

Medicaid before implementation. Most of the changes that have been implemented have a start date of March 13, to coincide with the State of Emergency declaration and will end when that declaration is lifted.

Some of the temporary changes will be to provide financial relief through Medicaid to support providers whose services had to be suspended or stop and in turn, so did their revenue. As of this meeting, there were three ways that DAIL providers could receive financial relief. The first is through the DAs and SSAs for developmental and mental health services, the second is specifically for nursing facilities through the Department of Vermont Health Access (DVHA) Division of Rate Setting, and the third is through a DVHA Medicaid retainer application process.

DAIL Operations Director, Monica White, has been working with SEOC to help providers get Personal Protective Equipment (PPE), implement the call center, and create and set up surge sites. There are going to be Tier 1, Tier II and Tier III sites available. Tier 1 will be for people who has tested for the COVID-19 virus but does not have a safe place to stay isolated. Goddard College is being set up for this purpose. Tier II will be designed for individuals who test positive and need specialized care, such as people on DAIL's long-term services and supports programs. For DAIL's populations, this may include people on Choices for Care or receiving Developmental Services. As of this meeting, the plan was to set up a Tier II site in in Burlington and Rutland. The Tier III sites are going to be used by hospitals exclusively. The Gutterson Field site and a site in Essex will be used in that manor. Update: After this meeting, the State re-evaluated the surge site plans based on the COVID-19 modeling predictions and determined that the Tier I site at Goddard is no longer needed and there will be one Tier II site at the Essex Fair Grounds.

One of the biggest concerns is the limited supplies of PPE. Facilities and providers are concerned that access to these supplies is lacking and staff do not have what is needed in order to care for the people in their charge safely. There is also a concern in knowing the proper way to use the PPE. DAIL and the SEOC has been working to get the necessary supplies to the providers and VDH guidance on how to use the PPE.

Another concern DAIL has been hearing is staffing shortages for essential care. There is a statewide call for volunteers and for retired nurses to come back to work.

Voc. Rehab. is still working with clients and reaching out to former clients to provide support during this difficult time with employment.

The Division for the Blind and Visually Impaired is still supporting their students and are keeping contact with counselors and students.

The Adult Protective Services part of DLP reported that they are not seeing increases in reporting. APS is also creating guidance to investigators on how to investigate safely without risking being exposed to or spreading infection.

Questions from the DAIL Advisory Board:

Kim Fitzgerald- Kim asked what to expect from Medicaid in helping with funding for staffing challenges. Does DAIL know what that will be? There are many layers to addressing staffing shortages. One way is for people to volunteer for different things. There is a system that the SEOC has created to compile and track volunteers who can be redeployed. Also, any facility that suffers an outbreak will have a state emergency team that will assess the needs and use local resources as much as possible such as the VNAs and “Home Instead” agencies for staff.

Ruby Baker- Ruby asked if there would be money available to pay staff hazard pay? Providers have been including that increase as they apply for financial relief funds.

Ruby also asked what does the world look like for Developmental Disabilities Services Division and Adult Services? Has the department taken this opportunity to look at what is working and what is not and how to move forward with this new perspective? Those questions are being considered. That will be the next step once the systems are in place to address the immediate needs of our populations. Telemedicine and the ability to connect virtually has made significant progress out of necessity. This is an important option moving forward. Also, looking at staffing and what is the most effective way to use staff has also risen to the top of considerations.

Fran Keeler- Fran asked about the budget shortfall that will occur because of the money being spent on COVID-19. Without knowing the numbers, it is hard to predict what the ramifications will be.

Meeting was adjourned: 11:18