

Ask Art Questions and Answers

If I got COVID-19 and was hospitalized, could a community support worker stay with me at the hospital and still get paid to advocate on my behalf?

Unfortunately, the answer to your question is no. The federal regulations as they currently exist do not allow Medicaid to pay for hospital care and other Medicaid services such as a CSW at the same time. There is legislation I understand, I saw it in an announcement a month or so ago, there is Federal legislation to make a change to allow direct service providers, like a CSW to provide services to a participant who is hospitalized and to be able to be paid for that, but that legislation has not yet gone through congress and so unfortunately we are still bound by the current rule which is, we can't pay for that.

***UPDATE after the call. ***

The Idaho Department of Health and Welfare can now allow Certified Family Home, Residential Habilitation, and Community Support Workers in Self Direction, to be reimbursed for personal, behavioral or communication support for individuals to be successfully treated in a hospital during the COVID-19 crisis.

Since school is not in session and Individualized Education Plans are not being implemented for online/distance learning for super seniors in high school in special education, can issued budget funds that are not on the support and spending plan be added as an addendum to be used on the plan to help the participant do schoolwork online or the time not spent at school?

So part of the answer to this is no. Home and Community Based Medicaid funds, traditional or self-direction, cannot be used to pay for educational services, that is a violation of our state regulations; however, if the individual education plan, the IEP, requires support for education purposes the school or it's contractor should be, and I know those resources are limited, but they should be providing those services. If an agency that's contracting with the school, and the school agrees, the agency can continue to provide educational services in the home. Now the yes part of that is you can use your Medicaid funds to add additional support hours not related to educational services. You could have a support worker come

into your home on developmental therapy or whatever other services are available and your target service coordinator/support broker can do an addendum, and you can add developmental therapy services but those cannot be used to help with education. So, if you need help, I suggest you contact your local school.

How can people access needed gloves, wipes, and masks to provide for their staff to protect me when they are coming into my home?

I think everyone is aware that personal protective equipment such as masks, gloves and wipes are in really high demand, in that even hospitals and doctors' offices are having a hard time obtaining that equipment. So, I don't have a real simple solution to get personal protective equipment. So, your best protection is to exercise the hygiene protocols for COVID 19 which are frequent handwashing, cleaning and disinfecting surfaces, not touching your face, eyes or mouth, maintaining a distance of six feet from others. I am working from home currently, my wife and I are the only ones here, we don't maintain six feet of distance because we have been isolated for a month and a half and I'm gonna hug my wife okay, so, but to really protect yourself, you need to maintain those things that recommended and then, I believe it was last week the Center for Disease Control, the CDC, published instructions for making masks. They are not as good as professionally made masks but they do help and I'm going to give you the website, if you want to go to the CDC it's www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf.

Christine: I also wanted to share with the group, in relationship to this question, that while these are not the medical grade masks, that the local independent living centers have been trying to get a number of masks made that are kind-of being provided out of these independent living centers, they just ask that you call and make an appointment, again these are not like medical grade, they are handmade masks, wipes, I believe they have distilled water and gloves. So if you need those supplies I would reach out to your local independent living centers and we will provide those in the transcribed notes, the contact information for those independent living centers, should you need any of those supplies but I want to reiterate they are not medical grade masks, they are handmade masks that people have just been making and donating to the independent living center.

<p>Main Office — Moscow Call Mark Leeper 208-883-0523 Serving Moscow, Coeur d’ Alene, Post Falls, Bonners Ferry, Sandpoint, Grangeville Lewiston, Orofino and surrounding areas</p>	<p>LINC, Boise Call LeAnn Naillon 208-336-3335 Serving Boise, Meridian, Garden City, Eagle, Burley, Twin Falls and surrounding areas</p>	<p>LIFE, Inc., Pocatello Call Mandy Greaser 208232-2753 Serving Pocatello, Preston, Blackfoot, Idaho Falls and surrounding areas</p>
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I am sending this in response to Art’s response to the first question disallowing a known support person to accompany any individual with an intellectual and developmental disability is not only a violation of an individual’s rights under the Americans with Disabilities Act by preventing optimal communication when getting healthcare that risks creating an environment of anxiety and confusion that can only endanger healthcare workers and all patients by increasing the risk of agitation, increases the likelihood of uncontrolled respiratory droplets spread and/or injury. It also diffuses the focus of clinicians who are managing numerous unstable patients.

I fully appreciate what is being said there, and I for a long time have been in favor of paying support workers to go into hospitals with individuals but it, quite frankly, it is not allowed by the Federal regulations. Hospitals are required, when they have a patient, to provide whatever they need, which is interpretive services or extra care, and I have actually suggested to agencies that they talk to hospitals about the need to be there and hospitals picking up the costs for that, but there is nothing that I can do right now to override the regulations that we have, that prevent us from using Federal dollars to, Federal Home and Community Based Services dollars to pay for a support worker to be in there and, again I get it, I understand, but it is not something, if we were to do that the Federal Government when they audit us, would ask for that money to be paid back. So, I’m sorry, I understand, but there is nothing I can do about that right now.

What information/guidance has been provided to people on self-direction about what guidance they should be providing to their staff about being safe?

We posted two weeks ago, on the MyChoiceMatters website, so it is [MyChoiceMatters.idaho.gov](https://www.mychoicematters.idaho.gov), and under the “What’s New” tab, we posted a flyer called Information for Participants and Providers and there is a number of links on there about dealing with COVID-19, handwashing, being safe and social distancing and all those sorts of things.

The COVID hotline, the state hotline, is also a great way to get information and so the number to call, and this is open 8am to 5pm mountain time, is **888-330-3010** or you can go to the website at [coronavirus.idaho.gov](https://www.coronavirus.idaho.gov). Those are good websites with a lot of links and a lot of places to go for information. We have done a number of information releases from providers themselves for self-direction, the best thing is to look at that flyer on our [MyChoiceMatters website](https://www.mychoicematters.idaho.gov) and then go to the phone, the COVID-19 hotline or the website and ask specific questions about working with your staff about protecting yourself and protecting them from COVID-19.

Have you ever heard of a hospital paying a support worker to stay with someone with a disability to protect everyone’s safety?

I have not.

Can Non-Certified Family Homes bill in the home right now?

I need a little clarification on that question Christine. What we have allowed, and I think this is on our questions, we are allowing, normally CSWs cannot provide services if they are living with their own family and they are not certified they can’t provide work in the home and we have kind-of lifted that regulation to allow CSWs to work wherever they need to in this situation and we are also allowing developmental therapy to be provided in Certified Family Homes which is not the normal rule, we have suspended that rule until the emergency ends.

Does a plan change need to happen in relationship to Non-Certified Family Homes billing in the home right now?”

No. Bill your standard rate. We are not really tracking; we just want people to be safe and have the services they need. If you have a specific question you can talk to your Targeted Service Provider or Support Broker or talk to the Department directly and in the flyer that I mentioned there are regional people who are manning those phones that you can call and talk to about that.

I live in supported living. The only time I get my alone time is at home. If I am careful and I wear a mask can I have my alone time in the community?

The Governor’s Stay-Home Order has some exceptions to stay at home. He has encouraged people to get outdoors to take walks or ride bicycles while maintaining social distance but not staying in your house all of the time. My wife and I go on walks occasionally, we have also taken a couple drives where we have stayed in the car and just drove out to different areas. You remain six feet away from other people while walking or riding your bike, you don’t have to wear a face mask but if it makes you more comfortable you probably should. Again, I talked to my doctor this morning and she is wearing a face mask when she goes out in the community. That is something she has chosen to do; she feels like it protects her. Get out there walk, ride your bike, stay away from people and if you have a mask, wear it.

What safeguards are in place for children and adults on the waiver who get personal care supports?

I don’t normally deal with PCS, that is through the Bureau of Long-Term Care, so I sent this question to Ally, who is the Bureau Chief and I am just going to read what she presented and then I have another response. Every agency that provides personal care services, and every person that receives personal care services, is encouraged to review the back-up plan that must be on the individual service plan. This back-up plan should include not only the agency’s role, such as how to get a back-up caregiver, but also the participant’s role, such as natural or

community supports that can help if the person can't get access to their regular caregiver. If people face a life-threatening situation because they cannot get a caregiver in their home, please call the Bureau of Long-Term Care to help identify options. That would be contacting the nurse in your region for long term care.

If the question is referring to personal protective equipment, I have already said those supplies are limited and you can follow what I mentioned earlier in my responses.

When all of this started, we received no communication from the service provider they just stopped coming to serve my daughter. My daughter receives nursing services for her feeding tube. They will not return my phone call. What can I do so I can continue to get services in my home for my daughter?

The first step, which you took, was to call your agency. Since they did not return your phone call there are a couple options, you can call your Targeted Service Coordinator or Support Broker if you are on Self-Direction and they can reach out to the agency or they can reach out to other agencies that might have the capacity to provide those services for your daughter. The other thing you can do is contact our QA staff, tell them the situation and the agency, so that our QA staff can take steps to address the situation and also perhaps identify a list of other nursing agencies in the area to provide these services. Again, the list of QA staff are available on the flyer on [MyChoiceMatters](#).

My son's staff shows up with no protective gear, no masks/gloves, and does not seem to understand the six-foot social distancing rule. Has guidance been sent to service providers from the Department about protocols to put in place to protect the individual and the worker? Are service providers required to provide protective gear when they are coming into our homes?

Let me address the last part of the question first, required to provide protective gear, the problem is it is just not out there so I think agencies want to do that, but they are limited in their ability.

Participants and service providers have been given COVID-19 information. We, and I think the state and Federal Government, have done an outstanding job of

getting the information out. If you watch any television now there are literally dozens of commercials about protecting yourself, protecting others and what to do. It is out there, and they know that. If someone is coming into your home you have the right to say to them “I want you to observe these things”, they work for you, you don’t work for them. If someone is not observing social distancing, they are not washing their hands, they are not covering their mouth when they cough or sneeze, those kinds of things, you can ask them to please do that. You can tell them to do that and if they give you a hard time about that pick up the phone, call their agency, speak to their supervisor or the administrator and say “I am really unhappy about what is going on here and I want them to observe the guidance that has been given.” Now in some cases the service they are providing, a six foot barrier might not be possible, it depends on the type of service, but even in those cases they need to wash, they need to cover their mouth, they need to be sure they are doing everything they can to prevent the spread of the virus.

Has guidance been sent to service providers from the Department about protocols to put in place to protect the individual and the worker?

Yes, but we just put together a flyer on dealing with testing that comes back positive for COVID or symptoms and that should be out either this afternoon or early Monday. One of the consultants that does a lot of work with the agencies helped provide some of the information. It is a list of things to do, suggestions, we can’t make them do it, but suggestions as to how to protect themselves and others, making sure that people know that someone is COVID positive, those kinds of things. We’ve been scrambling for more than a month now, on really getting information out there and that’s one of the reasons I am doing the Monday calls is to help service providers understand what they can do, what they should do, how to make sure services are being provided. We’ve changed staffing ratios, we’ve allowed people to provide services in places that are not identified on the plan for instance if it says in the community and it is now being done in the home, we’re saying fine, not a problem. We’re using telehealth video conferencing like we are doing here today. We’ve really worked hard and continue to work hard to make sure that the services are provided, and people understand the nature of this virus that we are dealing with. I heard a doctor’s report yesterday, the virus is fragile, in other words you can kill it pretty easy, but it is also highly contagious, much more so than the flu, so again that where hand

washing, just soap and water, washing for 20 seconds, covering coughs, those kinds of things become very important.

Clarifying question: I am confused about billing in a Non-Certified Family Home. My understanding is that if the home the individual lives in is not certified can have community support workers work inside the home. Conversely, if the home is certified community support workers are required to bill for time in the community but cannot bill for time in the home because the home is certified. Art, can you please clarify what happens normally versus what is happening in the pandemic?

Normally, in a Certified Family Home in the Traditional Services they are not allowed to receive developmental therapy in the Certified Family Home. That's in traditional Services. In self-direction if they want to provide services in the home, the participant is living with a family member or living in the home of an individual, if they want to provide services in that home, they must be certified. Now what we've said, because of the pandemic, is if you live in a Certified Family Home and you normally get developmental therapy at the center or in the community, and because of the COVID pandemic we are not going into centers for the most part, and we are not going into the community those services can be provided in that Certified Family Home. For the non-certified home in traditional, normally they can't provide services in that home. What we are saying now is "yes you can". So the service location for all services has been disrupted so providing them, let's say the plan says it's supposed to be in the community and you are going to do it in the home, you bill for the service on the plan but where you provide it, we are not concerned with that at this point. Provide it where you need to, bill the service and get paid for it. I know it is confusing, someone called me the other day and said, "can I do this" and I said "absolutely, just provide the service. We are really trying to protect people and let people get the services they need and not punish agencies or participants because they don't follow the plan as it is currently written. This is a new world right now that we are in and we must adjust to make sure that people are served.

Contact Arthur.Evans@dhw.idaho.gov for specific instances. Please be patient. He will make emails from families and participants a priority.

Can adults with supports through Self-Direction have their community support workers provide supports through telehealth or video communication and be paid?

Yes, CSWs can provide services through telehealth but they need to look at information release [MA20-07](#) and [MA20-13](#) because that gives the parameters. If you are doing something by telehealth it has to make sense. If someone needs verbal prompts or just needs help staying on task and those kinds of things, and that can be done through telehealth, that's great. I will give you an example of something that doesn't work and that would be a physical therapist wants to try to do physical therapy but there's no one with the participant who's trained and can help carry out the physical therapy task. That would be something that you would have a hard time doing by telehealth, maybe not impossible but extremely difficult. Those two information releases explain what we mean by if it makes sense or if it can be adequately carried out through telehealth go ahead and do it. So verbal prompting, encouraging, giving directions, things that you would sit and talk about all those things would be appropriate.

Link to those information releases

<https://healthandwelfare.idaho.gov/Providers/Providers-Medicaid/InformationReleases/tabid/264/Default.aspx>

Are Self-Direct clients, that are considered employers, required to and allowed to continue paying a Community Support Worker (CSW) that is not working due to COVID-19?

No, you can't pay a CSW who is not working. They must be working to receive payment. But CSWs when they're working and they receive a paycheck, part of what's taken out of their paycheck is an unemployment tax so that means that they're eligible for unemployment and can receive compensation or payment while they're off work through the Department of Labor and the Department of Employment and sign up for benefits. In addition to that, the federal government is adding \$600 a week to the unemployment checks that people are receiving while they're unemployed, so that's a pretty good Financial stimulus well people are unemployed. Again, I want to emphasize as a self-direction employer you cannot just pay people because they can't work because that is what

unemployment for, and you'll risk getting in trouble for paying people when they're not working.

Who do we tell if people who live with us in supported living get COVID-19? Will the Department be issuing guidance on this?

Public Health, the website that I gave you on the Coronavirus gives some direction around this, they have put information out about reporting and contact and those kinds of things. What I want to share are things that you should make sure you're doing. First, make sure your service provider, and they should be but maybe they do not, are aware if anyone in your home just tested positive or if you know someone who's been exposed to someone who is tested positive you should let your service provider know. Make sure everyone in your house knows. Someone in your house maybe COVID positive and you need to take steps to stay away from each other. Isolate in your bedroom or have them stay in their bedroom, hand washing, surface cleaning, all those kinds of things. If you have a guardian or other family members, you need to tell them that there's someone in your home who has been tested and is COVID positive. Then as I already said check the Public Health and COVID website or call the COVID hotline for more information. You could also reach out to our Quality Assurance (QA) staff and your targeted service coordinator to let them know and seek direction, information, comfort, from them.

Are developmental disability services considered essential services?

Medicaid as an organization we are considered essential services. This question came up on a call with providers and the information or the direction that Matt Wimmer gave, and Matt the division administrator for Medicaid, he said that the governor and the task force we're considering how to go about or if they were going to go about declaring developmental disability service agencies as essential. I have no other information on that now. That would probably be a good question for COVID Hot Line.

Will people have to reapply for (DD) services if their services are closed longer than a month due to COVID-19?

No, during the covid-19 emergency we are not looking at services, normally it says if you don't get services for a month you get bumped off the waiver, in reality, we usually don't even really look at them until you've been out of services for 90 days. If services are cancelled, you're not getting developmental therapy, you're not getting your other services, we're not going to close anyone. They will all stay open. If your plan expires during all this, you will go through the same application eligibility process but we're not taking anyone off waiver services because they can't get services right now or just don't want to, we're not doing that.

Follow-up question: Developmental Disability (DD) Services can or cannot provide services via Telehealth?

They can. Let's say for instance the person has a goal to stay on task, I know that's really simple and they use verbal prompting, they don't have to physically do hand-over-hand, and they can get on a video conference like this and have the person start a task, and they can direct them, and they could say why don't you do it this way or why don't you try this, and keep them on task. It depends on the goal and whether that goal can be effectively managed or worked on in a distance situation like this. That is going to be up to the agency. I know there are a couple of agencies that I've been in contact with, well more than that, at least one here in the Treasure Valley and a couple up North, that are doing telehealth for their developmental therapy. Again, read the Information Releases and if you have a question reach out to the Department and you will get basically the same guidance I just gave you but we are really trying to open the door for you to use telehealth at this time.

Is there a stimulus package for caregivers that need to stay home with children with developmental disabilities? If so, what are the qualifications?

I don't know about a stimulus package per se, but unemployment will be available to CSWs who cannot work due to staying home with children and the COVID virus.

You need to check with the Department of Labor or the Employment office. Again, for people who can't work, that's what unemployment is for, but in terms of the stimulus package, there are so many things that Congress is doing right now. Again, the best place to go is the employment office or the Department of Labor.

The developmental disability agency wants to come to my home to provide services, and I don't know what to do. I don't want to say yes, because I am worried about my family getting sick. But I am worried about what will happen if I say no. Would I lose services if I say no?

First, you have a right to say no. You can stop services at any time but especially during this COVID related issue. You will not lose services; you will not lose Medicaid eligibility for saying no because we're not removing anyone from Medicaid eligibility for canceling services during the COVID emergency. Now, your agency may say if you don't get services now, we're going to drop you or cancel you. If that happens you need to call the Department and tell us. I will tell you right now, my wife and I, we're both high-risk, we're both over 60, in fact I have a birthday in a month and I'm going to be way over 60, and I have diabetes and my wife has coronary artery disease, so we're high risk, we're not going out. When my kids come by, they talk to us through the window, or we stand outside more six feet apart, I'm not grocery shopping I'm having groceries either delivered or my kids are picking them up for me. It's not that I'm afraid, but I want to protect because I am high risk, and you as a parent, or as a participant, have every right to draw lines to protect yourself, and to reach out for comfort, or counseling, or questions if you are suffering anxiety in those kinds of things. I'm glad that the Council is going to do the meeting with Dr. Desai next week because he's going to address what to do when you're super anxious, or when you're afraid or when you're concerned. So, yeah, as a parent you have a right to protect your home and protect your children. Agencies should not threaten you with them cancelling your services in the future and the department is certainly not going to do that.

Follow-up question: Consumer Direct send out a document for community support workers to carry with them saying that they are essential. Was it wrong for us to assume based on this document sent by a Department of Health and Welfare contractor that community support workers are essential?

I don't think you're going to get in trouble. I didn't realize that consumer-direct did that. This is not martial law, so the state police aren't out there saying get back in your home. Although, on the provider call on Monday basically the same question was sort-of asked about how is this being enforced, and I know I have an acquaintance who has a cabin in Donnelly so they went from the Treasure Valley to Donnelly and they got stopped by the police on the way up asking why they were traveling, and they got stopped on the way back asking the same question. There is some small enforcement of things that are taking place right now to just find out what people are doing but police aren't stopping people and saying show me your letter. I certainly am going to check in with them to see what prompted them to issue that letter and I'll follow up and see where we are with the governor issuing anything on that as well.

Are there any grants or other funding available to help get people with disabilities connected with Telehealth supplies on their end?

The [Center on Disabilities and Human Development](http://idahoat.org) has an assisted technology project (idahoat.org), and I think that would be the perfect entity to help with technology-based equipment. They do have a lending library. I think that would be perfect to connect with them to see what supplies they might be able to provide to people so that individuals can start accessing telehealth support through our service providers. Also, in the information releases on telehealth there are ways to do telehealth through smartphone, or if you have a computer through the computer. The HIPAA regulations have been relaxed a little bit, so I said something the other day and I was wrong, but if you go to that information release it will tell you ways to use technology you may already have to do telehealth. If you have a smartphone there are ways, the IRs will tell you whether it be Facebook or whatever that you can use for Telehealth and you can utilize those in that way.

Art could you just take a few minutes to explain some of the things Medicaid has already done to try to address the way needs have changed for individuals and families and how the department has responded?

We've done several things. We've suspended a lot of rules, and again there's a whole list of information releases talking about those suspended rules. We're allowing services to be provided in locations that aren't identified on the plans nor are we holding people accountable to those service locations. We've allowed the hourly supported living agencies to pick up developmental therapy, community supported employment, and natural support hours that had been lost during the COVID virus. Let's say you get a few hours of supported living, and a few hours of Physical Therapy, and you go to your parents' home for a few hours each day or through the week, and they can no longer provide those, so we said that Residential Habilitation agencies, you can replace the development therapy, the community supported employment and the natural supports that have been lost, you can replace those with hourly supported living. We are allowing developmental therapy to be done in the home, in a certified family home, which normally is not allowed. We are allowing the expansion of telehealth. We want people to do as much as they can through telehealth. We've also worked with agencies to try and give some financial assistance. Matt is going to meet with the providers in about an hour, and I'll be on that call as well, sharing with them some of the things that are being done, but I think I am okay to say to you that we are going to increase reimbursement rates back to March 13th and through the end of the emergency to help fill in for some of the services and billing opportunities that were lost for agencies. Bureau of Long-Term Care, Aged and Disabled, has suspended several rules as well. They have lifted restrictions and will allow targeted service providers and agencies to do work at plan development and checking in with their participants via Telehealth. We're discouraging face to face. We've also encouraged targeted service coordinators to call the people they serve frequently, I'd like to see them do it on at least a weekly basis, and they can be paid for that. There are a lot of things that we've done but primarily just trying to remove barriers to people getting services in this restrictive environment.

I would also encourage people to go to the [MyChoiceMatters website \(mychoicematters.idaho.gov\)](https://mychoicematters.idaho.gov). Much of the information you might be seeking should be found there in the information releases provided by the division of Medicaid.

How are you tackling the emotional and mental stress of both the individuals with intellectual and developmental disabilities and their caregivers during and after this pandemic?

We thought that was a perfect illustration of the kinds of things we're hearing from a lot of individuals with intellectual and developmental disabilities right now which is what prompted us to want to host the next video webinar series which is Dr. Desai that will be next Friday, April 29th. We would strongly encourage you to help individuals know about this and family members and of course our direct support work force that is just stellar out there out there working long hours and under stressful conditions. We want to make that available. I also want to let you know that with the COVID-19 hotline that Art spoke of earlier is **1-888-330-3010**. You can also call and if you're feeling stressed, or feeling some anxiety, it's just feeling overwhelming, the division of Behavioral Health has set aside funds that supports mental health clinicians. If you were to simply say on that state phone line "I'm feeling stressed and overwhelmed", "I'm anxious", they will direct you to a mental health provider that you can talk to on this phone line and I would encourage you to share that information out as I know this is really stressful time for everyone.

I would like to thank Arts Evans and his Division. We asked if they could provide please provide a Spanish-speaking Medicaid staff and he quickly responded to our request. They have three staff answering that line and they all speak Spanish so please encourage all Spanish speaking families and individuals to call if they have questions about their services and support related to covid-19. That number is **(208) 334-0470**.