Susan, Lisa, Kody, Dave,
We are following up to see if there has been any decisions around a protocol for our residential facilities if they determine that a client or staff tests positive for Covid-19. Regardless of the funding used to pay for the facility, we strongly believe that there should be a universal plan for all of them based on medical best practice for the pandemic. We would much prefer to have this information prior to the event occurring than when it actually does occur.

Here are a few of our questions:

- Will the cottage/facility be quarantined?
- Does the quarantine extend to clients?
- How long will the quarantine last?
- Will other facilities on the campus be quarantined as well if they haven't had direct contact with the individuals in the cottage/facility?
- Will staff ratios be waived to accommodate facilities/cottages during this time?
- What waivers, licensure exemptions or changes in the IV-E plans are being requested by DSS to help agencies accommodate the upcoming challenges?
- Provider agencies have been hearing that Public Health will provide them guidance if some tests positive in their facility. Should we notify public H\health or look to the local public health entity for guidance? If so, are there consistent standards that should be expected, statewide?
- If a client becomes sick in the cottage/facility, are they expected to stay in that location or is there a plan on where to place them?
- If we have a way to isolate the infected client in the cottage/facility, is that allowable?
- If we have another cottage/facility that is vacant is unlicensed or has a lapsed license, can we relocate the affected individual(s) to that location?
- If a client is quarantined and their authorization lapses, will Medicaid pay for their continued stay in quarantine?
- Same applies for IV-E if they are supposed to transfer to a foster home or back to family and are in quarantine - how will the stay be paid?