

TO: All Children’s Residential Services Providers and Congregate Care Settings

FROM: Department of Medical Assistance Services (DMAS), Department of Social Services (DSS), Department of Behavioral Health and Developmental Services (DBHDS)

DATE: 4/24/2020

SUBJECT: Directives for Providers of Children’s Residential and Group Care - COVID-19 Response

The Commonwealth’s child- and youth-serving departments thank our community partners for responding to the COVID-19 pandemic in a manner consistent with Governor Northam’s recommendations and executive orders. Partnerships benefitting children and youth promote wellness, security and brighter futures for those individuals in our care. During this pandemic, the individuals and families our agencies serve are among the most vulnerable and at risk. It is important to integrate principles of trauma-informed care, recognizing that individuals have histories of trauma and may experience re-traumatization during this emergency. We can minimize traumatic experiences and responses by continuing to provide quality services and supports.

There is no doubt that COVID-19 has presented our child- and youth-serving systems with many challenges. Responses to these challenges require providers to be flexible, vigilant and creative to maintain their service delivery models. Changes to policies and procedures may be necessary. Please remember to update your policies in response regulatory authorities changes that affect admission, exclusion criteria, or discharge policies particularly as they relate to responding to this pandemic. Additionally, remember to notify your licensing entities and your local department of health if any staff or resident tests positive for COVID-19. Working together during this ever-changing environment is critical to the success of the Commonwealth’s children and youth.

This unprecedented crisis has affected all of us and requires changes to business as usual. It is important that placement options remain open and viable during this pandemic. Children and youth rely on available placement options, allowing them to get or remain on track toward becoming self-determined, empowered, and thriving adults. The Commonwealth’s child- and youth-serving agencies are committed to providing resources and supports to our community partners.

Please note that the policy changes set out in this memo are in effect during the public crisis, as set out in the Governor’s Emergency Declaration. This is a rapidly evolving situation and state agencies are moving quickly to address all aspects having an impact on both clients and service providers. The information outlined in this collaborative memo intends to support existing federal and state guidance and provide some collective directive to children’s residential providers in the Commonwealth of Virginia.

Service Delivery

Residential and Group Care programs should continue to support service recipients currently in the service and those that may require admission to a residential setting during the COVID-19 state of emergency. Additionally, providers shall continue to provide service for service participants not meeting discharge criteria. Continued services within a residential setting shall include, but are not limited to, the following activities: intake and discharge procedures, medications and supportive counseling, supervision of children, maintaining safety, and essential care coordination activities to continue to prepare for discharge. However, when appropriate the provider shall continue to practice social distancing within the delivery of these services. To the extent possible, programs should work with clients' office-based healthcare providers to institute telemedicine appointments.

The Department of Medical Assistance Services (DMAS) has removed many potential barriers to allowing billing of medically necessary services via telephone or telehealth and documenting it as if they were in the office, including behavioral services that are a part of residential care. The DMAS provider flexibilities are enumerated in the memos "Provider Flexibilities Related to COVID-19 and Behavioral Health and ARTs Clarification for Fee-For-Service and MCO Flexibilities for COVID-19" posted at <https://www.dmas.virginia.gov/#/emergencywaiver>. Blood draws and monthly injections will still need to be done in-person. For behavioral health residents, treatment teams should consider frequency of face-to-face engagement with other residents and staff, and consider use of alternative means of delivery for services such as psychotherapy, which could be delivered via telephone or telehealth. Residents and staff should be reminded of the importance of hand hygiene, use of masks, and avoiding touching their faces if visiting their providers is necessary.

Although face-to-face contacts may be limited, the facilities should maintain a person-centered and trauma informed approach to care. This includes communicating effectively with clients/residents, client/resident representatives and/or their family, and understanding their individual needs and goals of care. Staff should adjust communication about the COVID-19 disease and the underlying virus and SARS-CoV-2 infection prevention and control procedures being taken by the facility, and any potential modifications or restrictions to clients/residents' daily routine as appropriate to the client/resident/family member's age and preferred language, as well as their, emotional, psychological, and functioning status while using required auxiliary aides and services. Communications should not be limited based on an individual's functioning level; clients/residents should receive information regardless of functioning level.

Prevention, Identification, and Action

According to the CDC, facilities should continue to be vigilant in identifying any possible infected individuals. Facilities should consider frequent monitoring for potential symptoms of respiratory infection as needed throughout the day. The following link is available for guidance on screening visitors and monitoring or restricting facility health care staff:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html>. To prevent the spread of COVID-19, providers should consider restricting visitors, ensuring group activities and

communal dining are done in groups of less than 10 people, and adhering as possible to social distancing protocols. To promote age appropriate socio-emotional development and therapeutic goals, it is not necessarily recommended that all activities and interactions be cancelled. Rather, providers shall consider enforcing precautions such as temperature checks and COVID symptom screening each day for staff and any visitors.

The [Virginia Department of Health guidance](#) directs providers to pre-identify a place in the facility where someone with illness consistent with COVID-19 can be placed until they can be taken elsewhere to receive care for their illness. That could be a place where an ill staff member could wait until someone can come get them or a place where an ill resident can be safely isolated and cared for. The program administrator (or provider) should immediately contact the local health department for information on how to proceed with testing if someone becomes ill. Refer to the [VDH directory](#) to find your local health department. If the client is critically ill and is having difficulty breathing, it may be necessary to transport the client by ambulance to the hospital, if this is necessary alert the responding EMS to the client's condition. Local health departments may have made provisions for alternate housing arrangements for positive individuals, although this will depend on each jurisdiction.

Testing performed at the Division of Consolidated Laboratory Services (DCLS), Virginia's state lab, is reserved for patients who meet VDH's public health priority investigation criteria to include "person with COVID-19 symptoms* **AND** who resides or works or is about to be admitted into a congregate setting (e.g., homeless shelter, assisted living facility, group home, prison, detention center, jail, or nursing home)." Congregate care settings are inclusive of group homes and psychiatric residential treatment facilities. Testing can be requested [online COVID-19 Testing Request Form](#) for individuals meeting this criteria. If you are unable to submit your request online, please contact your [local health department](#). The Virginia Department of Health (VDH) continues to update its guidance in response to this emerging, rapidly evolving situation and providers are encouraged to visit the Virginia Department of Health "[Health Professionals](#)" webpage for up-to-date information.

Admissions and Continuing Care

Residential and Group Home providers can continue to admit any individuals that they would normally admit to their facility who do not have symptoms consistent with COVID-19, including individuals from hospitals where a case of COVID-19 was/is present if they are able to adhere to the infection prevention and control practices recommended by the CDC. Also, if possible, facilities should dedicate a wing or room/s for any clients/residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms. Given the limitations in testing, it is not possible for programs to require a negative COVID-19 test as a condition of admission.

For Medicaid members participating in residential services, DMAS is allowing for the medical necessity for continuation of care to be waived if the individual is unable to transition to lower levels of care due to COVID-19 and quarantine scenarios. In these situations, the provider shall coordinate with the member's Managed Care Organization or Magellan of Virginia. The

provider shall consider including the following information in their authorization to continue the service in a residential setting: barriers to discharge related to COVID-19, describing attempts to overcome these barriers, restrictions and/or limitations for step down to the identified discharge disposition, evaluated aftercare services available in the community, agencies the individual has been referred to, and how the treatment plan and goals will be adjusted to sustain current progress and prevent regression. Providers are required to continue active discharge planning for members and shall be invested in finding appropriate step-down treatment options when the individuals are no longer requiring residential level of care.

DBHDS Guidance for Licensed Children's Residential Providers

Due to the COVID-19 emergency, DBHDS understands that there may be times when a licensed children's residential provider needs to provide for the physical separation of COVID-19 positive and exposed residents from other residents, in order to protect the health and wellbeing of residents served. In addition, DBHDS understands that there is a need for children's residential providers who are able to safely admit and care for residents who are COVID-19 positive or exposed. If a DBHDS licensed children's residential provider would like to establish an additional **temporary** service location and/or **temporarily** increase bed capacity in order to separate and care for COVID-19 positive and exposed residents, they may do so upon completion of the DBHDS Temporary COVID-19 Residential Service Modification form located on the DBHDS COVID-19 webpage by clicking this link <http://dbhds.virginia.gov/assets/doc/EI/0414-covid-19-residential-service-modification-form.docx> and by approval by their Licensing Specialist.

PLEASE NOTE: This service modification form allows licensed residential providers to temporarily open an additional location and/or expand bed capacity, for a residential service that they are already licensed to provide, due to the COVID-19 emergency.

Once the State of Emergency ends, providers will be expected to close down the temporary location and/or decrease capacity. In order to permanently add a service location and/or increase bed capacity, providers will need to submit the standard service modification form, including all required attachments, for approval by their Licensing Specialist.

In addition, DBHDS reminds providers that anytime a resident has a presumptive positive or laboratory confirmed diagnosis of COVID-19 during the provision of a children's residential service, this shall be reported to the Department using the Department's web-based reporting application (CHRIS). Regulation 12VAC35-46-1070(C) requires providers to notify the Department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the Department. COVID-19 constitutes a serious illness, and confirmed cases shall be reported to the Department as such. For additional information related to how to report confirmed COVID-19 cases into the CHRIS reporting system please read our March 16, 2020 [Serious Incident Reporting Memo](#).

Lastly, DBHDS is determining additional ways in which technical support can be offered to providers who are serving individuals who are COVID-19 positive or exposed. For the most up-to-date information from DBHDS please visit the DBHDS [COVID-19 FAQ](#) which is updated daily.

For additional information and guidance specific to congregate care settings please visit:

The National Council for Behavioral Health: https://www.thenationalcouncil.org/wp-content/uploads/2020/03/NCBH_COVID19_Guidance_for_BH_Facilities.pdf?dof=375ateTbd56

The Department of Behavioral Health and Developmental Services:
<http://www.dbhds.virginia.gov/covid19>

The Department of Medical Assistance Services:
<https://www.dmas.virginia.gov/#/emergencywaiver>

Virginia Department of Health: <http://www.vdh.virginia.gov/coronavirus/health-professionals/>

Center for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

Centers for Medicaid and Medicare Guidance for Psychiatric Residential Treatment Provider:
<https://www.cms.gov/files/document/qso-20-23-icf-iid-prtf.pdf>