for Proposals for an organization to complete the Supports Intensity Scale as the DDS Needs Assessment. DAIL is currently in the process of negotiating a contract with one of the bidders. The contract will start in the Spring of 2021, but the formal assessment process using the SIS will not begin until July 2021. The initial assessments will not be used for determining individual budgets, but will be used as information to assist in the design of the new payment model. There are still many decisions to be made regarding the design of a new payment model and stakeholders will have many opportunities for involvement in the process.

**ATTACHMENT A – UPDATED- TABLE OF DOCUMENTATION REQUIREMENTS**
**SUMMARY OF CHANGES AND DOCUMENTATION REQUIREMENTS**

(source documents should be reviewed for full details of requirements)

**SERVICE DELIVERY CHANGES**

Description	Effective Dates	Purpose	Documentation
<u>Remote Service Delivery-</u> payment for services provided remotely via phone or other technology.	3/1/2020- current	In order to comply with the Governor’s stay home order and to provide an alternative to face-to-face services when they are determined unsafe.	Document in service notes.
<u>Temporary service plan changes-</u> Permission to substitute, reduce and/or temporarily suspend delivery of non-essential services	3/1/2020-current	To support necessary changes 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 spread of the coronavirus.	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 to individual. 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.

PAYMENT MODEL			
Description	Effective Dates	Purpose	Documentation
<u>Temporary Case Rate-</u> Payment based on 2-week billing period and minimum billing threshold of 2 units of service delivered.	3/1/2020-8/15/2020	Change made in order to sustain the safety net of DS providers and to ensure that providers would be available when the emergency ends. The change includes temporarily lifting the SSOC requirement to suspend billing for services that are not delivered for more than 14 days.	Document in individual record that 2 units of service from any service category were delivered in a two-week billing cycle.  Units of service are defined in the encounter data manual.
<u>Temporary Case Rate-</u> Payment based on monthly billing period and minimum billing threshold of 6 units of service delivered.	11/1/2020 - current	Change made in order to sustain the safety net of DS providers and to ensure that providers would be available when the emergency ends. The change includes temporarily lifting the SSOC requirement to suspend billing for services that are not delivered for more than 14 days.	Document in individual record that 6 units of service from any service category were delivered in a monthly billing cycle.  Units of service are defined in the encounter data manual.

UNPAID FAMILY CAREGIVER- FINANCIAL SUPPORTS			
Description	Effective Dates	Purpose	Documentation
<p><u>Conversion</u>-Conversion of unused funds managed by families to pay family caregiver stipends up to \$5,000 per quarter.</p>	<p>3/1/2020- current</p>	<p>To provide support to family caregivers who were unable to have workers providing support due to the COVID-19 emergency.</p>	<p>Document conversion in the HCBS spreadsheet, including new monthly HCBS spreadsheet columns for each quarter.</p> <p>Document the funds to be converted in the COVID Payment Authorization form and send to ARIS. Document change in service coordinator notes.</p> <p>Service coordinators need to contact families receiving payments and document in their monthly notes what support the parent is providing to the individual.</p> <p>If possible, document how support provided by the family member supports the goals on the ISA.</p> <p>If support is not connected to ISA goals, document how the family member is supporting health and safety.</p>
<p><u>Coronavirus Relief Funds-</u> Flexible COVID-19 Crisis Stipend to family Caregivers, up to \$2,000</p>	<p>3/1/2020- current</p> <p>Note- method of CRF funds distribution changed each quarter. Q4 FY20 and Q2 FY21, CRF funds were proactively granted. Q1 FY21 funds were</p>	<p>To provide financial 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.</p>	<p>Document conversion in the HCBS spreadsheet, including new monthly HCBS spreadsheet columns for each quarter.</p> <p>Service coordinators need to contact families receiving payments and document in their monthly notes what support the parent is providing to the individual.</p>

	distributed retroactively by HSF application through DVHA.		<p>Q2 FY21, service coordinators need to include attestation of the family experiencing a financial impact due to COVID-19.</p> <p>If possible, document how support provided by the family member supports the goals on the ISA.</p> <p>If support is not connected to ISA goals, document how the family member is supporting health and safety.</p>
<u>One-Time Funds-</u>	3/1/2020- current	<p>To address highest priority needs during COVID-19 crisis.</p> <p>Prioritizing:</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>	<p>Document on the One-time Reporting Spreadsheet for FY20 and FY21 if funds were used to address needs related to the COVID-19 emergency.</p>
<u>Increased Family-Managed Respite</u>	Q4 FY20 only	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.

	Discontinued starting 7/1 due to lack of additional funds through DDSD.		Place a “1” in that column if the allocation is due to increased needs because of COVID-19.
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SHARED LIVING PROVIDERS- FINANCIAL SUPPORTS			
Description	Effective Dates	Purpose	Documentation
<u>Conversion</u> - Conversion of unused respite or other services provided by workers hired by Shared Living Providers (SLPs) to increase difficulty of care payments.	3/1/2020 - current	To provide additional compensation to SLPs who were unable to have workers providing support due to the COVID-19 emergency.	Document conversion in the HCBS spreadsheet, including new monthly HCBS spreadsheet columns for each quarter.  Document on the ISA COVID-19 change form.
<u>Coronavirus Relief Funds</u> - \$500 increase to monthly stipend for SLPs, increase to hourly wage for staff providing face to face service delivery and hazard pay increases.	3/1/2020 - current  Note- method of CRF funds distribution changed each quarter.  Q4 FY20 CRF funds were proactively granted. Q1-Q2 FY21 funds were distributed retroactively by HSF application through DVHA.	To provide additional compensation to frontline workers during the COVID-19 emergency.	Categorize as COVID related payments in the agency’s accounting software.  Provide documentation of payments per Healthcare Stabilization Fund (HSF) application requirements through DVHA.