NORTH Dakota | Human Services
Be Legendary.™

Revised April 20, 2020
Revised April 1, 2020
Created March 18, 2020

ND Dept of Human Svc - Developmental Disabilities Division:
Coronavirus (COVID-19) Frequently Asked Questions

During the COVID-19 event, exceptions to our normal practices and policies will be allowed. Below is guidance to address the exceptions requested. These exceptions will only be in place temporarily. We encourage you to continue to watch for additional communication from the DD Division. We continue to recommend that providers follow the guidelines provided by the CDC, Department of Health and the ND Governor's Office regarding community outings, events and visitors.

REVISIONS
- **Q10 – SIS/ICAP assessments**
- **Q11 – CQL accreditation**
- **Q16-Q20 COVID-19 Testing, Isolation, and Quarantine**

REVISIONS
- Q6 – Conducting intakes

Staffing

Q1: Can a provider temporarily close their facility-based day programs?

This is at the discretion of the provider. If a provider does make the decision to temporarily close their day program, this must be communicated with the regional DDPA. It will be the provider's responsibility to notify team members (including the DDPM) of any changes in location or service delivery. We encourage providers to collaborate and utilize those day hab/small group/pre-voc staff in the other settings if possible.

Q2: How do providers address staff shortages?

Providers must look at each client and setting to determine if it is feasible to adjust current staffing patterns, while still maintaining health and safety. Any changes in staffing patterns needs to be discussed with the client's team. For those settings where it is assumed that the provider is the primary caregiver, it is still the responsibility to provide staff.

Q3: Can a provider refuse to provide a service or staff for a service that they are authorized for?

Providers may discuss with the client, legal guardian and other team members if there are services that are not needed for a period of time; however, they cannot refuse to

provide the service if they are authorized. Providers should follow the CDC recommendations and possibly implement a check-in prior to staff coming into the home to ensure individuals in the home are not symptomatic; DHS has posted recommend guidelines for home visits at dhs.nd.gov. If the provider still determines they will not provide the service, the provider must start the discharge process.

Q4: How will the payment for day services work when the day program is closed? Will the ISP be changed so the authorized provider bills for those hours during the closure?

If staffing was provided by the authorized day/small group/pre-voc provider they will bill the service time as usual. The ISP will not be changed.

Policy

Q5: Can providers extend the annual training due dates?

Yes, annual training due dates can be extended. Extending these due dates or canceling training classes will be at the discretion of the providers. Once the COVID-19 situation has resolved, the DD Division will send out guidance on timelines to have staff complete the overdue trainings.

DD program management

Q6: (REVISED April 1, 2020) Can intake for eligibility be completed via telephone or virtually?

The intake is generally the first and only time the DDPM gets to meet with an individual before eligibility. It is the time to complete the PAR and gather information about how the individual communicates, moves, and interacts within their environment.

- Intake visits for those age three and older should be done in person to allow an opportunity for the DDPM to complete the PAR and observe the individual; these could be completed in the home, at the HSC or an alternate location. For individuals that may be in a hospital setting that restricts visitors, you can plan to visit via telecommunication, due to the restriction in the setting.
- Intake visits for those under age three could be completed in person or via telecommunication since the parent is the primary reporter of information; however, the initial evaluation completed by the Infant Development provider should be completed in person or using an application in which they can visually observe the child.

~~No, the DDPM must meet face to face either in the consumers home, the human service center or an alternate location.~~

Q7: Can PASRR level 2 be completed via telephone?

Yes, due to the limited access to nursing homes and hospitals, the face to face portion of the level 2 may be completed via telephone and desk-based review.

Q8: If a client is not able to receive a service monthly due to staff shortage, does the client have to be de-screened from the waiver?

No, the person will continue to be screened for the waiver. For these situations, the need for service remains but the reason they are not receiving the service is out of their control (staff shortage). If this occurs, DDPM's will continue to monitor and have contacts with the family at least monthly or more frequently if necessary, based on the situation. DDPMs will need to create a progress note documenting why the service was not received.

Q9: If a client or legal decision maker decides to make a temporary change in staffing or living arrangement, does the client need to be de-screened from the waiver or their level of care?

No, the person will continue to be screened. For these situations, the need for service remains but the reason they are choosing to not receive the service is due to the COVID-19 event. If this occurs, DDPM's will continue to monitor and have contacts with the client or legal decision maker at least monthly or more frequently if necessary, based on the situation. DDPMs will need to create a progress note documenting why the service was not received. It is the providers discretion on whether the bed will remain available after the COVID-19 event. If the provider chooses to discharge the provider must start the discharge process.

SIS/ICAP assessments

Q10: (REVISED April 20, 2020) Will the SIS/ICAP assessments still be conducted in person?

During the COVID-19 pandemic, the authors of the assessment have temporarily waived its best practice recommendation for face to face assessments. Our contractor, The Rushmore Group, LLC will be scheduling remote/virtual assessments to be completed beginning in May 2020.

If the provider does not have access to the technology required to participate in an assessment, they will notify Rushmore and the Division.

If the guardian does not have access to or desire to utilize technology to participate in the assessment via video, they will have the option to connect via telephone.

~~**Q10: Can a provider or family member cancel the SIS/ICAP assessment?**~~

~~At this time the DD Division is not planning to cancel scheduled SIS/ICAP Assessments. Rushmore has asked their assessors to assist with maintaining the health of those at the assessment, including themselves, by implementing the recommended six-foot personal space, not shaking hands, etc. Additionally, they have requested their assessors to not travel/conduct assessments if they are not feeling well.~~

~~If a provider implements policies regarding outside visitors or makes the determination that they will not be participating in the assessment process, they will need to contact Rushmore.~~

~~If an assessment is postponed, the current scores will remain, and any changes will not be retroactive to comply with the 30-day appeal notice.~~

CQL accreditation

Q11: (REVISED April 20, 2020) Can a provider cancel the on-site CQL accreditation visit?

Because providers are using all available resources to ensure client's health and safety, we are postponing all on-site accreditation visits through April 30. If your accreditation expires, CQL will be granting an extension.

CQL is offering a virtual accreditation process which will include an on-site visit when it is safe to do so. If the provider is unable to allocate resources to the accreditation or they do not have the appropriate technology to support a virtual visit, the provider must notify CQL and the Division. For these situations, the accreditation may be postponed, and an extension granted.

DD Survey

Q12: Will the Division be postponing the DD surveys?

Yes, these will be rescheduled.

Service planning

Q13: If the provider is unable to provide the authorized service listed on the ISP in the traditional setting, will an update need to be made to the plan.

No, the ISP will not need to be updated as the intent is that the provider is still providing a service to the client. The provider will need to notify the client's team (including the DDPM) of any changes.

Q14: Do team meetings need to be in person?

The initial, 30 day comprehensive and annual meetings may be held via telephone. Any other meeting type may be conducted as the team determines appropriate (e.g. email, phone).

Q15: How do we proceed without an in-person interpreter if the client is hearing impaired or speaks another language?

In place of an in-person meeting, alternate methods should be used (TTY, texting or interpreter over the phone). If the client has a legal guardian, the team may decide to hold the meeting without the client however if the client is their own guardian, the meeting may need to be rescheduled if the alternate methods are not available.

COVID-19 Testing, Isolation, and Quarantine (New section added April 20, 2020)

Q16: Can a client refuse to be tested for COVID-19?

Yes, a client can refuse a recommended test and the provider should follow directions of the DOH, which may include the person be treated as if they were positive.

Q17: A test has been recommended for COVID-19, can a restraint be used to complete the test?

A client can refuse testing. Least restrictive methods, risks, and benefits should always be explored and considered first. If a restraint is utilized, this would be considered an unauthorized restraint.

Q18: Do we need to report to Human Rights Committees (HRC) if someone has been isolated or quarantined due to COVID-19?

No, if it has been recommended by the DoH to be isolated or quarantined. Agency staff should make sure that they are educating and informing the person to follow the recommended CDC guidelines.

If a client is being isolated or quarantined in absence of the DoH recommendations, this needs to be reported to P&A as a rights restriction.

Q19: What happens if the client refuses to stay in their room or in their home if they are being isolated or quarantined?

The team should discuss solutions, but first consider non-restrictive measures prior to the use of any restrictive measures, while balancing health and welfare of that client and everyone else in the home. Follow CDC guidelines to minimize the risk to the environment.

If a restraint is utilized, this would be considered an unauthorized restraint.

Q20: What are some ways a provider can modify the client's setting or location in response to positive or suspected COVID-19?

Refer to the CDC link below regarding Infection Prevention and Control Considerations for alternate care sites:
https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Falternative-care-sites.html

For individuals remaining in their home (congregate settings):

- Living arrangements - separate rooms with closed doors and open windows (weather permitting); if only shared rooms are available, move person who is ill in a room with the fewest number of others and create barriers between people; provide mediations in room
- Meals - stagger mealtimes and use of common/shared kitchens; meals in their room; use disposable plates/utensils
- Bathrooms - provide separate bathrooms if possible or portable toilet; if sharing, stagger the schedule to allow cleaning between uses; complete hygiene cares in room
- Recreation - schedule for using common spaces; reduce activities that congregate other people; modify leisure activities and provide other entrainment (Roku, cable, sensory items, music, etc.)
- Staff activities - reduce unnecessary assembly of staff, such as staff meeting; use alternative telecommunication; designate staffing to provide cluster care