benchmarks
An Alliance of Agencies Helping
Children, Adults & Families

Foster Care and Children's Homes

1. Foster Home Supervision Requirements: Can we do those telephonically?
2. Should we restrict visits to our children's home to telephone only?
3. Flexibility in staffing rations as needed?
4. Flexibility in staff training in order to ensure coverage?
5. If one person is infected on the campus of a children's home is the entire campus under quarantine? What does quarantine mean and look like?
6. Can we please extend the foster care fingerprinting deadline? This has become nearly impossible to manage.
7. Allow training to be done over the internet?
8. Should we limit home visits?
9. Do foster parents and staff that are also medical providers have additional requirements to follow during this time?
10. We have providers that have a few empty homes that could be used as resources in the case of an emergency, but they are unlicensed. Will rules be waived under these circumstances?
11. Will foster children coming into the system who show symptoms, be tested prior to being placed into care?
12. How to manage signatures when working over the phone?

Medicaid

1. Can or should we restrict visits to Medicaid group homes and facilities to telephone only?
2. Can we relax requirements for IIH to allow for this to be done by telephone and for less than two hours at a time?
3. Can flexibility in staffing ratios be allowed as needed?
4. Can flexibility in staff training be allowed to ensure coverage?
13. Will you allow staff training to be done over the internet?
14. Are parents allowed to fill in to help with coverage in case of emergency for I/DD group homes?
15. Day Programs: In order to help keep folks a bit more isolated, can Day Program staff perform Day Program services in the group home, instead of in the Day Program facility?
16. Need to be able to bill for telehealth from unlicensed place to unlicensed place.
17. In areas (particularly rural) where clients do not have internet, can telephonic services be provided in lieu of telehealth?
18. If we are operating under limited staff and need to triage treatment, could CCAs be temporarily waived for new client walk ins so we could focus on providing the service immediately?
19. For group services, such as in SAIOP, could individual therapy be provided in lieu of the group?
20. Or, could we do telehealth therapy for groups through zoom or skype?
21. Need documentation guidelines for how to adjust for alternate services.
22. Can AFL families add people to their home from other homes in order to help isolate people without going through all of the requirements and site visits?
23. While we are restricting visitors, this must include LME/MCO staff visiting to do planning meetings, site visits, and HCBS validations. Need to extend those deadlines and pause these reviews. May also include family members, guardians, custodians, DSS staff.

24. Should we limit home visits?
25. Can we also bill state-funded folks for the same adjusted/relaxed Medicaid services?
26. Prepare to relax authorization, training, service definition requirement and hold harmless during this time.
27. Would the state consider moving to case rates for provider in order to help support the loss of services that will not be able to be provided during this time?
28. Will we be able to continue to provide Day Treatment if the schools are closed in another location?
29. We have providers that have a few empty homes that could be used as resources in the case of an emergency, but they are unlicensed. Will rules be waived under these circumstances?
30. Authorizations often include location, will this be waived and providers held harmless during this time period as people are moved around or services are performed in locations not included on authorization.
31. Consider using HUD apartments as resources but waiving the HUD requirements for expediency.
32. If schools close, it may jeopardize the future of some school-based services without financial support or infusion.
33. Can we bill for all telephone work, including case management? People are going to need many different kinds of supports right now that may not fit in a service definition box.
34. How do we manage the alternate services during this time, when they may not be included in our LME/MCO contracts? If they need to be added to the contracts, contracts must be expedited.
35. Group therapies (of all types): can these be done over the internet?
36. How to manage signatures when working over the phone?
37. Providers are on razor thin margins and if types of services cannot be provided for a period of time, is it possible to keep the employees paid, otherwise will lose the service and have to build it up again after the pandemic ?
38. If family wants to take their family member from a group home during the pandemic (understandably so) it may have catastrophic impact on the group home. Can we keep the home financially “whole” during that time?