Children's Licensed Staffed Residential Providers
Supporting Individuals through the COVID-19 crisis
March 27, 2020

Following are responses to a number of questions regarding strategies to safeguard and minimize client and direct care staff exposure to COVID-19

1. **Are children's licensed staffed residential providers required to follow the same visitation guidelines as licensed facilities?**
   As a facility-based service model, best practice has been to follow recommendations outlined for licensed facilities. Since the "Stay Home, Stay Healthy" order issued by the Governor on March 23, we advise all agencies to implement visitation restrictions in line with state-operated programs and licensed settings immediately. Keep clients and guardians informed about what is happening with the outbreak and your obligation to implement precautionary protocols commensurate with messaging from the governor and state authorities. Communicate decisions clearly to clients, family members, legal representatives and direct-care staff.

2. **How do I acquire personal protective equipment?** The Washington State Department of Health (DOH) is receiving and disseminating much needed personal protective equipment (PPE) supplies. This includes gowns, gloves, masks and face shields. In most areas PPE is being distributed through local public health jurisdictions. Link here for local health jurisdiction contact information. Please note that in some areas the local Emergency Operations Centers, typically the Sheriff's Office, are receiving the PPE supply. DSHS is currently working on a breakdown of which local authority is managing PPE for all areas of the state. The Department of Health Guidelines for Prioritization of Allocation of PPE. March 13, 2020 DOH News Release on PPE: News Release

3. **If I need to purchase extra cleaning and sanitation supplies and gloves for clients or my direct care staff will I be reimbursed?** Some COVID-19 related emergency costs have been allowed. DDA is approving appropriate additional costs that are related to this pandemic. If you have expenses over and above typical expenses, contact your RM and submit a request via email including actual or predicted cost. Be sure to indicate in the request this is a COVID-19 related expense.

4. **Do I need to keep track of expenses related to COVID-19?** Yes, during natural disasters and public health crises it is important to be able to differentiate between normal expenses and those related to the disaster in order to access emergency funding. For example keep track of expenses around acquisition of PPE, sanitation supplies, overtime directly related to COVID-19, additional staffing related to COVID-19, or loss of revenue. Be prepared to share this with your resource manager if asked.

5. **How do I submit a COCA during the COVID-19 outbreak?**

   a. Continue to use Form #15-424 Staffed Residential Cost of Care Adjustment (COCA).
   b. Continue to follow the instructions on the form.
   c. Take the additional following steps when marking the "Reason for Temporary Absence" selection to indicate this is a COCA request due to COVID-19.

Example 1: Client went to the hospital due to COVID-19.
Check the box that applies to the temporary absence AND check the "Other" box and write COVID-19 in the space provided.

C. Adjustments

TEMPORARY ABSENCE IN (check one of the following):

☒ Medical Facility ☐ Detention/Jail ☐ RHC ☐ State Facility (such as CSTC)

☒ Other (describe): **COVID-19**

Example 2: Client's family picked client up to stay with them due to COVID-19.
If a family member picked up a client and took them home due to COVID-19, check the "Other" box and write "Staying with family due to COVID-19" in the space provided.

C. Adjustments

TEMPORARY ABSENCE IN (check one of the following):

☐ Medical Facility ☐ Detention/Jail ☐ RHC ☐ State Facility (such as CSTC)

☒ Other (describe): **Staying with family due to COVID-19**

6. **How do I submit a Staff Add-on during the COVID-19 outbreak?**

   a. Continue to use Form #15-379 Staff Add-On Request for Client Specific Need.
   b. Continue to follow the instructions on the form.
   c. Take the additional following steps when documenting in the "Reason /Justification For Request" section to indicate this is a staff add-on request due to COVID-19. Additional documentation must include: How the request is related to COVID-19?

Example: Staff Add On request due to COVID-19 -related symptoms

REASON / JUSTIFICATION FOR REQUEST:
Provide an explanation of the circumstances requiring the need for additional staff and the anticipated length of the need, including an explanation of how the amount was determined (i.e. hours per day or do the hours vary depending on the day, weekends vs. weekdays).

Extra support needed for the frequent monitoring of COVID-19 symptoms for the next 14 days. Unable to share supports due to dr. recommendations of client isolation.

7. **Can rate assessments be conducted over the phone?** Yes, until the COVID-19 outbreak is over.

8. **Can DDA extend the grace period for the completion of the 40 hours training requirement beyond 120 days?** Yes, Governor Inslee signed a proclamation on March 13 temporarily suspending RCW 74.39A.074(1)(a).

9. **Can the time period for continuing education (CE) credits be extended beyond Dec. 31, 2020?** Yes, Governor Inslee's proclamation also suspends continuing education requirements under RCW 74.39A.341.

10. **Does the governor's proclamation regarding suspension of training requirements for long-term care workers issued on March 13, 2020 apply to Licensed Staffed Residential providers**? Yes, the governor's proclamation suspended the following rule in its entirety until April 9, 2020: RCW 74.39A.074(1)(a) and RCW 74.39A.341, Chapter 388-112A. Nurse Delegation for Nursing Assistants class (9 hours) and the Nurse Delegation Training: Special Focus on Diabetes (3 hours) training are not suspended. This training is available on line).

11. **Can training occur outside of the classroom setting?** For some trainings, yes. These suspended statutes will eventually be reinstated and it is important to not fall too far behind. Alternative methods like online training and using Skype is encouraged.

    Additionally, DDA is working to send guidance to trainers about what parts of the 40-hour training can be completed with alternative formats.

    CPR and first-aid training can temporarily be completed on line.

12. **What training is not suspended and must occur before a direct care staff works alone with a client?** Please contact your regional licensor to determine what trainings and provisional hire requirements may be waived before allowing a direct care staff to work unsupervised with a child. DCYF Licensing Division has instituted "provisional hire" waivers for group care facility employees to address the fingerprint requirement of background clearances.

13. **Do direct care staff need to have nurse delegation training before performing delegated tasks?** Yes, for staff working with youth age 18 and older that require nurse delegation, the Nurse Delegation for Nursing Assistants class (9 hours) and the Nurse Delegation Training: Special Focus on Diabetes (3 hours) training is <u>still required</u> prior to a staff performing any delegated task. DDA will allow the self-study of Nurse Delegation for Nursing Assistants class (9 hours) and the Nurse Delegation Training: Special Focus on Diabetes (3 hours)

training. The DDA RN contracted trainer will be available to answer questions the provider may have and to proctor the test remotely using technology.

14. **Will the DDA Person Centered Service Plan meeting be conducted over the phone?** CMS approved the 1135 waiver and the 1915(c) Appendix K to allow phone assessments when necessary due to COVID 19 impacts.

15. **Does DDA have a method to track individual employees who work at multiple locations?** It is critical for providers to inform DDA immediately if a client or staff tests positive for COVID-19. It is also imperative that confirmed cases are reported to the local health department and that all doctor's instruction and DOH directives are followed. DDA will inform other providers when we receive reports of potential exposure of staff working within the DDA residential industry. Providers should also collect information if their staff are working in other settings. Provider staff should be informing their employers when they are exposed or showing symptoms. Providers can view more suggestions in the Guidance for Community Residential Service Providers.

16. **Is there a DDA Pandemic Response Team?** The Department has put in place incident command teams that continuously monitor for information that pertain to the COVID-19 emergency. DDA is represented on these teams and will continue to develop and disseminate information using Gov Delivery and posting on the DDA Coronavirus Information web page.
    You may navigate this link under Community Residential Providers: Please continue to work through regional resource management and the local health department to inform them of the barriers and resources you may need to support clients through this crisis.

17. **Where can I find additional information on COVID-19?** For information about prevention and transmission of COVID-19, follow Department of Health guidelines and your local county health department. **Department of Health guidelines can be viewed here** .

    You can also find information at DDA Corona Virus Information.

    Washington's Emergency Management Division developed a resource site for COVID-19: Washington State Official COVID-19 website.

    The DOH is the lead state agency for this pandemic and has a robust site which is continuously updated and includes extensive instructional guidelines for all provider types, including Supported Living: DOH 2019 Novel Coronavirus Outbreak (COVID-19)

    DDA has also developed a COVID-19 Information website tailored to DDA clients, families and providers: DDA Coronavirus Information.

Additionally, DDA information sent via ugh “GovDelivery” in the last few weeks: Gov Delivery Messages.