

Summary Question & Answer Reference

Membership Meeting: March 26, 2021 – Guest Speakers Kristin Ahrens & Michele O’Toole

During our virtual meeting with Kristin Ahrens & Michele O’Toole from ODP, a number of questions came up. We wanted to provide a brief summary of the questions/answers from the meeting.

Topic Area	Question	Answer
COVID-19 & Vaccinations	I know you said the task force did not include IDD into 1A yet. But did the joint task force formally take up the issue of including people with IDD into 1A and voted it down, or did they discuss it and take no action? Or was the topic not discussed at all?	<p><i>Jefferson Health conducted a significant Study published in the New England Journal of Medicine, looking at medical records of 64M patients across 547 organizations and concluded that intellectual disability, next to age, are at substantially increased risk of dying from COVID-19. There was a ‘rumor’ that CDC was going to add a number of conditions to the high-risk list (including ID) based on the results of this study. As of the time of the meeting, no new information has been released so it is unknown if the CDC will be adding ID to the high-risk list.</i></p> <p><i>The long-term task force and Governor’s office both got a high-volume of letters demanding that ID, based on the Jefferson study published on March 5, get added to 1A. The long-term task force, because of the possible update from the CDC, has not yet add ID to list of high-risk categories in anticipation of the CDC update. It is our understanding that it was discussed at the long-term task force, and they determined that they would wait until we receive a formal determination from the CDC.</i></p> <p><i>Currently, ODP has been planning based on two scenarios; one where everyone enrolled for services in the ID system would be included for vaccine AND a second scenario looks at individuals with ID who would meet other risk factors based on the health conditions qualifying for 1A (this data is based on claim).</i></p> <p><i>At this time, we hope the long-term task force acts on the Jefferson study and adds people with ID to the 1A list.</i></p>
COVID-19 & Vaccinations	Is there someone at ODP an unpaid caregiver may contact re: accessing a vaccine appointment?	<p><i>If the issue is that the letter indicating that the unpaid caregiver is eligible for a vaccine in 1A, but the vaccine providers isn’t accepting that, please send those, with all the individual details, to ODP and they will get elevated. Otherwise, ODP presently doesn’t have any specific mechanism to connect people to a vaccine provider unless it’s a clinic that ODP has established.</i></p>

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COVID-19 & Vaccinations	If a provider has an individual in your residential program who has a high-risk condition, but her guardian refuses that she gets the vaccine what should the provider do.	<i>When there are disagreements around medical treatment, you should follow best practices; try to understand concern around getting the vaccine, consider the physician recommendations, work with the county and regional office to support education for the guardian – but ultimately, if the guardian continues to refuse the vaccine, there isn't anything providers can do to force a vaccine.</i>
COVID-19 & Vaccinations	If a fully vaccinated individual is exposed to a person positive for COVID, should that individual quarantine from attending day program where not everyone is vaccinated?	<i>Yes, ODP has not and is not planning on updating guidance for Temporary Closure & Reopening of program at this time. Because of the vulnerability of the ID population (as confirmed by Jefferson study), not enough of this population is vaccinated and because of the virus variants in the community, you should still follow the established DHS Protocols for closure and re-opening of program.</i>
Visitation Guidelines	Now that most individuals living in group homes have received both vaccines, is there a change in visitation guidelines?	<p><i>Important to note, CDC issues guidance that rarely speaks directly to the ID system service settings. Therefore, ODP must adapt the appropriate CDC guidance our settings of care. On March 10, 2021, the CDC issued revised visitation guidance for nursing homes and this is the basis of what ODP will be using.</i></p> <p><i>Following the CDC guidelines, ODP will be releasing updated visitation guidelines for Residential Settings, Personal Care Homes, Assisted Living Residents and ICF's. While these guidelines are still in executive review, they will follow (generally) the CDC guidelines released for nursing homes earlier this month. Specifically, that providers should be allowing indoor visitation at all times for all individuals except for a few circumstances:</i></p> <ul style="list-style-type: none"> - <i>If you have high community spread and less than 70% of residents vaccinated (though the measure will be adapted for small group homes),</i> - <i>If you have an active COVID-19 outbreak,</i> - <i>If you have an individual who is in quarantine.</i> <p><i>Details will be forthcoming on these revised guidelines.</i></p>

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Visitation Guidelines	So can we implement the updated visitation policies before ODP guidance is issued (i.e., this upcoming weekend)?	<i>Yes, providers can work on their updating their policies. Keep in mind, ODP guidelines will follow the CDC guidelines. You should continue to follow ODP guidelines on screening, masking, and handwashing. Keep in mind, we do have new variants of the virus in PA, and it is still unclear how they will hold-up to vaccine. You still should follow best practices to avoid risks. These include scheduling visitations to minimize crowds, implement appropriate social distancing, and when there is risk of spread and not everyone is vaccinated, focus on compassionate care.</i>
COVID-19 & Re-opening Programs	Any guidance on opening and closures for staff and clients who are fully vaccinated?	<i>Again, ODP has not and is not planning on updating guidance for opening and closing programs at this time. Because of the vulnerability of the ID population (as confirmed by Jefferson study), not enough of this population is vaccinated and because of the virus variants in the community, you should still follow the DHS Protocols for opening and closure of CPS.</i>
COVID-19 & Re-opening Programs	To help CPS providers welcome back our clients are you considering waiving the ratio requirements again? We have 10 openings so we may not be able to meet the staffing ratios set forth in the ISP'S. We are having difficulty hiring people especially with the \$300 unemployment per week addition.	<i>Providers must meet the staffing ratios. These ratios are established in the ISP to ensure the health and safety of the individual. There will be no waiver of ratio requirements because they could significantly impact the quality of care to the individual.</i> <i>Though important to note, Kristin did acknowledge that this is a dilemma and that the bigger issues around the workforce crisis must be addressed as part of the relief needed in the HCBS system.</i>

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<p>COVID-19 & Re-opening Programs</p>	<p>Can CPS provider choose to remain open only to vaccinated staff and clients?</p>	<p><i>The short answer is NO. Below is the pertinent Q&A from the DHS FAQ document.</i></p> <p>Can a provider refuse to provide services to an individual who has not been vaccinated for COVID-19 or require that an individual receive a vaccination for COVID-19?</p> <p><i>Providers cannot refuse to provide services to individuals who have not been vaccinated for COVID-19. This may constitute discrimination under either of the following:</i></p> <ul style="list-style-type: none"> • <i>Title II of the Americans with Disabilities Act.</i> • <i>Section 504 of the Rehabilitation Act of 1973.</i> <p><i>To comply with 55 Pa. Code § 6100.182 individuals may not be discriminated against because of race, color, creed, disability, religious affiliation, ancestry, gender, gender identity, sexual orientation, national origin or age. Further, individuals have the right to make choices and accept risks.</i></p> <p><i>When individuals choose not to get the COVID-19 vaccine, providers must make reasonable accommodations to render services in a manner that protects the health and wellness of the individual and other individuals receiving services.</i></p> <p><i>Regardless of whether individuals have been vaccinated for COVID-19, providers must continue to implement COVID-19 mitigation strategies.</i></p> <p>Can a provider require staff to receive the vaccine?</p> <p><i>Providers must comply with all employment laws. DHS recommends that providers consult with legal professionals regarding this issue.</i></p>
<p>Pandemic Relief Funding</p>	<p>If possible, can ODP consider using its dump of money from the feds over a period of years? If the state can't hold it for more than one year, perhaps it can be pushed out to providers for the purpose of spending it over a period of years. Dumping it all in one year may not be the best way to use it.</p>	<p><i>While we are incredibly relieved by developments of the American Rescue Plan Act (ARPA), since the law was passed through reconciliation, the parliamentarian simply indicated that the funding must ‘supplement and cannot supplant’ the level of state funds extended for HCBS effective April 1, 2021. ODP doesn’t have a lot of detail. We understand the intent, but CMS has not provided any further guidance to states. There are many questions from the definition of supplement vs. supplant, whether administrative fees can be included, etc. CMS is working on getting guidance at the level of detail appropriate for implementation so states can access the funds. At this point, we’re waiting on CMS and the Federal Government to advise on next steps.</i></p> <p><i>Kristin acknowledged that ODP understands there are two significant issues to requiring relief – the short-term crisis needs addressed as providers wrestle with vacancies while also working to re-open program and the longer-term issues around funding that have been discussed for years around the ID/A System of care.</i></p>

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Pandemic Relief Funding	Is the availability of relief funding tied to the FY 2021/22 Budget OR will be relief funding be reviewed separately?	<i>It is ODPs understanding that this will work through the appropriations process rather than connecting it to the July 1 budget. Though, once again, we don't have enough details from CMS on the restrictions and details for accessing the funding to be completely sure of the process will look like in PA. But we believe it will go through an appropriation process independent from the budget.</i>
Pandemic Relief Funding	Last year, the state of PA offered employers hazard pay on a first-come, first-serve basis for their front-line workers. Is ODP concerning a hazard pay for DSPs in 2021?	<p><i>ODP sent providers \$260M through gross pay adjustments for COVID-19 related expenses (including hazard pay). However, if this is referring to the DCED (Department of Community and Economic Development) grants that went out from ACT 24, ODP did not have many providers who were successful in drawing down those hazards pay funds from the DCED grant.</i></p> <p><i>We don't yet know the parameters of the most recent ARPA funding (what is allowable or not) – any funding will go through the appropriations process and we will work based on the guidelines established by CMS.</i></p>
Prudent Pay	Is suspended prudent pay for all DHS?	<i>Yes, ODP is planning to release an announcement noting that the Prudent Pay program will remain suspended until March 31, 2022. It will be reinstated in a phased approach beginning in April 2022. For more information about prudent pay, you can visit the DHS Provider Quick Tips on the Waiver of Prudent Pay.</i>