
Guidance: Frequently Asked Questions about Adult Day Order

March 21, 2020 | [DODD](#)

Questions and Answers for Providers

How do providers know if a facility-based day program setting is required to close?

The Order issued by Dr. Amy Acton, director of the Ohio Department of Health (ODH), restricts group sizes to no larger than 10 people, including the staff of the provider, within buildings where the adult day support and vocational habilitation services. If it is determined that it is truly in the best interest of the person's health and safety to receive group adult day support or vocational habilitation in these smaller settings, providers must follow all preventative and response measures outlined by ODH.

Do 10 people include staff as well and what is considered a confined space?

*Updated March 23, 2020**

The Order states that in an adult day services location, no more than ten people can present in a confined space. A count of 10 people includes both people receiving services, direct support professionals (DSP), and staff. Confined space should be viewed as an area where activities are taking place. If up to ten people receiving services, DSPs, and staff are in one area of the building, additional staff who are necessary to be on-site could be working in another part of the building. A provider should not establish separate spaces within their facility for groups of 10 people to operate, without each confined space having access to separate entrances, bathrooms and assigned staff. Providers need to use sound judgment to comply with the ten-person rule and to restrict exposure to those who are not staffed to support them.

How do providers know if community outings are no longer able to take place?

Throughout the state of emergency, the rules that required day services and vocational habilitation to be provided in community or work settings are being relaxed to recommend those services be provided in a

person's residence. With this guidance, those services may be provided in the location that meets the needs of people with disabilities, and in limited circumstances may be provided in groups are no larger than 10 people, including staff to prevent the community spread of COVID-19.

Residential providers, however, may continue to plan home and community activities for individuals who live together, much as other households are doing during this time. Additionally, day providers need to work with residential providers to redeploy day services into people's residential settings to help cover services. Activities should be tailored to the interests of individuals and be based on their health and safety needs. These activities must also be consistent with the advice of public health authorities to avoid large gatherings or areas where groups of people congregate. Please keep in mind that public health authorities may be restricting certain activities.

How long will facility-based day programs be closed?

The priority of the Ohio Department of Developmental Disabilities (DODD) is the safety of communities and Ohioans with developmental disabilities. Programs will be closed until directed by the ODH or DODD after federal and state authorities advise that it is safe for individuals to congregate in large groups. The steps being taking are intended to keep individuals healthy and safe, slow the spread of COVID-19, and minimize the time that communities need to employ social distancing.

As a residential provider, what services can be provided while day programs are closed?

Residential providers will need to ensure appropriate staffing and supervision during this time. If the provider also operates a closed day program, DSPs may be redeployed from the day program to the residential programs.

Adult Day Support and Vocational Habilitation service providers may provide Homemaker/Personal Care (HPC) services in the following ways:

1. If the Adult Day Support or Vocational Habilitation service provider is already certified to deliver HPC services, the provider may submit claims for HPC services directly to DODD through the Medicaid Billing System (eMBS).
2. If the Adult Day Support or Vocational Habilitation service provider is not already certified to deliver HPC services, the provider can still utilize its DSPs to deliver HPC services by using one of the following two approaches:

- The provider may enter into a sub-contractual arrangement with the residential services provider. The residential services provider would bill for the HPC services to DODD through eMBS and use the funding received to reimburse the Adult Day Support or Vocational Habilitation provider for the services rendered by their employees.
- The provider may apply through DODD's Provider Services Management (PSM) system to have HPC added to their existing certification. Once the application has been submitted, the provider can utilize the Communicate feature within PSM to alert DODD that the application is a request to add HPC to an existing certification for an Adult Day Support or Vocational Habilitation provider. Upon receipt of the alert through the Communicate feature within PSM, DODD will expedite the processing of the application for HPC. The provider will be able to bill HPC through DODD's eMBS for services rendered for any date on or after the date the application is submitted.

Is there a way to expedite the hiring of additional DSPs to work in a residential setting?

Providers may explore the availability of an alternative workforce, such as college students or people without high school diplomas or GEDs, as well as the possibility of working with local county boards of developmental disabilities to identify other potential groups of people in local communities. The staff person may be placed in a direct support position immediately. Providers must ensure that newly hired or reassigned DSPs have condensed training to recognize and report major unusual incidents (MUIs) and unusual incidents (UIs), as well as universal precautions. The training must include, at minimum, the definitions of MUIs and UIs and the agency's procedures for reporting.

If provider agencies need to share DSPs, a statement can be accepted from a DSP's primary employer stating that the DSP has required training and background checks for them to work for a different agency. These employees must still receive person-specific training (including crisis intervention, if necessary) and site emergency response training. A provider who chooses to utilize non-traditional DSPs in direct support positions must initiate appropriate background checks, driver's abstract (if driving), and the required registry checks, but may place the staff person on the schedule immediately. RAPBACK is not required unless the staff person maintains a direct support position after June 1, 2020. Online CPR/first aid classes will be accepted. Appropriate CPR/first aid certification must be obtained if the staff person maintains a direct support position after June 1, 2020. DSPs without current CPR/first aid may provide direct supports as long as the DSP is working with a nurse or at least one other DSP who has current CPR/first aid certification.

Even with the lenient training requirements described above,
medication administration training requirements have not changed. All independent providers who are

responsible for administering medication must have medication administration training. Providers whose certifications are expired for no more than 180 days may continue to administer medications and get renewal of certifications during that extension.

Is there a way for agencies to share direct support professionals?

If provider agencies need to share DSPs, a statement can be accepted from a DSP's primary employer stating that the DSP has the required training and background checks for them to work for a different agency. These employees must still receive person-specific training (including crisis intervention, if necessary) and site emergency response training. Additionally, HPC services may be provided by the utilization of DSPs currently employed by Adult Day Array provider agencies.

If the Adult Day Array service provider is already certified to deliver HPC services, the provider may submit claims for HPC services directly to DODD through the Medicaid Billing System.

If the Adult Day Array service provider is not already certified to deliver HPC services, the provider may enter into a sub-contractual arrangement with the residential services provider. The residential services provider would bill for the HPC services to DODD through the Medicaid Billing System and use the funding received to reimburse the Adult Day Services provider for the services rendered by their employees.

The provider may apply through DODD's Provider Services Management (PSM) system to have HPC added to their existing certification. Once the application has been submitted, the provider can utilize the Communicate feature within PSM to alert DODD that the application is a request to add HPC to an existing certification for an Adult Day Support or Vocational Habilitation provider. Upon receipt of the alert through the Communicate feature within PSM, DODD will expedite the processing of the application for HPC. The provider will be able to bill HPC through DODD's eMBS for services rendered for any date on or after the date the application is submitted.

Electronic Visit Verification (EVV) is not a barrier to providing additional needed HPC.

What options are available to Adult Day and Vocational Habilitation Providers when closed?

The following options are effective immediately:

Adult Day and Vocational Habilitation providers can deliver Adult Day and Vocational Habilitation services in any HCBS residential setting. Residential providers certified to deliver Homemaker/Personal Care (HPC) services can subcontract with Adult Day and Vocational Habilitation providers to deliver HPC services in any HCBS residential setting.

Certified respite providers can subcontract with Adult Day and Vocational Habilitation providers to provide

respite services to people with disabilities in HCBS residential settings. Consider evaluating whether Remote Support is appropriate to meet a person's needs. Remote Support can be authorized for 24 hours per day or fill gaps if unexpectedly there is no support available from a DSP.

These services may be authorized via phone call or email before updating individual service plans (ISPs). Formal ISP revisions can be completed as time permits to reflect the needed changes retroactively.

As providers work to put these services in place, please note that the Ohio Developmental Disabilities Profile (ODDP) budget limitations on HPC services, Remote Support, and respite services within the Individual Options Waiver will be temporarily lifted to allow for the needed flexibility in service levels. It is expected that more Level One Waiver enrollees may need to access the three-year emergency services benefit within that waiver. DODD systems will be able to accommodate timely reimbursement for these needed services, even if the payment authorization is submitted retroactively.

Will the closed day providers be paid while restricted from operating?

The financial sustainability of day service and the wellbeing of the workforce, especially DSPs, is incredibly important to DODD.

To maintain revenue to continue operations and to pay DSPs to work, DODD will soon be issuing two weeks of payments to providers of Adult Day Support, Vocational Habilitation, Group Employment, Integrated Employment, and Non-Medical Transportation (NMT) services.

These payments, designed to help providers maintain payroll and operational costs, give providers time to work on creative ways to continue supports and allow DODD further time to assess and develop future funding options. Providers should continue to bill for the services being provided and will be reimbursed through the normal process.

The payment amount will represent approximately two weeks' worth of a provider's average paid claims and will be based on claims for dates of service from July 2019 through January 2020. When determining the average amount to be paid, the highest and lowest months were excluded from the calculation. The goal is to have payments issued by March 25, 2020.

DODD is optimistic that the increased flexibility related to service authorization, service delivery, and claims processing will permit providers to maintain sufficient cash flow to continue operating throughout the state of emergency and beyond. DODD also recognizes that all Adult Day Support and Vocational Habilitation service providers may encounter financial hardships even after efforts to support people with disabilities in their residential settings.

DODD is working closely with Ohio's county boards of developmental disabilities, the Ohio Department of Medicaid (ODM), and the Centers for Medicare and Medicaid (CMS) to establish funding mechanisms that will assist providers to maintain at least baseline operations. It is of the utmost importance that the provider community is sustained, so services can resume as quickly as possible following the state of emergency.

Details of the structure providers will use to access funds are currently being finalized. Additional information will be shared as it becomes available.

Can Adult Day Support (ADS) and Vocational Habilitation services be billed at the same time someone is also receiving HPC or Ohio Shared Living (OSL)?

Yes, if two different providers (employees) are delivering services at the same time and the individual needs 2:1 staffing. Otherwise, the provider of the service (either ADS or HPC) that person is receiving would bill for the appropriate service.

If the OSL provider is an independent provider who is working outside of the home and the individual needs assistance during the day because the OSL provider is working and the individual cannot go to a day program, then a second provider could be paid to come in and deliver ADS or HPC (as appropriate) while the OSL provider is away. If the OSL provider is an independent provider who does not work outside the home, the OSL provider will continue to bill OSL daily rate, as it is set up as an all-inclusive per diem. It is always anticipated that the number of hours of service needed might vary from day to day.

If the OSL provider is an agency provider that pays an employee to deliver the shared living services and that employee also has another job outside of the home, then the same logic would apply if the agency needs to send a different employee into the home because the person can't go to the day program. The agency could bill for both OSL and whatever service (HCP or ADS) the other employee delivers. If the employee who does the OSL does not work outside of the home, the agency should not need to augment the OSL services.

If a provider is certified under both HPC and adult day does it matter which service is billed?

No, this decision will need to be made at the individual and team level which service is most appropriate.

If an ADS provider needs to bill HPC and works in a 24/7 home, does the provider need to subcontract with an HPC provider to stay under the 96 units/day?

The billing system can accommodate more than 96 units per day during the state of emergency as long as there is more than one provider delivering services and multiple DSPs are needed.

Are people with developmental disabilities who receive the Group Employment service and work at enclaves (less than 10) impacted by this order? Are they still able to go to work, if the workplace is open?

The order given by ODH Director Amy Acton on March 21 was related only to Adult Day Support and Vocational Habilitation services. The department wants to ensure that people with developmental disabilities who are in community employment are not impacted by this order, as some employers more than ever are needing their workforce. People with developmental disabilities are an important part of the workforce in Ohio. It is going to be important that all providers supporting people in community employment follow universal precautions and take necessary steps recommended by the CDC and ODH to prevent spread of COVID-19.

Questions and Answers for People with Disabilities and their Families

If a person lives in a group home or supported living setting, what options are available when the day program closes?

The residential or day services provider will arrange for in-home activities appropriate to the person's needs and interests.

Residential and day services providers, however, may continue to plan home and community activities for people who live together, much as other households are doing during this time. These activities must be consistent with the advice of public health authorities to avoid large gatherings or areas where groups of people congregate.

Please keep in mind that public health authorities may be restricting certain activities.

If a person lives in a private or family home, what are the options when the day program closes?

If the person already has authorized hours for in-home providers for services that meet the needs of the person, no action is needed. Providers will continue to provide those services and be reimbursed as usual.

The person may also contact a Service and Support Administrator (SSA) to arrange for in-home services from a residential or day program provider as needed. Due to the circumstances, the SSA may not be able to approve an updated service plan before the service is provided. Please work with the SSA to update the service plan as soon as possible.

With the day program closed, will in-home providers be permitted to provide more hours than authorized in the service plan?

Yes, during this period, in-home providers may work more than the hours approved in the service plan. The ODDP budget limitations on HPC services, Remote Support, and respite services within the Individual Options (IO) Waiver will be temporarily lifted to allow for the needed flexibility in service levels. It is expected

that more Level One Waiver enrollees may need to access the three-year emergency services benefit within that waiver. Due to the circumstances, the SSA may not be able to approve an updated service plan before the service is provided. Therefore, please work with the SSA to update the service plan as soon as possible.

The in-home provider should track the additional hours worked and document the services provided. The provider will be able to submit these claims for reimbursement after the SSA updates the service plan.

Information for Families of Individuals Living in Residential Waiver Settings

Can family members visit people who reside in a supported living setting?

Yes, however, some providers are establishing screening protocols to ensure the health and safety of all people living and working in the home. Families should contact the residence manager ahead of the visit to see what those protocols may be and what families need to do before visiting.

Families should also follow the ODH recommendations and limit in-person interactions with people who are not residing with them. To communicate remotely, families can use other options of contact through technology, phone calls, social media, or writing letters or cards. While it is very important to practice social distancing, it is also important that families virtually stay in touch with one another to prevent further feelings of isolation.

Can family members take people home from supported living settings for a visit or until this situation passes?

Yes, however, the residential provider may restrict a person from returning if the person poses a risk to other household members due to COVID-19 exposure or symptoms. Therefore, families must be ready and able to provide support for an extended time, including a backup plan if the family members become sick. A discussion and planning session with the person's residential provider is strongly encouraged. Also, please review the [COVID-19 guidance documents](#) provided by (ODH).

Can residential providers refuse to take people back into the supported living setting?

A provider cannot refuse services unless the discharge process is followed. However, providers may establish screening protocols to ensure the health and safety of all individuals living and working in the home. This may include things like medical clearance or screening by provider staff.

Information on DODD and Provider Support

How do we contact DODD for support?

In this critical time, everyone will be required to work collaboratively, operate differently, and be proactive to limit the spread of COVID-19. During this state of emergency, DODD fully realizes there are on-the-ground issues that require flexibility from normal operations and additional assistance from the department. DODD support teams are available and consist of staff ready to help county boards and providers. DODD has set up a dedicated web page for department communications and links to helpful resources that will advise people with disabilities, their families, service providers, direct support professionals, county boards of developmental disabilities, and the community at large.

How will health and safety concerns be handled during this crisis?

DODD encourages providers to ensure that people with developmental disabilities and DSPs are familiar with and follow recommendations from the Centers for Disease Control and Prevention (CDC) and the Ohio Department of Health (ODH) related to social distancing and personal hygiene. Following these guidelines for social distancing, providers may limit the delivery of services in community settings when appropriate. Providers may not discharge a person from services only due to the diagnosis of COVID-19. It is expected that the provider will follow appropriate procedures as recommended by the CDC, ODH, their local health department, or health care professionals.

Providers are encouraged to ensure that a person-centered approach to services is maintained by communicating with people receiving services, their families, guardians, and DSPs to keep them updated about safety precautions during this state of emergency. DSPs should be familiar with their agency's emergency response plan. DODD is encouraging each provider to develop visitation practices that include, at a minimum, limiting visitors, creating a screening process for visitors, and using sign-in sheets to track visitors. A provider may lock doors to limit entry into the building but must still ensure there are at least two means of egress from each floor of the building.

DODD supports a provider's ability to prioritize medical appointments, follow-ups, and consultations based on the needs of the person and after consultation with the appropriate medical professional. When possible, telehealth options, such as 24/7 nurse phone lines, should be explored. Independent providers should be aware for each person receiving services who is the designated back-up provider. Providers with questions should contact the person's service and support administrator (SSA) for details.

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