

OPRA MEMBER UPDATE

MARCH 15, 2020

Executive Orders:

Over the weekend, Gov. Mike DeWine and his public health team, including Dr Amy Acton and Lt Gov. Jon Husted continued daily press briefings, introducing further executive orders and public closures related to the Covid-19 virus in Ohio. These Executive and Departmental Orders currently include;

- The closing of all bars and restaurants at 9 PM March 15th.
- A ban on mass gatherings of 100 or more people.
- The closing of K-12 Schools throughout Ohio for at least the next 3 weeks.

To read the full list of executive and departmental orders, click [here](#).

In addition to these orders, the administration has also introduced initiatives to expand tele-medicine, provide low-interest loans to businesses and provide training and professional development for displaced workers. The state of Ohio's dedicated Covid-19 website can be accessed [here](#).

OPRA staff will continue to analyze these executive actions and will be providing further guidance in the coming days.

Day Services:

Considering the nature of the health crisis and the direction from the state on mass gatherings, we understand that many day and vocational service providers are faced with the incredibly difficult decision of suspending center services or drastically reducing service delivery in the coming days. OPRA has spent the weekend in conversation with DODD Leadership as well as several day array members in order to plan for the weeks and months ahead. As you move into this critical decision point, here is the latest information as we know it;

- OPRA is working with DODD on a short-term plan to support providers financially during potential center closure, disruption of services and displacement of staff. We will have more details about these plans very shortly.
- DODD released guidance on Friday, outlining several rules and policies that have been relaxed in order to provide flexibility to continue providing services and employing staff during service disruption. Effective immediately;
 - Settings rules have been relaxed allowing day service providers to support individuals in their homes or other small, group settings.
 - Allow immediate subcontracting between residential and respite service providers with Day Array providers to deliver HPC/Respite in any HCBS Residential setting.
 - Remove Budget cap on remote technology for this service to be authorized/delivered as needed if there is not a DSP available for direct support.
 - To read the memo outlining these changes, click [here](#).
 - DODD is still working on further opportunities to support day providers, but above are the changes which are immediately effective.
- OPRA has engaged with Vorys to share sub-contract and MOU templates for agencies looking to share staff resources to meet individual service demands.
- OPRA will be developing and sharing a checklist, built on the various strategies our day array members have shared with us in how they have begun preparation and local discussions with community partners and other provider agencies.

OPRA will have and share more information regarding support for day array service providers during our member call this afternoon.



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DODD Guidance on Waiver-Funded services:

On Saturday evening, DODD released a memo outlining guidance and department initiatives for waiver service providers including the suspension of regular compliance reviews, updated health and safety guidance, relaxed policies for hiring and training DSPs, and the realignment of DODD regional support. We encourage you to read the memo [here](#), and please let us know what feedback or questions you have. We will be providing further guidance around the implementation of these efforts in the coming days.

Updated Guidance for ICFs:

Late Sunday night, DODD released updated guidance for ICF providers in response to the challenges faced by Covid-19. The memo contains new information regarding emergency response, the visitation order requiring ICF's to follow the 'Homes' directive from ODH, DODD's request to suspend licensure surveys, the postponement of pre-admissions counseling, as well as new guidance on training, hiring, bed hold days and cost-reporting. As this guidance is brand new, OPRA is still analyzing its contents and will be able to share more on this afternoon's member call. To read the memo, click [here](#).

Screening Procedures:

As we press ahead, many of the new health and safety standards require screening staff, individuals and visitors for potential Covid-19 infection. To that end, yesterday DODD shared this process for use by ICFs, which we hoped could be helpful for everyone seeking such a process.

Screener responses

Entry Screening Process for Prevention of COVID19 Transmission

1. Do you have symptoms of respiratory infection? (fever, cough, shortness of breath)
 - No – proceed to work
 - Yes – Employee will be sent home. Employee may return to work when no longer symptomatic (typically 24-hours). Does not require a doctor's release.
2. Have you travelled outside of the United States to any of the following countries within the past 14 days: China, Iran, Italy, Japan, South Korea or any of the level 2 or 3 countries identified by CDC **OR been exposed to someone with confirmed COVID-19?**
 - No – proceed to work
 - Yes, and non-symptomatic (fever, cough, shortness of breath) – employee will be required to stay at home for 14-days from the time they left the impacted country **or were exposed to confirmed COVID-19**
 - Yes, and exhibiting signs of the flu (fever, cough, shortness of breath) – employee is required to contact their Primary Care Clinician (PCC). Employee is required to stay home for 14 days from the time they left the impacted country and may return to work when cleared by their PCC
3. Temperature of 100.4 degrees Fahrenheit or greater
 - No – proceed to work
 - Yes, and did not travel to one of the impacted countries – employee will be sent home until no longer symptomatic.
 - Yes, and travelled to one of the impacted countries – employee will be sent home and directed to contact their Primary Care Clinician (PCC). Employee is required to stay at home for 14 days from the time they left the impacted country and released by their PCC.

Signature _____ Date _____



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National/Federal Initiatives:

With President Trump declaring a national state of emergency late last week, the federal government has gone into overdrive to open up emergency funding, relax rules, and passing stimulus package. Additionally, The US House of Representatives passed Families First Coronavirus Response Act (HR 6201), aimed at injecting funding to many federal entities to try to combat the spread of COVID 19, including Medicaid, the CDC, NIH, FDA and Public Health and Social Services Emergency Fund. The bill also expands FMLA coverage to workers impacted by quarantine and/or school/daycare closure. While there is still much to unpack, OPRA is working with our national partners to analyze the bill as well as subsequent legislation that will fill several gaps likely in this bill. While we know there are still many questions, our initial analysis tells us the following;

Medicaid Increased Federal Funding

- Provides states with a 6.2% increase on their traditional FMAP for all Medicaid medical services, if they agree to certain terms, for the duration of the Public Health Emergency.

- The FMAP increase does ensure that relief for the Medicaid states is shared with disability workforce.
- Provides \$1 billion in grant funding to help states manage and expand their unemployment insurance programs.

Gives the FDA additional funding for development of necessary medical countermeasures and vaccines, advanced manufacturing for medical products, the monitoring of medical product supply chains, and related administrative activities.

Sick Leave

- Employees of employers with fewer than 500 employees and government employers, who have been on the job for at least 30 days, with the right take up to 12 weeks of job-protected leave under FMLA to be used for any of the following reasons:

- To adhere to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus;
- To care for an at-risk family member who is adhering to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus; and
- To care for a child of an employee if the child's school or place of care has been closed, or the child-care provider is unavailable, due to coronavirus.

- After the two weeks of paid leave, employees will receive a benefit from their employers that will be no less than two-thirds of the employee's usual pay.

- Employers with more than 500 employees are excluded.

- DOL will have the option of exempting workers at any company with fewer than 50 employees, if it determines that providing paid leave "would jeopardize the viability of the business as a going concern."

- The caregiving component of the paid sick leave provisions does not cover a family member or other individual stepping in as a caregiver if COVID-19 results in someone losing their usual source of care and does not apply to caring for adults with disabilities.

- Unlike earlier drafts, it does not establish a permanent paid sick leave entitlement for all families.

- \$15 million for the Internal Revenue Service to implement tax credits for paid sick and paid family and medical leave.

- Amendments to FMLA would expire in a year and exemptions are available for small businesses There is no additional funding for SSA to administer these programs.



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National/Federal Initiatives Continued:

Testing, Treatment, and Other Medical Provisions

- Zero cost-sharing in Medicaid program related to testing and diagnosis of COVID-19, waiving all cost sharing for labs and diagnostics but leaves Medicaid cost-sharing in place for medical services related to treatment of COVID-19.
- State option to provide coverage for the uninsured for these services through the Medicaid program. Provides states with 100% FMAP for all the services related to the cost sharing for those states taking up this state option.

Telehealth

- Waives current prohibitions surrounding the furnishing of telehealth services in the Medicare program, during the current public health emergency, furnishing a service allowable under the Medicare program, even if the program did not pay for such service, is a qualifying relationship.
- Silent on Medicaid telehealth.

Nutrition Assistance

- \$650 million for nutrition assistance programs including the Senior Nutrition program inside the Administration for Community Living and food bank assistance
- Suspends the work and work training requirements for SNAP (Supplemental Nutrition Assistance Program) during this crisis.

Small Business Disaster Loans- \$20,000,000 transferred to the Small Business Administration. The funding allows the Small Business Administration to offer low-interest, long-term loans to small businesses impacted by the Public Health Emergency through the Disaster Loans Program.

