# Re-Establishing Services

**Public Health Emergency Shifting Activities** 



### Federal Emergency Response Vehicles

- HCBS 1915(c) Waiver Appendix K
  - 48 states submitted and approved Appendix K
  - Effective for up to one year, depending on state's request
  - Can be retroactive
  - Adjustments only to activities allowable within 1915(c) waiver
- 1135 Waiver
  - Flexibilities within Medicaid State Plan (and Medicare)
  - CMS created Blanket Waivers for COVID-19 Public Health Emergency (PHE)
  - Requires national PHE declaration; xpire when PHE is declared terminated
  - Flexibilities regarding provider enrollment, HIPPA, timeline adjustments, and additional conditions

#### State Activities Towards Re-Establishing Services

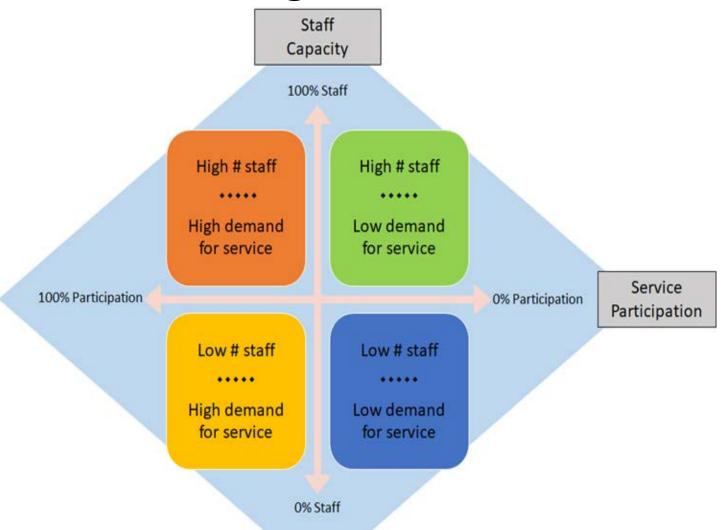
- Identify Individual Impact
  - Risk and Benefit tools emerging
  - Person Centered planning adapted procedures
  - Maintain what's working
  - Budget neutrality for return to service
- Identify Agency Impact
  - Provider Readiness review tools
  - Staffing capacity/capabilities
  - Physical space, equipment and supplies
  - Budget and cost analysis
- Identify System Impact

#### State Activities Underway

- All states engaging in discussions, developing tools;
- Some examples:
  - Hawaii- provider readiness assessment
  - Maine/Ohio Risk Benefit Analysis tool
  - Pennsylvania Transition to next phase individual planning guide
  - Connecticut Survey of Families and Self Advocates

## Unanswered Questions Remain

#### Scenario Planning



- Used when uncertainties exist
- Compare possibilities to identify potential scenarios
- Focus planning on the most likely scenarios
- Anticipate problems, discuss potential unanticipated challenges

#### Scenario Planning Part 2:

- Discuss each scenario's alignment and misalignment with:
  - System values
  - Current rules/regulations
  - Risk to health of all people involved
  - Provider capacity and capabilities
  - Assurance of parity of service access
  - Advance the goals of the system
  - Allow for flexibility if infection rates increase
- Develop action planning for each area

Draft Scale for understanding vulnerability to COVID-19 infection:

Very proficient	Understands and maintains six foot physical distance
very promoterie	Does not physically touch others
	Washes hands frequently with soap and water as per CDC UP guidelines
	Fully practices personal hygiene with coughing/sneezing, wiping mouth;
	Wears a face covering when outside of home at all times, and is comfortable with
	others wearing face covering
Proficient	Understands and usually maintains six foot physical distance
	Rarely touches others unless necessary for personal care needs;
	Washes hands frequently with soap and water as per CDC UP guidelines with
	reminders from family or support staff.
	Practices personal hygiene with coughing, sneezing, wiping mouth with reminders
	Wears a mask when outside of the home with reminders; is comfortable with others
	wearing face covering
Somewhat proficient	Understands and usually maintains six foot physical distance with the support of
•	others
	<ul> <li>Occasionally touches others in addition to when necessary for personal care needs;</li> <li>Washes hands with soap and water as per CDC UP guidelines, with reminders from</li> </ul>
	Baracines, man communication as per each of Baracines, man reminers non-
	family or support staff, with occasional refusals.  • Practices personal hygiene with coughing, sneezing, wiping mouth with reminders or
	assistance; may not initiate when needed.
	Wears a mask when outside of the home with reminders; is comfortable with others
	wearing face covering
Little musticione.	Understands and maintains six foot physical distance only with support from others
Little proficiency	Occasionally touches others unless frequently reminded to keep distance;
	Cooperates with frequent handwashing as per CDC UP guidelines when assisted by
	staff.
	Needs reminders and physical assistance to practice personal hygiene with coughing,
	sneezing, wiping mouth.
	Wears a face covering for short periods of time when outside of the home; is
	comfortable with others wearing face covering
No proficiency	Does not understand or maintain six foot physical distance
Tto promoteries	Frequently touches others, regardless of reminders
	Does not wash hands as per CDC UP guidelines
	Does not demonstrate understanding of the need to practice personal hygiene with
	coughing, sneezing, wiping mouth
	Refuses to wear a face covering at any time; is distressed when seeing others wearing
	face coverings
Unaware of any risk	The individual is unable to demonstrate any of the above skills related to personal
	hygiene, personal touch, physical distancing and is uncomfortable with wearing a face
or prevention	covering or is distressed by seeing other people wearing facial coverings.
practices	