**Tab 1: Title Page and Note from AADD**

**AADD Special Briefing: Understanding Coronavirus (COVID-19)**

As a service and support to all AADD dues paying members, your Association is providing a summary of numerous materials regarding the coronavirus and I/DD. In the recent weeks we have received numerous updates regarding the Coronavirus issue. AADD has attempted to synthesize this enormous amount of information. The summary is provided in a format that offers links and connections to first hand source material. The information is also provided with recommendations for tabs in case you wish to place the materials in a spiral bound notebook for replication and training purposes.

**It is probable the situation will change almost daily. For now, we feel that it is important to keep the perspective that, in all likelihood, this situation is temporary. There is a good chance that we are at the beginning of a wave that will crest and then fall. The containment actions being taken nationwide and worldwide will help shorten the wave. It’s normal for all of us to feel nervous in times of uncertainty; please do what you can to remain calm and to provide support for people who need reassurance. Current Universal Precaution Practices should be continued and fortified.**

**Tab 2: Source Materials Include:**

1. COVID-19 Update for Wednesday March 11, 2019 [COVID-19 webpage](http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx)
2. Dr. Anne Zink, Chief Medical Officer, State of Alaska [guidance on community mitigation](https://urldefense.com/v3/__https:/lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDAsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMTIuMTg2NDAyMzEiLCJ1cmwiOiJodHRwczovL3d3dy5jZGMuZ292L2Nvcm9uYXZpcnVzLzIwMTktbmNvdi9kb3dubG9hZHMvY29tbXVuaXR5LW1pdGlnYXRpb24tc3RyYXRlZ3kucGRmIn0.Bv6cNXG4eFNxD4vvf1zXmMlySNMYv8vXeCTaLjlP-DI/br/76042312199-l__;!!J2_8gdp6gZQ!8k_ipK0homaYvVohH8FTSa8JDFQdjgTSiu36Q-r4U5UwVFtjV136MG6dTt4hyEBICn4$)
3. Mat-Su Health Foundation [link](http://r20.rs6.net/tn.jsp?f=001Dgf2_KTbOl7W5kmyIdSz0Os361CUogfPOKOF2Q2NngKFEBSATsYYeM-Vrjsmw1a_q90DHtAYPecru7_2SMrCg1wcGZdvq3Igjq_89I6FLBcDZBFr4LJ3igzWK_Lb3aW_vzer-2rbTvkQ0X0p2ueGpZ_Ib4aSG61kSz3SJsHlMLOhx24i1S8UmOmkgP5Dy96k32rORCsjn8k=&c=0xpfI4c_CqJrNIXMXYNxzBBKn48g9Qr6QjLjSORER1qkSOvkGYfJKw==&ch=bP8eFYt0s2Yk7rUwc0Zu6o48ZMzXsLinwR75sj2_Nx4tF3etRSyp8g==) Preventing COVID-19 Spread in Communities
4. Guidelines Pandemic Planning and Response Guidelines Diversified Enterprises
5. CDC Issues New Guidance for Seattle Area Businesses, Recommends Workplace Screening
6. State of Alaska Governors Council [http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/DHSS\_HighRiskGroups\_Recommendations.pdf](https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDIsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMTIuMTg2Mzk2MTEiLCJ1cmwiOiJodHRwOi8vZGhzcy5hbGFza2EuZ292L2RwaC9FcGkvaWQvU2l0ZUFzc2V0cy9QYWdlcy9IdW1hbkNvVi9ESFNTX0hpZ2hSaXNrR3JvdXBzX1JlY29tbWVuZGF0aW9ucy5wZGYifQ.dX6oVDaKUyEYpOhC-v37YVnxSRDMLFSNZdsKcY15Uo4/br/76041225646-l)
7. ANCOR Factors I/DD Providers Should Consider in Adapting Protocols to Minimize the Impact of COVID-19
8. APSE Coronavirus Update re: supported employment activities
9. Update on Coronavirus, S. Browner, MD- Medical Director Hope Community Resources
10. CDC Issues New Guidelines for Seattle Area Businesses with Recommendations for Work Place Screenings
11. Managing and Leading Through Provider, State and Federal Recommendations in Considerations of COVID-19
12. Letter from the State of Kentucky Department of Medicaid Services to Providers
13. 13. SDS communications regarding high risk populations
14. [http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx](http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx )
15. SDS communication regarding long term care recommendations

<http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/DHSS_LTCF_COVID19-Guidance_20200311.pdf>

1. SDS communications regarding high risk populations <http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/populations.aspx>
2. The Role of DSP and the Coronavirus <https://www.youtube.com/watch?v=ud4Q4e_hcuw&feature=youtu.be>
3. IRS Permits HSA-Eligible Health Plans to Provide COVID-19 Services Without a Deductible or Cost Sharing <https://www.dwt.com/blogs/employment-labor-and-benefits/2020/03/irs-hsa-coronavirus-service-rules>
4. CDC Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission <https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbl9saW5rX2lkIjoxMDAsInVyaSI6ImJwMjpjbGljayIsImJ1bGxldGluX2lkIjoiMjAyMDAzMTMuMTg3MTk2MDEiLCJ1cmwiOiJodHRwczovL3d3dy5jZGMuZ292L2Nvcm9uYXZpcnVzLzIwMTktbmNvdi9kb3dubG9hZHMvY29tbXVuaXR5LW1pdGlnYXRpb24tc3RyYXRlZ3kucGRmIn0.mFRJWLpbTFbrp21ZzXrtvA72eIOjgkaG2Rtp7QG-JaA/br/76107999777-l>

**Tab 3- Understanding COVID- 19**

What is Coronavirus?

Coronavirus, also known as COVID-19 ('CO' stands for corona, 'VI' for virus, and 'D' is for disease) is an infectious disease that causes severe respiratory illness. Coronaviruses are a large family of viruses which cause illnesses like the common cold. COVID-19 is not the same as the flu-- COVID-19 is more transmissible and has a higher fatality rate than the flu, although the disease is so new that research is still being done to determine exactly how infectious and lethal it really is.

Symptoms of Coronavirus:

According to the Centers for Disease Control, symptoms of COVID-19 include mild to severe respiratory illness with a fever, dry cough, and difficulty breathing. These symptoms may appear anywhere from 2-14 days after exposure.

How is COVID-19 Transmitted?

COVID-19 is mainly spread through respiratory droplets expelled by someone who coughs, sneezes, or exhales. The viruses within the droplets persist for a period of hours or days, so cleaning high-contact hard surfaces is important.

Who is at Risk?

According to the World Health Organization, most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty breathing.

People who are higher risk of becoming very sick from COVID-19 include:

• Adults 60+ years old

• People with serious chronic medical conditions, like:

• Heart disease

• Diabetes

• Lung disease

People with fever, cough, and difficulty breathing should seek medical attention.

Protecting Yourself and Others:

If you have fever, cough, and difficulty breathing, seek medical care early to reduce the risk of developing a more severe infection and be sure to share any recent travel history with your health care provider.

Everyone should take the following steps to stay healthy:

* Wash your hands frequently for at least 20 seconds. Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
* Maintain social distancing. Maintain at least 6 feet distance between yourself and anyone who is coughing or sneezing.
* Avoid touching your eyes, nose, and mouth. Your hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose, or mouth. From there, the virus can enter your body and can make you sick.
* Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your elbow or a tissue when you cough or sneeze. Dispose of used tissues immediately.
* Stay home if you feel unwell. If you have a fever, cough, and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.

More Information is Available at:

* Alaska Health and Social Services (HSS) - COVID-19 Overview
* Anchorage Health Department - Novel Coronavirus Information
* Centers for Disease Control (CDC) - Cases in the U.S.

**Tab 4- General Materials:**

AADD Provider Members are encouraged to:

* Install and maintain hand sanitizer stations.
* Conduct continued daily sanitation of handholds and high utilization areas.
* Assure disinfectant spray is available for use in common areas and restrooms.
* Utilize signage to remind everyone that frequent and thorough handwashing is the best way to prevent all disease.
* Utilize flyers describing Coronavirus symptoms are being distributed throughout the building.
* Instruct employees and visitors to remain home if they have any symptoms of Coronavirus- fever, cough, or shortness of breath.
* Encourage people who travel for business or personal reasons to practice good social distancing when they return to work. This means to stay 6 feet away from others and to limit touching, including hand shaking.
* Preparing a multi-level response plan that will be implemented should the virus be detected in Alaska. This contingency plan includes very specific actions that will be taken if exposure occurs within our organizations.
* In addition to contingency planning relating to protecting employees and those who visit our organizations, also creating a business continuity plan to ensure essential business operations can continue in the event the situation in Alaska becomes more serious.
* Assess the risks of business travel.
* Encourage liberal leave policies and teleworking options for staff.
* Use videoconferencing for meetings when possible
  + When not possible, hold meetings in open, well-ventilated spaces.
  + Consider adjusting or postponing large meetings or gatherings

**Tab 5- High Risk Populations:**

* Early information suggests persons older than 60 years are at higher risk of developing severe illness and even dying from COVID-19. This risk increases with age.
* Persons who have serious chronic medical conditions like heart disease, lung disease or diabetes are also at higher risk for more serious illness from COVID-19.

**Tab 6- Work Force Related**

* Specialized training regarding the role of the DSP and the Coronavirus
* Review and revise sick leave policies and protocols
* Enhance Training Collaborate with local provider agencies on a staff-sharing plan if situation worsens
* Cross training provisions between agencies
* Will need sharing of relevant personnel files such as background checks
* Acceptance of training provisions from other service categories (e.g., day/employment staff training sufficient if employee is covering in a different program such as residential)
* MOU between participating providers
* Outreach to workers who are experiencing layoffs or forced unpaid leave in the retail sector, food services, etc. to become DSP’s with expedited training.
* Considerations: Workman’s Comp issues? DOL issues?
* General training considerations e.g., updated universal precautions, etc.
* Consider day care options for DSPs with children who may be released from school
* Human resource Departments Should:
  + Assure Employee Safety
  + Keep Current with OSHA Updates
  + Be Aware of Travel to High Risk Locations
  + Be Ready to Handle Questions About Pay During Mandated Time away from Work
  + How to Handle Employees becoming Ill At Work
  + HIPAA Requirements

**Tab 7- Recommended Provider Protocols:**

Long-Term Care Facilities-

• Facilities should implement (and build upon, if necessary) their existing infection control plans used to control respiratory illnesses.

* Those infection control plans should address:
  + Identifying lead person for infection control
  + Surveillance to detect respiratory illness and what to do if there’s a suspected case of COVID-19 in a resident or staff member
  + Use of standard, droplet, and contact precautions to minimize the risk of transmission to and from direct care staff
  + Visitor screening procedures
  + Cohorting symptomatic residents
  + Staff, resident, and visitor education about COVID-19
  + Signs to remind about: Hand washing, Respiratory hygiene/cough etiquette, and COVID-19 information
* Not visiting if sick
* Sick leave policies for employees
* Environmental cleaning
* Surge capacity for staffing, equipment and supplies, and postmortem care
* Stocking 24-hour homes with supplies, including non-perishables Collaborate with local provider agencies on a staff-sharing plan if situation worsens
* Cross training provisions between agencies
* Will need sharing of relevant personnel files such as background checks
* Acceptance of training provisions from other service categories (e.g., day/employment staff training sufficient if employee is covering in a different program such as residential)
* MOU between participating providers
* Outreach to workers who are experiencing layoffs or forced unpaid leave in the retail sector, food services, etc. to become DSP’s with expedited training.
* Considerations: Workman’s Comp issues? DOL issues?
* General training considerations e.g., updated universal precautions, etc.
* Consider day care options for DSPs with children who may be released from school
* Ensure medication stock (including refrigerated medicines)
* Compliance with CMS Emergency Preparedness Final Rule
* Questions regarding the potential need to consolidate residential settings for quarantine purposes
  + Has the client/provider, or anyone in the household, traveled outside the country in the last 30-days and experienced recent shortness of breath, or a noticeable difference in shortness of breath, new or recent cough, or fever?
  + Has the client/provider, or anyone in the household, had in-person contact with someone that has returned from travel outside the country in the last 30-days that has presented with recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?
  + Within the last 30-days has the client/provider, or anyone else in the household, reported or presented with recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?
* Having to think through needs / set-up based on different support models (e.g. group homes, host family homes and 24/7 living services in an individual /one-person apartment, residential psychiatric settings)
* Balancing rights of individuals with safety needs

**Tab 8 – Summary of Federal Legislative Funding Proposed**

* ANCOR represent broke down key provisions in the new House package for COVID-19 response below, which is now on its way to the Senate. The Senate in turn is monitoring how discussions between the House and White House unfold related to the package described below, while also crafting its own legislation. The Senate’s legislation will include possibly up to three different legislative packages. ANCOR is currently advocating for funding provisions specific to disability supports to be included in any package that advances in Congress.
* Provisions in the House-passed Families First Coronavirus Response Act (HR 6201):
* Increased Federal Funding
* Provides states with a 6.2 percent increase on their traditional FMAP for all medical services, if they agree to certain terms.
* FMAP increase will last the length of the Public Health Emergency.
* This will not apply to either an expansion or administrative FMAP.
* No specific rate increase to ensure that relief for the Medicaid states is shared with disability workforce.
* Provides the territories with a 6.2 percent increase on their traditional FMAP and a corresponding increase in their allotments for the next two fiscal years.
* Provides $1 billion in grant funding to help states manage and expand their unemployment insurance programs.
* Sick Leave
  + Employees of employers with fewer than 500 employees and government employers, who have been on the job for at least 30 days, with the right take up to 12 weeks of job-protected leave under FMLA to be used for any of the following reasons:
    - To adhere to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus;
    - To care for an at-risk family member who is adhering to a requirement or recommendation to quarantine due to exposure to or symptoms of coronavirus; and
    - To care for a child of an employee if the child's school or place of care has been closed, or the child-care provider is unavailable, due to a coronavirus.
    - After the two weeks of paid leave, employees will receive a benefit from their employers that.
    - The benefit will be no less than two-thirds of employee's usual pay.
    - Employers will be compensated for the sick leave through a payroll tax credit.
  + Employers with more than 500 employees are excluded.
  + DOL will have the option of exempting workers at any company with fewer than 50 employees, if it determines that providing paid leave "would jeopardize the viability of the business as a going concern."
  + The caregiving component of the paid sick leave provisions does not cover a family member or other individual stepping in as a caregiver if COVID-19 results in someone losing their usual source of care and does not apply to caring for adults with disabilities.
  + Unlike earlier drafts, it does not establish a permanent paid sick leave entitlement for all families.
  + $15 million for the Internal Revenue Service to implement tax credits for paid sick and paid family and medical leave.
  + Amendments to FMLA would expire in a year and exemptions are available for small businesses.
  + There is no additional funding for SSA to administer these programs.
* Testing, Treatment, and Other Medical Provisions
  + Zero cost-sharing in Medicaid program related to testing and diagnosis of COVID-19, waiving all cost sharing for labs and diagnostics.
  + State option to provide coverage for the uninsured for these services through the Medicaid program. Provides states with 100 percent FMAP for all the services related to the cost sharing for those states taking up this state option.
  + Leaves Medicaid cost-sharing in place for medical services related to treatment of COVID-19.
  + No provisions ensure people with disabilities have access to a 90-day medication and medical supply fills.
* Telehealth
  + Waives current prohibitions surrounding the furnishing of telehealth services in the Medicare program, during the current public health emergency, furnishing a service allowable under the Medicare program, even if the program did not pay for such service, is a qualifying relationship.
  + Silent on Medicaid telehealth
* Nutrition Assistance
  + $250 million for the Senior Nutrition program in ACL.
  + $400 million to assist local food banks to meet increased demand for low-income Americans during the emergency. Of the total, $300 million is for the purchase of nutritious foods and $100 million is to support the storage and distribution of the foods.
  + Suspends the work and work training requirements for SNAP during this crisis.

**TAB 9- AADD Provider Protocol Samples**

**TIDES LLC**

**COVID-19 PREPAREDENESS AND RESPONSE PROTOCOL**

As our community prepares for the potential COVID-19 illness, we here at TIDES are taking necessary steps to limit exposure to recipients, families, employees and the community. The State of Alaska (SOA) has released recommendations for providing service for high risk groups. Using these recommendations TIDES is modifying services.

**TIDES ILLNESS PROTOCOL:**

A recipient or recipient’s household member with a communicable disease, rash, infection, acute respiratory infection, or if they have had a fever within the last 24 hours may not receive TIDES services in any capacity in which the caregiver could become ill.

* Stay home until you have been free of all signs of a fever for at least 24 hours.
* Recipients who live with natural supports are expected to stay home and be cared for by their natural supports until they are symptom free
* For recipients who do not have natural supports, TIDES will provide services in a manner which limits the recipient’s potential to spread germs. This will include a reduced staffing model, limiting the number of employees exposed. Encouraging as much rest as possible and utilizing personal safety equipment as necessary.
* If a recipient is experiencing a fever, services will not extend beyond the recipient’s private residence unless approval is granted by the Administrator.
* Employees are expected to follow Universal Precautions and strong Caregiver Hygiene practices that include hand washing, using personal protective supplies, and disinfecting appropriate areas often.

In preparation for the current COVID-19 concern, TIDES has developed a three-stage approach to reducing exposure of COVID-19 to recipients, families, employees, and the greater community. The stages of the protocol are identified as suggested as INITIAL-MODERATE - SEVERE.

**Effective immediately:**

**TIDES LLC INITIAL COVID-19 PROTOCOL (SUBJECT TO CHANGE PER GOVERNMENT REGULATION AND/OR ADVICE)**

* TIDES LLC office will be on a modified schedule open Monday and Wednesday 12:00p.m. – 4:00p.m. Office staff are still working regular hours and are available to be reached on their phone or by email.
* If you or a member of your family is considered “high risk” please contact the Administrator immediately to explore work options that reduce exposure to illness.
* TIDES group activities and non-essential meetings are canceled until further notice. Video and phone conferencing will substitute when possible.
* Recipients and employees are prohibited from spending time in the office until further notice. The office will only be used only essential tasks. Consistent disinfectant protocols will be in place each and every day.
* TIDES LLC will be practicing social distancing. Even if you are not considered to be “high risk” many recipients we support and other community members are. Avoid large gathering, shaking hands, stay at least six feet away if someone is feeling ill.
* Providing services in public locations will be reduced to services that necessitate requirements of daily living such as grocery shopping, doctor and therapy appointments. These activities should be completed with extra personal safety caution.
* Gym and Pool locations will only be provided to those with prescribed therapies for those locations (we will be working with individual families to come up with appropriate alternate locations for Day Habilitation services)

**MODERATE COVID-19 PROTOCOL – INITIATED WHEN THE JUNEAU SCHOOL DISTRICT CLOSED DUE TO COVID-19 (SUBJECT TO CHANGE PER GOVERNMENT REGULATION AND/OR ADVICE)**

TIDES is currently in the process of meeting with employees, recipients/families, and Care Coordinators to identify reduced and consistent staffing teams to wrap around recipients who do not have natural support available. All recipients who do have natural supports will not receive services from TIDES in an effort to reduce the potential of being exposed. Employees can also expect a reduction in hours as we work hard to limit the risk to everyone involved.

Our protocol follows the Juneau School District’s determination of school closures, or CBJ’s recommendation. In the event of school or CBJ closures due to COVID-19, TIDES will enact each modified individual plan to the best of our ability with available staffing and resources. During this time, we expect to have a reduction in staffing due to illness and will be allocating resources and available staff to those without natural supports.

In the event of implementing the Moderate COVID-19 Protocol:

* TIDES office will close to the public completely. Alternative solutions will be determined on a case-by-case basis for essential needs.
* Services for recipients with natural supports will be cancelled.
* TIDES will reduce Day Habilitation services to outings only related to medical needs. Staff will not support recipients in high traffic community locations.
* Employees and recipients are expected to practice social distancing. Even if you are not considered to be “high risk” many recipients we support and other community members are. Avoid large gathering, shaking hands, stay at least six feet away if someone is feeling ill.
* Employees who are considered “high risk” will not be expected to work, and are encouraged to stay home.
* Recipients without natural supports will have reduced 2-person teams. Services will be provided mainly in the recipient’s primary home, or in non-populated community locations.
* A designated employee will be available to help with shopping needs for recipients being supported.

**SEVERE COVID-19 PROTOCOL - IDENTIFIED CASE OF COVID-19 IN JUNEAU, (SUBJECT TO CHANGE PER GOVERNMENT REGULATION AND/OR ADVICE)**

In the event of an identified case of COVID-19 is in Juneau, or when a mandatory quarantine is in place, the following protocol will be put into place:

* TIDES office will be closed completely. Alternative solutions will be determined on a case-by-case basis for essential needs. All office staff will be readily available by phone or email.
* Services for recipients with natural supports will be cancelled.
* TIDES will not provide Day Habilitation activities that include any interaction or contact with other people.
* Employees and recipients are expected to practice social distancing. Even if you are not considered to be “high risk” many recipients we support and other community members are. Avoid large gathering, shaking hands, stay at least six feet away if someone is feeling ill.
* Employees who are considered “high risk” will not be expected to work, and are encouraged to stay home.
* Recipients without natural supports, will have identified staff who are willing to go into isolation with the recipient for an extended period of time. Other employees willing to go into isolation will be monitored for signs of illness prior to providing supports.
* A designated TIDES employee will be available to help with shopping needs for the recipients being supported to limit exposure to the community.

Additionally, we are asking families to

* Attempt to obtain 2-3 months of essential medications
* Identify who can provide you with care if your care provider becomes ill
* Review attached SOA Covid-19 recommendations for high risk groups

All protocols in place are subject to change based on City, State, and Federal recommendations and mandated responses. TIDES will maintain a calm and solution-based approach to meeting the needs of the recipients and families we support; while also taking the needed precaution to ensure the safety of our staff. We look forward to working together through this challenging time.

For additional questions please contact the Administrator and Emergency Protocol point person, Shawn Bass, at (907)321-0441.

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**TAB 10- SDS Specific Information**

**March 17, 2020**

**SDS E-Alert:  DHSS Suspends Services Occurring in Congregate Settings in the Community**

Effective today, in light of recent guidance to limit groups to less than 10 people, the Department of Health and Social Services is **suspending state-wide all long term services and supports that occur in congregate settings**, including Senior Centers, Adult Day Services, and any site-based Day Habilitation or Supported Employment activities where individuals gather together.  DHSS is working with federal partners to determine if services may be offered in a more flexible manner within home settings.

The State recognizes the importance of these settings and the services they provide but is seeking to prevent harm to those we serve through the promotion of social distancing.  Please continue to follow guidance posted at the [State of Alaska COVID-19 webpages.](http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx)

SDS requests that **all providers make arrangements to close congregate sites as soon as possible, and no later than 5pm today**.  Congregate Meal providers, both grant and Medicaid funded, may continue to offer packaged meals for pick up in a drive-thru capacity, and may also offer home delivered meals in lieu of congregate meals if the adult is unable to pick up the meal and the provider has that capability.  Please contact the SDS grant manager if you can no longer provide meals.

Please report through [Central Intake](https://alaska.wellsky.com/intake/) if any individual is considered at risk due to these changes.

10: SDS

**March 13, 2020**

**SDS E-Alert:  SDS Seeks Temporary Modification to Services in Response to COVID-19**

SDS is actively working to submit a request to the Centers for Medicaid and Medicare Services (CMS) to temporarily modify Home and Community Based Services to offer more flexible options under an “Appendix K”.  SDS will also be working with other Division partners to modify State Plan services including Personal Care and Community First Choice under an 1135 amendment.  Additional flexibility would allow services to continue while protecting the health and safety of individuals to the greatest extent possible.  SDS recognizes the amazing work of our community of providers and families working to support individuals in the community.

Providers and recipients should continue to track program changes and guidance by monitoring the State of Alaska website at <http://dhss.alaska.gov/dph/Epi/id/Pages/Human-Coronavirus.aspx>

**STATE OF ALASKA**

**\*\*COVID-19 HEALTH ALERT\*\***

Issued March 13, 2020

By: Dr. Anne Zink, Chief Medical Officer, State of Alaska

Under the authority of Governor Dunleavy’s emergency order, the Alaska Department of Health and Social Services (DHSS) is issuing a policy to limit exposure to COVID-19 at long-term care facilities. DHSS is taking this action to protect Alaskans who are at greatest risk for the most severe outcomes of this disease.

“Our elders in nursing homes are particularly vulnerable to this disease and our actions are intended to protect vulnerable adults.” said Dr. Anne Zink, Alaska’s Chief Medical Officer. “Our desire is to establish a close partnership with long-term care facilities and we’re asking families, friends and others who work in and visit these facilities to help us protect the health and safety of our parents, grandparents and other loved ones.”

This guidance directs skilled nursing facilities and nursing homes – including those providing memory care – to incorporate the Centers for Disease Control and Prevention (CDC)’s [minimal to moderate mitigation strategies for long-term care facilities](https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf) with additional measures, as follows:

* Implement a screening process for anyone entering the facility who is not a resident or staff member. Screening should occur before, or immediately upon, entering the facility.
* Change visitor policies to further limit exposures to residents and staff, including:
  + Limit visitation to essential individuals (e.g., family members and medical providers).
  + Screen all visitors for illness. If visitors have symptoms of respiratory illness/COVID-19 (e.g., fever, cough, shortness of breath) or have had recent travel to an area with known COVID-19 transmission, ask them to use an alternative means to visit with the resident, such as by phone or virtual visits.
  + Limit visitor movement in the facility.
  + Keep a detailed log of all visitors and health care personnel (HCP) that includes information about which resident and areas of the facility they visit.
* Limit resident activities that involve community outings and group gatherings.
* Support residents’ access to socialization by offering lower-risk opportunities.

<https://content.govdelivery.com/accounts/AKDHSS/bulletins/2811400>