Deputy Secretary’s Agenda

• Opening Remarks
• DDA Regional Office Update
• Reopening at the Local Regional Regions Discussion Update
• Shara Davidson-Russ, Program Manager, MMARS, Inc.
• Allan Sheahen, Program Director, Service Coordination, Inc.
• Marc Weinstein, Regional Director, Service Coordination, Inc.
• Questions
Deputy Secretary’s Opening Remarks

• The DDA’s highest priority is the health, safety, and wellbeing of people with intellectual and developmental disabilities, their families, staff, and providers

• Yesterday I had the opportunity to present to the Senate Budget and Tax Committee, Health & Human Services Subcommittee what we have done in response related to COVID-19 with Secretary Neal, Medicaid and Behavioral Health

• Some of the questions were related to provider reimbursement related to unexpected cost due to COVID-19
Deputy Secretary’s Opening Remarks

- Personal Protective Equipment (PPE)
- Provide Survey
- National Core Indicator Staff Stability Survey
Deputy Secretary’s Opening Remarks

- The Centers for Disease Control and Prevention (CDC) created a communication toolkit to help public health professionals, health departments, community organizations, and healthcare systems and providers reach populations who may need COVID-19 prevention messaging in their native languages.

The toolkit provides:

- Current messaging from a trusted source
- Information in plain language available for downloading and sharing
- Translated materials to help communities disseminate messages to a wider audience

Regional Updates

- **SMRO** - Onesta Duke
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- **ESRO** - Kim Gscheidle
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- **CMRO** - Nicholas Burton
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- **WMRO** - Cathy Marshall
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There are 17,764 people supported in services by the DDA of which 2% (394) have tested positive for COVID-19.
There have been 394 participants reported as having tested positive for COVID-19 of which there have been 31 deaths.

The 31 deaths represents approximately 7% of all (394) participants that tested positive.
The DDA Commitment

• We will continue to share information and resources
• We will continue to collaborate and advocate on behalf of the people you support, their families, and staff
• We will help Marylanders with intellectual and developmental disabilities thrive
• We will continue to keep you updated
Cathy Marshall, WMRO Regional Director

WMRO REOPENING E-WORKGROUP DISCUSSION
Information Sources

• Google meeting held on June 24, 2020
• Emails from providers
• Calls with providers
Themes

• Reopening strategies
• Personal Protection Equipment (PPE) compliance
• Assistive technology
• Rethinking service delivery and the HCBS settings rule
• Appendix K
• Regional Office response
• Resources
Reopening Strategies

- Very individual and agency specific
- Schedules
- Use of space
- Combination of service delivery
- Comfort level of the individual and family
- Slow and well thought out openings with phases
- Flexible
PPE and Environment

- Availability and cost
- Masks
- Compliance with use
- Face shields
- Sanitation of space
- Labor intense
Assistive Technology

• Zoom
• Google for Non-Profits
• Google Classroom
• Open Future
• Moving forward, how to balance with other service delivery options
• Is this a staff retention tool?
Other Themes

• Rethinking service delivery and how do we use buildings, if at all
• Appendix K
• DDA provided PPE
Onesta Duke, SMRO Acting Regional Director

SMRO REOPENING E-WORKGROUP DISCUSSION
SAFETY AND COLLABORATION

- What are the Governor’s orders?
- What are your agencies local jurisdictions orders?
- What is the individual health and safety needs of the people you support?
- Does your agency have enough PPE?
- Who will you be key partners with in making decisions?
- How will you involve people and families in decision making?
- How will you collaborate with individual teams?
Data, Capacity & Innovation

- What data do we have and need as an agency?
- How will you use data to guide your process?
- What MDH/DDA data would be helpful?
- What is your agencies workforce capacity?
- What is your capacity to respond to a resurgence?
- How can we rely on community resources?
- How to can we increase use of technology?
KEY POINTS

▪ All providers are at different phases in the development of their transition plans and maintaining the health and safety of the people they serve, and their staff are at the forefront of their decisions

▪ Some are seeking information/ideas to establish a plan that is taking into account all the necessary factors pertaining to individuals, providers, and system considerations

▪ Some providers already have a plan in place and are open to sharing the methods and strategies that resulted in the development of their plans
KEY POINTS

- Providers are engaged in a very deliberate and thoughtful planning process and some are enlisting the help of subject matter experts, engaging in various workgroups, reviewing reopening frameworks from other states, and collecting data to make informed decisions.
- Some providers expressed a need for additional State and local resources around PPE, technology, and ongoing support from the DDA.
NEXT STEPS

- Incorporate feedback from meeting
- Develop a Google Drive to share information/frameworks
- Meet in another two weeks
Shara Davidson-Russ, Program Manager

Medical Management and Rehabilitation Service, Inc. (MMARS)
Best Practices
Supporting the People We Serve During Covid-19
By adhering to the basic standards and best practices outlined by the Maryland Department of Health (MDH), Developmental Disabilities Administration (DDA), the Centers for Disease Control (CDC), and other state related entities, MMARS has taken great strides to protect and support the people we serve during the COVID-19 pandemic.
Best Practices - MMARS Takes Action

Social Distancing:

Home and community based visits were suspended to prevent in-person contact.

COVID Case Tracking:

MMARS’ Quality Enhancement Team (QE Team) keeps an internal tracking system of COVID-19 related cases, including exposures, suspect by symptoms and positive test results.

All Hands on Deck:

MMARS enlisted the help of all departments to ensure successful implementation of new policies related to COVID-19, virtual meetings, teleconferencing, verbal consent for services, and weekly wellness checks.

• For example, in an effort to provide our DDA staff with a meeting platform that will allow for families and providers to dial in with a phone if they don’t have a computer, IT enabled an Audio Conferencing service offered by Microsoft. Only certain platforms were authorized by our IT Department. This acts as a safeguard to ensure HIPPA compliance and put the minds of our families at ease when they agree to meet virtually.
Wellness Checks

• In keeping up with best practices and to compensate for the lack of in-home visits, the Coordinators of Community Services (CCS) increased contact with their families by conducting Weekly Wellness Checks.

• Weekly Wellness Checks allows the CCS to have more frequent and detailed conversations with their families, and to ascertain if the person’s overall needs are being met in light of the pandemic.
Wellness Call Tracking

There was concern regarding how we would contact close to 3,000 consumers each week, in conjunction with meeting all other CCS role requirements. In response to this concern:

- MMARS ensured that its Coordinators contacted every person on their caseload at the start of the pandemic to provide support and resources.
- Coordinators were provided a tracking sheet to begin making, documenting, and tracking their weekly calls. The tracking sheet is then returned to the Supervisor and Program Manager at the end of each week for analysis, reporting, training and follow-up if necessary.
- MMARS’ QE Team also pulled a list of consumers at the highest risk of negative outcomes associated with COVID-19. This was based on the recommendations that were provided by Health Risk Screening, Inc. (HRS).
  - Although the aim is to contact everyone on their caseload weekly, if a CCS has other obligations that takes precedence over the calls, such as working on Person Centered Plans (PCP) or Waiver documents, they should schedule time during another day of the week to at least contact the people identified in the HRS list.
Wellness Check Guidance

Governor Larry Hogan has officially declared a State of Emergency amidst the global Coronavirus (COVID-19) pandemic. Due to this and to be a preventative measure, M-MARS, Inc., has expanded its home visits until further notice, and has implemented Wellness Checks via telephone as a backup plan. When completing a wellness check, please be sure to ask the questions below to ensure that the vulnerable population we serve is receiving the best care and resources possible under the circumstances.

1. Have you and the individual in your household:

2. Are you or anyone in your household-old? If yes, what are the symptoms? If not, do you know where to go or what to do if you get sick?

3. Have you experienced any fever, coughing, shortness of breath, or pneumonia?

4. Have you or anyone in your household traveled outside of the US recently?

5. Have you or anyone in your household had close personal contact with a person diagnosed with COVID-19?

6. Are you limiting the number of people coming into your household/residence?

7. "What can you provide with care if your primary caregiver gets sick? Do you have a backup plan? If you have a backup plan, please ensure you (the CGS) work with the family to develop one.

8. "Have you experienced any changes to your Mental Health, such as feelings of sadness, anxiety or depression due to changes related to COVID-19 (such as isolation, change in routine, etc)? If yes, how are you coping? Do you need resources?"

9. "Do you have access to food, medicine, medical supplies, Personal Protective Equipment (PPE), or other necessary resources to assist? If your primary needs resources, please follow-up to provide the necessary assistance. The DHA has provided a COVID-19 Resource page with valuable information on their websites: https://dha.maryland.gov/Resources/Pharma/DHA_COVID-19_Information.aspx. Please also follow-up with the management team for additional resources."

10. "Are your services needs being met? If not, what services are you in need of and why?"

11. "Share the preventative measures below and any resources needed with your families. Guidance from the Maryland Department of Health on prevention:

- Take everyday preventive steps that are always recommended to slow the spread of respiratory illnesses like colds and flu:
  - Wash your hands often with soap and warm water for at least 20 seconds.
  - Use an alcohol-based hand sanitizer with at least 60 percent alcohol if soap and water are not available.
  - Cover your cough and sneeze with a tissue, your sleeve or your arm.
  - Avoid touching your eyes, nose and mouth.
  - Clean and disinfect frequently touched objects and surfaces using standard cleaning practices.
  - Avoid close contact with people who are sick.
  - If you are sick, stay home, except when seeking medical care.

If there are any issues identified during the first wellness check, here are a few questions you can ask in the following weeks. Along with any questions above that may be suitable to this person at the time of the wellness check:

1. Has your health or circumstances changed in the last week or since the last time we spoke?

2. Has the health or circumstances of those in your household changed in the last week or since the last time we spoke?

IMPORTANT: Please keep in mind that Wellness Checks do not replace the regular guidelines of conducting Monthly and Quarterly Monitoring telephone visits, follow-up, and documentation, but should be accompanied with those normal practices:

- For example, a Wellness Check cannot replace a Monthly/Quarterly Monitoring and Follow-up that can be done during the same call.

- Keep in mind that base questions in the CGS Monitoring and Follow-Up form in LTSS may be the same as the questions in this Wellness Check Guidance, but is noted differently. So please pay close attention so that you do not ask the same questions twice.

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Allan Sheahen, Program Director and Marc Weinstein, Regional Director

Service Coordination, Inc. (SCI)
Service Coordination’s Approach to COVID19

✓ Connections
✓ Communication
✓ Collaboration
Connections

Weekly Wellness Checks
✓ Check on folks, make sure they have the info/support needed
✓ HRST scores/risks
✓ Provided needed resources: food, testing, PPE
✓ People expressed their appreciation for the contacts

SCI Connect
✓ Weekly email newsletter for stakeholders
✓ Includes COVID related and non-related news and resources
Communication

SCI Alerts
✓ Internal website with resources for coordinators
✓ Provider Updates
✓ Talking points for coordinators

Town Hall Meetings
✓ Increased our Town Hall meetings from monthly to weekly
✓ Shared resources, updates and information
✓ Open forum to ask questions

Resources and Trainings-Related to COVID and Appendix K
Collaboration

Getting to know people
✓ Opportunity to speak with people 1:1 using technology
✓ Opportunity to speak with people on evenings and weekends
✓ Opportunity for families/others to engage in conversations

Collaborating with our partners in new ways
✓ COVID changed the conversation-what does support look like now
✓ We engaged in these conversations to help problem solve
✓ We built on our partnerships leading to solutions benefitting people

Our Engagement increased!
✓ Our team members feel more connected and engaged
Impact!

Results of our Advocacy:

✓ Connected people to online social groups
✓ Provided resources for PPE and instructions to make masks out of T-shirts and scarves
✓ Shared online grocery store delivery services
✓ Encouraged a man to improve his personal hygiene and advocated for accommodations at his work to help him stay healthy
✓ Advocated for personal supports to be provided to a man in his apartment when management originally would not allow the service
What have we learned?

✓ We are stronger together

✓ Communication is Key!

✓ Opportunity to think and plan for the future

“Individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work.” - Vince Lombardi
Questions