Introductions & Announcements/Affiliate Updates and Openings
56 persons were on this ZOOM call today. There were no updates or openings announced. Sheri Kendall gave KUDOS to all affiliates for “hanging in there” during this pandemic.

CDDO Updates:
PPE inventories
The CDDO has disposable and cloth masks available. Please contact Gail Lauri gail.lauri@jocogov.org or any CDDO personnel. We want to reasonably meet your needs and think of future needs as well. Sheri shared a county resource for more PPE and you can place orders directly with Med Act who can make arrangements for delivery. https://www.jocogov.org/community-ppe-survey

State and local updates- Governor Executive Order
Last Friday Governor Kelly mandated the state to wear masks. Her order will be attached with the minutes. Johnson County BOCC voted to follow her orders.

Meeting with KDADS next week
Next Tuesday Mandy (co-chair) will meet with commissioner Penrod to get together recommendations for conducting business for affiliates. There has not been much guidance from the state except saying to follow local health departments. Unfortunately, they have nothing to do with HCBS. There are many questions about visits, going home and coming back to residential settings, wearing masks, not wearing masks, confusing information when everything seems to be opening back up but COVID positive cases are on the rise. You can see Kansas approved revision of Appendix K that discusses retainer payments on CMS website. Mandy encouraged working with your teams and hopes to have more guidance which she will share immediately.

HHS tranche funding updates
An email was sent about applying for this funding. You can apply for 2% of your gross revenue and the deadline is July 20. The HHS attachment will be sent with the minutes.

Updated reopening plans
These plans must be turned in twice a month and Mandy wanted to remind affiliates the CDDO supports your decisions. She did state that verbiage such as “lockdown” can be tricky to use and the CDDO may ask for clarification before sending to the state.

If a person in your services tests positive for COVID
   Notify CDDO and Johnson County Health Department
   Complete AIRS report
   Follow JCDHE guidance, be mindful of underlying health issues
   CDDO will notify Licensing
   Contact CDDO Director if alternative recovery site is needed. CDDO will coordinate with Johnson County Med-ACT

If a staff member tests positive for COVID
   Let CDDO and IDD licensor know
   No names for confidentiality. Only info needed is gender of staff and agency/agencies person works for. There will be contact tracing and you will be notified if you have been exposed (10 minutes or more without a mask or social distancing)
   Ensure staff contacts JCHD
   Affiliate work with JCHD for further guidance
   Confidentiality of COVID cases
The QA document will be sent with the minutes.

CDDO Online Trainings for Affiliates and Staff
QA staff is working on training on ANE and individual rights. When complete it will be posted on the CDDO website. It is there if you want to use it. HIPAA and Emergency Preparedness is being developed as well.

HCBS Final Rule Toolkit
Mandy stated several times if you receive a remediation email to not panic. Look at the tool kit on the link below. Contact Mandy mandy.flower@jocogov.org if you have concerns. She will be having discussions with LaToya Wright.

https://communityconnectionsks.org/provider-toolbox/
https://communityconnectionsks.org/remediation-guidance/

QA Telephonic Visits
The QA committee will identify individuals needing a visit. The director of the agency will be contacted to see the best way to set up a visit, whether it is a ZOOM meeting or a direct visit. Safely of all is of utmost importance.

Legislative Update
State session update – Melissa stated that due to COVID there are large budget shortfalls and the proposed 5% rate increase (set to take effect July 1) has been cut. InterHab is meeting next week with Governor Kelly’s staff to state our disappointment at the loss of almost $22 million. $8 million was coming from the State and the rest from a federal match.

CHAT Discussions
Why is a positive test for COVID considered a critical incident? The State tracks adverse health events and need to be reported.
How long will DS be able to be replaced with PCS? There seems to be some confusion on the dates. Some MCO’s are saying October 1st, but this is not coming from the CDDO or KDADS. Mandy thinks according to Appendix K it is January 1st, 2021. She will get clarification and inform affiliates.

Are gloves considered PPE? They are not part of PPE for COVID. If gloves are used for self-care you will need to go through your normal vendor.

**Upcoming CDDO Events**

- TCM training August 25, 2020 from 10-12-Zoom invite will be sent out soon. This is great training for new case managers, but Sheri noted that some RS and DS attended the last training and found it helpful.

- 2020 Affiliate Survey – The CDDO plans on sending out a satisfaction survey in August and you are all asked to participate. CDDO staff is always looking at ways to improve and better serve affiliates. Feel free to share it with any staff that regularly have CDDO contact.

**Next Johnson County Affiliate Meeting – August 13, 2020**
WHEREAS, securing the health, safety, and economic well-being of residents of the State of Kansas is this Administration's top priority;

WHEREAS, Kansas is facing a crisis—the pandemic and public health emergency of COVID-19—resulting in illness, quarantines, school closures, and temporary closure of businesses resulting in lost wages and financial hardship to Kansas citizens;

WHEREAS, the United States Departments of Health and Human Services declared a public health emergency for COVID-19 beginning January 27, 2020, with now more than 2,580,000 cases of the illness and more than 126,000 deaths as a result of the illness across the United States;

WHEREAS, the World Health Organization declared a pandemic on March 11, 2020;

WHEREAS, a State of Disaster Emergency was proclaimed for the State of Kansas on March 12, 2020;

WHEREAS, on March 13, 2020, the President of the United States declared the ongoing COVID-19 pandemic of sufficient severity and magnitude to warrant an emergency declaration for all states, tribes, territories, and the District of Columbia pursuant to Section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5121-5207 (the "Stafford Act");

WHEREAS, on March 13, 2020, the President of the United States pursuant to Sections 201 and 301 of the National Emergencies Act, 50 U.S.C. § 1601, et seq. and consistent with Section 1135 of the Social Security Act, as amended (42 U.S.C. § 1320b-5), declared a national emergency that the COVID-19 outbreak in the United States constitutes a national emergency beginning March 1, 2020;

WHEREAS, as of this date, in Kansas there have been 14,990 reported positive cases of COVID-19 spread among 97 counties, including 272 deaths;

WHEREAS, after a steady trend of decreasing metrics, recent weeks have seen the numbers of COVID-19 cases, hospitalizations, and deaths spike in Kansas and across the nation;

WHEREAS, this worrying trend of increased COVID-19 spread is a danger to the health and safety of every Kansan and also presents a serious threat to reopening and reviving the Kansas economy;
WHEREAS, wearing a mask in public is the easiest and most effective way to protect each other and help keep our businesses open and our economy running;

WHEREAS, wearing a mask in public is not only safe and easy, it is necessary to avoid more restrictive local measures that could involve closing businesses, schools, organized youth sports, and other important activities;

WHEREAS, the State of Kansas must remain flexible to account for the evolving nature and scope of the unprecedented public health emergency posed by COVID-19, while also simultaneously safely, strategically, and incrementally reopening business and facilitating economic recovery and revitalization;

WHEREAS, for the aforementioned and other reasons, and in recognition and furtherance of my responsibility to provide for and ensure the health, safety, security, and welfare of the people of the State of Kansas, requiring that masks or other face coverings be worn in public spaces is necessary to promote and secure the safety and protection of the civilian population; and

WHEREAS, in these challenging times, this Administration will do whatever it can to avoid immediate dangers to the health, safety, and welfare of Kansans.

NOW, THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, including the authority granted me by K.S.A 48-924 and K.S.A 48-925(b) and (c)(11), in order to ensure that Kansans can to help keep each other safe and keep our businesses open as we restore our economy, I hereby direct and order the following:

1. Effective at 12:01 a.m. on Friday, July 3, 2020, any person in Kansas shall cover their mouth and nose with a mask or other face covering when they are in the following situations:
   
a. Inside, or in line to enter, any indoor public space;

   b. Obtaining services from the healthcare sector in settings, including but not limited to, a hospital, pharmacy, medical clinic, laboratory, physician or dental office, veterinary clinic, or blood bank;

   c. Waiting for or riding on public transportation or while in a taxi, private car service, or ride-sharing vehicle;

   d. While outdoors in public spaces and unable to maintain a 6-foot distance between individuals (not including individuals who reside together) with only infrequent or incidental moments of closer proximity.

1 Unless directed otherwise by an employee or healthcare provider.
2. Also effective at 12:01 a.m. on Friday, July 3, 2020, all businesses or organizations in Kansas must require all employees, customers, visitors, members, or members of the public to wear a mask or other face covering when:

   a. Employees are working in any space visited by customers or members of the public, regardless of whether anyone from the public is present at the time;

   b. Employees are working in any space where food is prepared or packaged for sale or distribution to others;

   c. Employees are working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;

   d. Customers, members, visitors, or members of the public are in a facility managed by the business or organization; or

   e. Employees are in any room or enclosed area where other people (except for individuals who reside together) are present and are unable to maintain a 6-foot distance except for infrequent or incidental moments of closer proximity.

3. The following are exempt from wearing masks or other face coverings in the situations described in paragraphs 1 and 2:

   a. Persons age five years or under—children age two years and under in particular should not wear a face covering because of the risk of suffocation;

   b. Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering—this includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance;

   c. Persons who are deaf or hard of hearing, or communicating with a person who is deaf or hard of hearing, where the ability to see the mouth is essential for communication;

   d. Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines;

   e. Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service;

   f. Persons who are seated at a restaurant or other establishment that offers food or beverage service, while they are eating or drinking, provided they maintain a 6-foot distance between individuals (not including individuals who reside together or are seated together) with only infrequent or incidental moments of closer proximity;
g. Athletes who are engaged in an organized sports activity that allows athletes to maintain a 6-foot distance from others with only infrequent or incidental moments of closer proximity;

h. Persons who are engaged in an activity that a professional or recreational association, regulatory entity, medical association, or other public-health-oriented entity has determined cannot be safely conducted while wearing a mask or other face covering;

i. Persons engaged in an activity or event held or managed by the Kansas Legislature;

j. Persons engaged in a court-related proceeding held or managed by the Kansas Judiciary; and

k. Persons engaged in any lawful activity during which wearing a mask or other face covering is prohibited by law.

4. Definitions:

a. "Mask or other face covering" means a covering of the nose and mouth that is secured to the head with ties, straps, or loops over the ears or is simply wrapped around the lower face. A mask or other face covering can be made of a variety of synthetic and natural fabrics, including cotton, silk, or linen. Ideally, a mask or other face covering has two or more layers. A mask or other face covering may be factory-made, sewn by hand, or can be improvised from household items such as scarfs, bandanas, t-shirts, sweatshirts, or towels.

b. “Public space” means any indoor or outdoor space or area that is open to the public; this does not include private residential property or private offices or workspaces that are not open to customers or public visitors.

5. Nothing in this order shall restrict, limit, or supersede the Secretary of Health and Environment’s authority to make isolation, quarantine, or other orders restricting movement as necessary to respond to escalating or worsening conditions in any local jurisdiction.

6. Local governments retain authority to issue and enforce equally or more restrictive orders or provisions and retain any authority to issue or enforce isolation or quarantine orders or other orders as necessary to respond to escalating or worsening conditions in any local jurisdiction. Counties may also exercise authority granted by K.S.A. 48-925 as amended by 2020 Special Session House Bill 2016, Sec. 33.

7. As currently permitted pursuant to state law, the Attorney General, county attorneys, and district attorneys enforcing this order should use their discretion and consider the totality of the circumstances as they determine appropriate enforcement actions.
8. In order to more accurately track and assess statewide status of COVID-19 cases, private labs conducting testing for COVID-19 shall report both positive and negative tests to the Kansas Department of Health and Environment.

9. The Four Tribes of Kansas (Iowa Tribe, Kickapoo Nation, Prairie Band Potawatomi Nation, and Sac & Fox Nation) retain any authority to regulate through their respective tribal councils for the health and welfare of their population.

10. This order should be read in conjunction with other executive orders responding to the COVID-19 pandemic that are still in effect and supersedes any contrary provisions of previous orders.

This document shall be filed with the Secretary of State as Executive Order No. 20-52. It shall become effective as of 12:01 a.m. on July 3, 2020, and remain in force until rescinded or until the statewide State of Disaster Emergency extended by House Bill 2016 enacted during the June 2020 special session relating to COVID-19 expires, whichever is earlier. This order may be extended or modified as circumstances dictate.

THE GOVERNOR'S OFFICE

DATED 7.2.2020

SECRETARY OF STATE

ASSISTANT SECRETARY OF STATE

FILED
JUL 02 2020
SCOTT SCHWAB
SECRETARY OF STATE
Provider Relief Fund: Medicaid and CHIP Provider Distribution

Fact Sheet

Applications due July 20, 2020

On June 9, 2020, the U.S. Department of Health and Human Services (HHS) announced the distribution of approximately $15 billion from the Provider Relief Fund to eligible providers that participate in state Medicaid and Children’s Health Insurance Program (CHIP) and have not received a payment from the Provider Relief Fund General Distribution.

The payment to each provider will be approximately 2 percent of reported gross revenue from patient care; the final amount each provider receives will be determined after the data is submitted.

Who Can Apply

Any provider that meets the eligibility requirements and can attest to the Terms and Conditions associated with the Medicaid and CHIP Distribution is eligible for funding. Applications must be submitted by July 20, 2020.

Eligibility Requirements

To be eligible, providers must have:

- Received no payment from the $50 billion General Distribution to Medicare providers
- Billed Medicaid/CHIP programs or Medicaid managed care plans for health care-related services between Jan. 1, 2018 – Dec. 31, 2019
- Filed a federal income tax return for fiscal years 2017, 2018 or 2019; or be exempt from filing a return
- Provided patient care after January 31, 2020
- Not permanently ceased providing patient care directly, or indirectly
- Reported on Form 1040 (or other tax form) gross receipts or sales from providing patient care
Repayment
Retirement and use of these funds are subject to certain Terms and Conditions. If these Terms and Conditions are met, payments do not need to be repaid at a later date.

Uses of Funds
Provider Relief Funds may be used to cover lost revenue attributable to COVID-19 or health related expenses purchased to prevent, prepare for, and respond to coronavirus, including, but not limited to:

- Supplies used to provide health care services for possible or actual COVID-19 patients
- Equipment used to provide health care services for possible or actual COVID-19 patients
- Workforce training
- Reporting COVID-19 test results to federal, state, or local governments
- Building or constructing temporary structures to expand capacity for COVID-19 patient care or to provide health care services to non-COVID-19 patients in a separate area from where COVID-19 patients are being treated
- Acquiring additional resources, including facilities, equipment, supplies, health care practices, staffing, and technology to expand or preserve care delivery
- Developing and staffing emergency operation centers

Attestation Requirements
Payment recipients must attest to the following within 90 days of receiving payment:

- Recipient provided, on or after Jan. 31, 2020, diagnosis, testing or care for actual or possible COVID-19 patients; is not terminated, revoked, or precluded from participating in Medicare, Medicaid or other Federal health care programs. HHS broadly views every patient as a possible case of COVID-19.
- Payment must be used to prevent, prepare for, and respond to coronavirus, and reimburse health care related expenses or lost revenues attributable to coronavirus
- Payment does not reimburse for expenses or losses that have been reimbursed from other sources, or that other sources are obligated to reimburse
- Recipient shall comply with all reporting and information requirements
- Recipients consent to public disclosure of payment

Terms and Conditions are located on hhs.gov/providerrelief.

How to Apply
Download the Medicaid Provider Distribution Instructions and Medicaid Provider Distribution Application Form from hhs.gov/providerrelief. Applications must be submitted by July 20, 2020.

Where can I find more information?
Please visit hhs.gov/providerrelief for eligibility requirements, Terms and Conditions, Frequently Asked Questions (FAQs) and a recording of past webinars on the application process. For additional information, please call the provider support line at (866) 569-3522; for TTY dial 711. Hours of operation are 7 a.m. to 10 p.m. Central Time, Monday through Friday. Service staff members are available to provide real-time technical assistance, as well as service and payment support.

Program eligibility and allocation of funds is determined by HHS, subject to adjustment (as may be necessary) and available funding; see details at hhs.gov/coronavirus/cares-act-provider-relief-fund. Terms and conditions will apply.
General recommendations for reopening services
COVID19 guidance for JCDS and affiliates, 6/11/2020

Johnson County Health and Environment has been providing COVID19 guidance to departments and agencies across the county. As facilities and services begin to reopen across the county, it is important to stay vigilant in preventing the spread of this virus. The more people congregate in close proximity, the higher the risk of contracting the virus.

Please follow these general guidelines to slow the spread of COVID19. Refer to CDC for more information about:

Direct Service Providers: https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html;


Taking extra precautions with people with developmental and behavioral disabilities

People at high risk for infection with COVID19

Many of the individuals receiving services from JCDS, CDDO and affiliates are considered to be vulnerable to COVID19. Individuals should stay home whenever possible, and not enter into social settings where large groups of people gather. Many of these individuals may have a guardian or parent who cares for them and who are making these decisions on their behalf.

Individuals attending group activities should evaluate themselves (caregiver assisted as needed) for symptoms of COVID19 before attending group activities. Modifications in services to incorporate social distancing and other safety measures can prevent COVID19 spread. Individuals and their caregivers should assess risk before attending activities.

Staff who visit high risk individuals should take precautions to avoid spreading their droplets. Wearing a cloth mask while providing services to high risk individuals, and ensuring 6-foot physical distancing, is recommended. Whenever possible, limit physical contact to these individuals. If social distancing cannot be maintained, ensure mask is worn, wash hands frequently and disinfect surfaces to prevent possibility of spread of the virus. Do not visit individuals if you are symptomatic, even with mild symptoms. Avoid touching eyes, nose and mouth as often as possible.
Screen yourself and individuals receiving services for symptoms of COVID19

Ask staff and participating individuals and their caregivers to assess themselves for symptoms of COVID19 before visiting your facility. The symptoms of COVID19 are: a fever (100.4 or greater), cough, shortness of breath and additional symptoms here: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

If a staff member or the individual receiving services is symptomatic, ask them to refrain from coming to your facility for 2 weeks and for the individual to receive services in their home if needed. Recommend and evaluation by their physician. If a staff member is symptomatic, instruct them to stay home for 10 days and instruct them to be symptom free before returning for at least 72 hours. Contact a physician if symptoms worsen. If symptoms develop while at work – immediately go home. Contact your supervisor via phone or text.

Infection Prevention:

Review CDC respiratory etiquette guidelines:
https://www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Wash hands frequently: after coming into the building, after handling mail or talking on the phone, after touching high-touch surfaces, before you eat, after you use the restroom and after performing work tasks.

• Before lathering with soap and water, wet your hands, apply soap and scrub hands for at least 20 seconds, ensuring you wash under fingernails, fingertips and between fingers and top and bottom of hands.
• Rinse with water, use a paper towel to turn off the faucet.
• Use the paper towel to open the door and exit and discard.
• Use hand sanitizer in the absence of soap and water and ensure the full hand, fingertips and fingernails are scrubbed.

Keep workspaces clean and sanitized. Do not share headsets, earbuds or phones. If you share a cubicle, sanitize the phone and desk before leaving each day.

Avoid touching your eyes, nose and mouth throughout the day. If you have an itch, use a tissue and discard in the trash after use and wash your hands.

Cover your coughs and sneezes with a tissue or elbow, throw the tissue away (do not leave it on your desk or conference room table) and wash your hands.

Social Distancing:

• Reconfigure common areas and the lobby to allow for 6-foot social distancing.
• Ensure that communal dining is limited to ensure safe social distancing practices.
• Use floor markers to create social distancing during activities or services.
• Post signs on doors and walls to remind of symptoms and need for social distancing.
• Use a reservation system for group meetings to control meeting size.
- Employees should not shake hands or hug peers or individuals in services – Wave from 6 feet away to greet someone.
- Remove chairs in conference rooms to ensure that 6-foot physical distance can be maintained. Reduce the number of people in each room until you can achieve this distancing.
- Utilize Zoom, or other virtual platform for meetings wherever possible.
- Use of outdoor space for meeting with individuals in services whenever feasible
- When traveling in a vehicle, wear cloth masks or limit the number of individuals in the vehicle wherever possible
- When visiting individuals in services in their home, call ahead to ensure the person is not symptomatic. Ensure social distancing as possible or wear a mask when in close proximity.
- Adjust work stations so that employees are not facing each other.
- Encourage remote work whenever feasible and appropriate to accomplish workload.

**Cloth Masks:**


**High Touch Surfaces**

- Cleaning and disinfecting frequently touched objects and surfaces – in client meeting and activity areas, shared spaces, and before and after group activities. Standard cleaning is adequate to combat COVID19, however, assume all surfaces are contaminated and wash hands frequently!

**Staff who travel or work for multiple providers**

It is always a possibility that a staff member who works with many individuals and moves from community service provider to another community service provider could spread COVID19 unknowingly. However, if the precautions mentioned in this document are followed as often as possible, the risk is significantly lowered. When work modifications can be adjusted to lesson risk to individuals and staff, this should be done to reduce risk.

**Travel out of state and country**

Follow travel warnings posted on KDHE to understand quarantine recommendations: [https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran](https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran)

**Isolation and Quarantine**

Johnson County Health and Environment disease investigation team should be notified of any laboratory confirmed cases of COVID19 or contacts to known cases. Please call 913-826-1303 to report cases. [https://www.jocogov.org/dept/health-and-environment/health/disease-reporting/forms-reports](https://www.jocogov.org/dept/health-and-environment/health/disease-reporting/forms-reports)
Should an outbreak of COVID19 occur, DHE staff will conduct a case investigation and determine through contact tracing who should quarantine. The highest risk individuals are those who spend the closest amount of time with the case (within 6 feet for 10 minutes or more at a time). Procedures to slow the spread of the virus may be instituted in the facility through cooperation with management. Confidentiality must be ensured to protect patient identity and comply with HIPAA law. Staff are encouraged to follow standard guidelines in this document to prevent the spread of COVID19.

Author: Mary Beverly, Deputy Director, JCDHE, 06/10/2020
If A Person In Your Services Tests Positive For COVID-19:

- ☐ 1. Notify CDDO Director
- ☐ 2. Notify Johnson County Department of Health & Environment (JCDHE)
- ☐ 3. Follow JCDHE Guidance
- ☐ 4. Complete AIRS & Critical Incident Reports
- ☐ 5. **CDDO will notify KDADS Licensing Staff on your behalf**
- ☐ 6. Contact CDDO Director if Alternative Recovery Site is Needed. *Laboratory Confirmed COVID Positive Diagnosis Required for Alternative Recovery Site Eligibility.
- ☐ 7. **CDDO will Coordinate with Johnson County Med-ACT Regarding Requested Alternative Recovery Site**

* KDADS requires the following information for persons in service: Name, Age, Day Provider, Residential Provider, and any known underlying conditions.

If A Staff Member You Employ Tests Positive For COVID-19:

- ☐ 1. Notify CDDO Director
- ☐ 2. Notify KDADS Licensing Staff
- ☐ 3. Ensure Staff Contacts JCDHE
- ☐ 4. Provider Work with JCDHE for Further Guidance

* KDADS requires the following information for employees: Gender, Age, and Name of Provider. KDADS will not be collecting employee names, to protect confidentiality.