

ODP Medical Director's Update The Provider Alliance August 28, 2020

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Office of Developmental Programs

COVID-19 Update

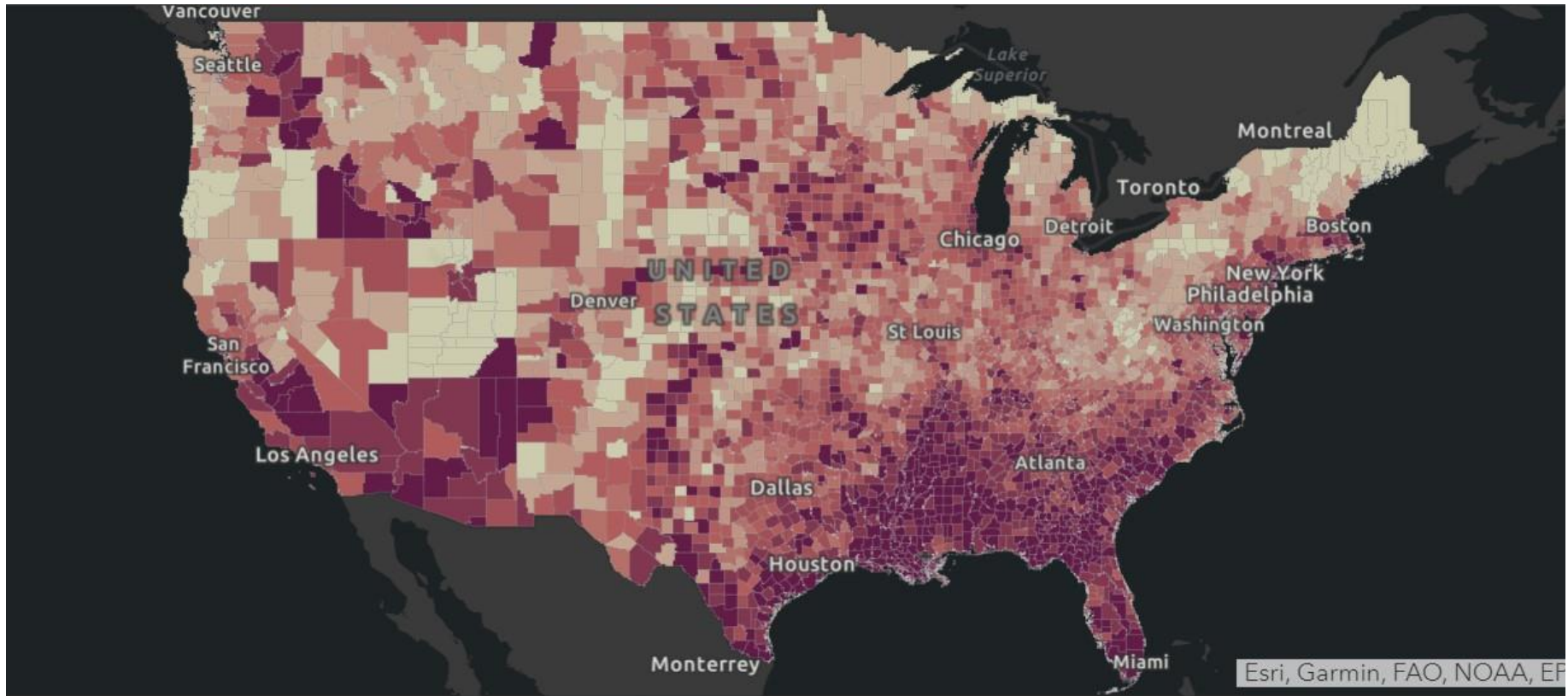
World Cases and Deaths



24,032,128

822,480

US Cases and Deaths



5,821,195

179,695

3rd Leading Cause of Death



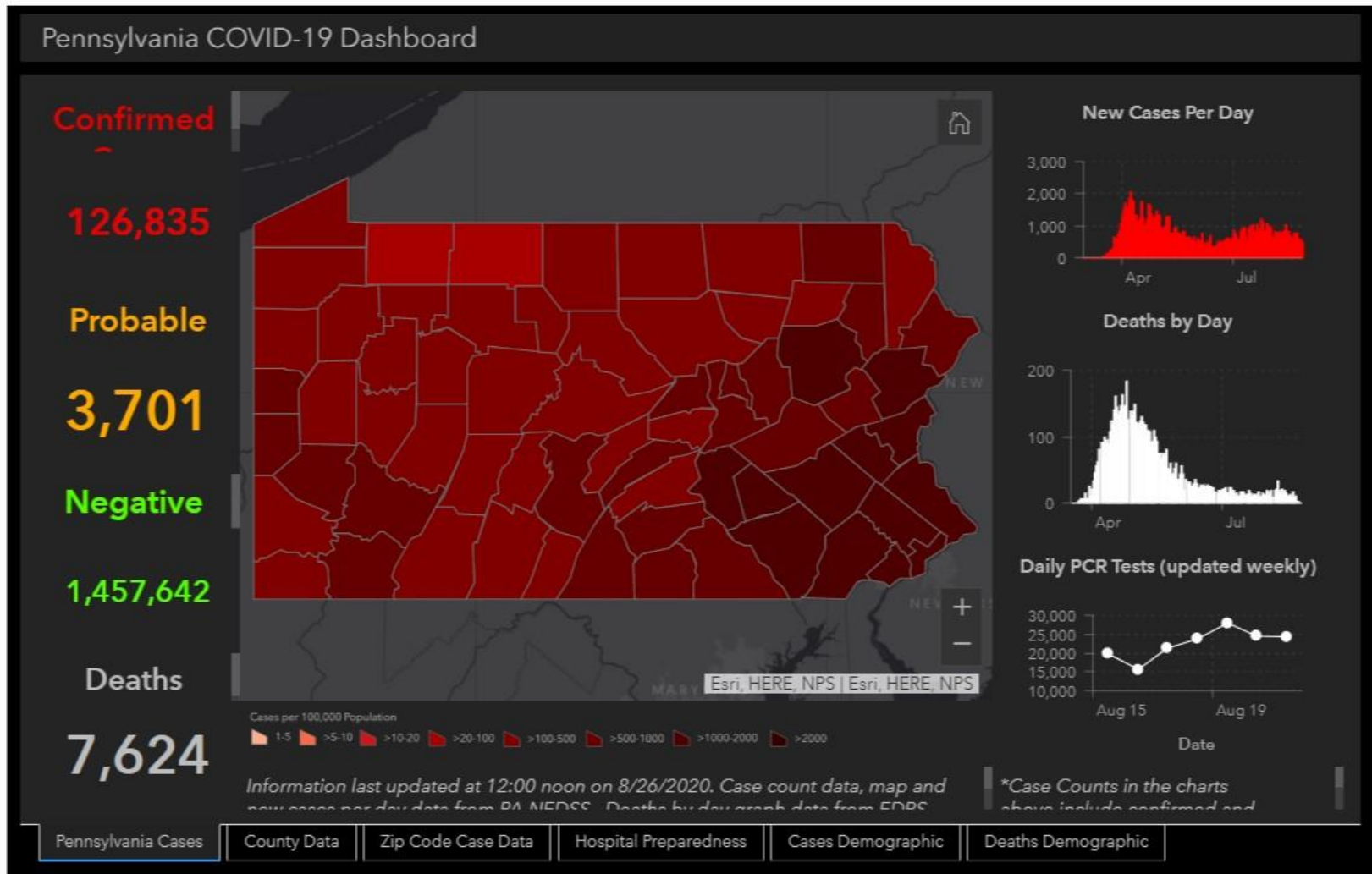
pennsylvania
DEPARTMENT OF HUMAN SERVICES

- Heart Disease
- Cancer
- COVID-19
- Ahead of:
 - accidents
 - injuries
 - lung disease
 - diabetes
 - dementia

Institute for Health Metrics and Evaluation projected (on 8/6) that 300,000 people will die of the virus by 12/2020.

50% Mask use

95% Mask use – Decrease deaths by 66,000



Having trouble viewing the dashboard? [View the full screen version](#) 

View the [COVID-19 Early Warning Monitoring System Dashboard](#).



COVID-19 Early Warning Monitoring System Dashboard

Updated on 8/21/2020

Select a county or multiple counties (CTRL+click) in the map to filter the table.

Page Navigation

All Counties



Pennsylvania

-1,142

Confirmed cases (diff.)

34.8

Incidence rate per 100,000 (curr.)

3.4%

PCR percent positivity (curr.)

-70.0

Avg. daily hospitalizations (diff.)

-12.4

Avg. daily ventilators (diff.)

0.7%

Hosp. visits due to CLI (curr.)

diff. - difference between the most recent 7-day period and the previous 7-day period.

curr. - most recent 7-day period

Most recent 7-day period: August 14-August 20

Previous 7-day period: August 7-August 13

For detailed county progress hover over the metric.

County	Difference in confirmed cases (most recent 7 days vs previous 7 days)	Incidence rate (most recent 7 days) per 100,000 residents	PCR percent positivity (most recent 7 days)	Difference in the average daily number of COVID-19 hospitalizations**	Difference in the average daily number of COVID-19 patients on ventilators**	Percent of hospital emergency department visits in the most recent 7 days due to COVID-like-illness*
PENNSYLVANIA	-1,142	34.8	3.4%	-70.0	-12.4	0.7%
ADAMS	-31	16.5	1.6%	+0.4	0.0	2.4%
ALLEGHENY	-54	38.0	3.9%	-31.3	-6.1	0.6%
ARMSTRONG	-7	44.4	4.2%	-0.3	0.0	1.6%
BEAVER	+12	59.5	5.3%	-0.9	+1.3	0.2%
BEDFORD	-3	18.7	1.8%	-0.5	0.0	1.6%
BERKS	-5	48.6	4.8%	+0.6	-0.3	1.0%



Updated on 8/21/2020



Pennsylvania

-1,142 Confirmed cases (diff)	34.8 Incidence rate per 100,000 (curr)
3.4% PCR percent positivity (curr)	-70.0 Avg. daily hospitalizations (diff)
-12.4 Avg. daily ventilators (diff)	0.7% Hosp. visits due to CLI (curr)

diff. - difference between the most recent 7-day period and the previous 7-day period.

curr. - most recent 7-day period

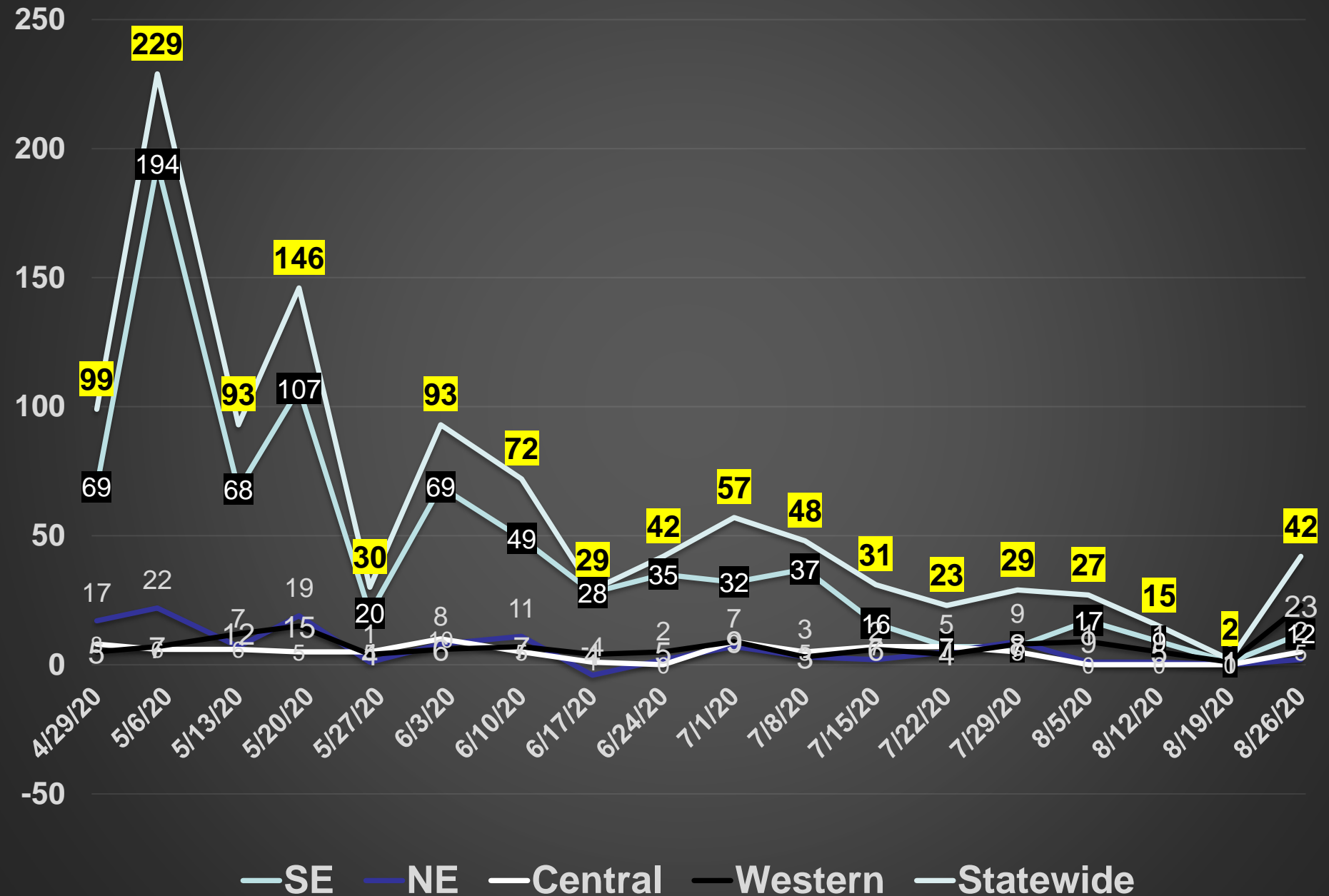
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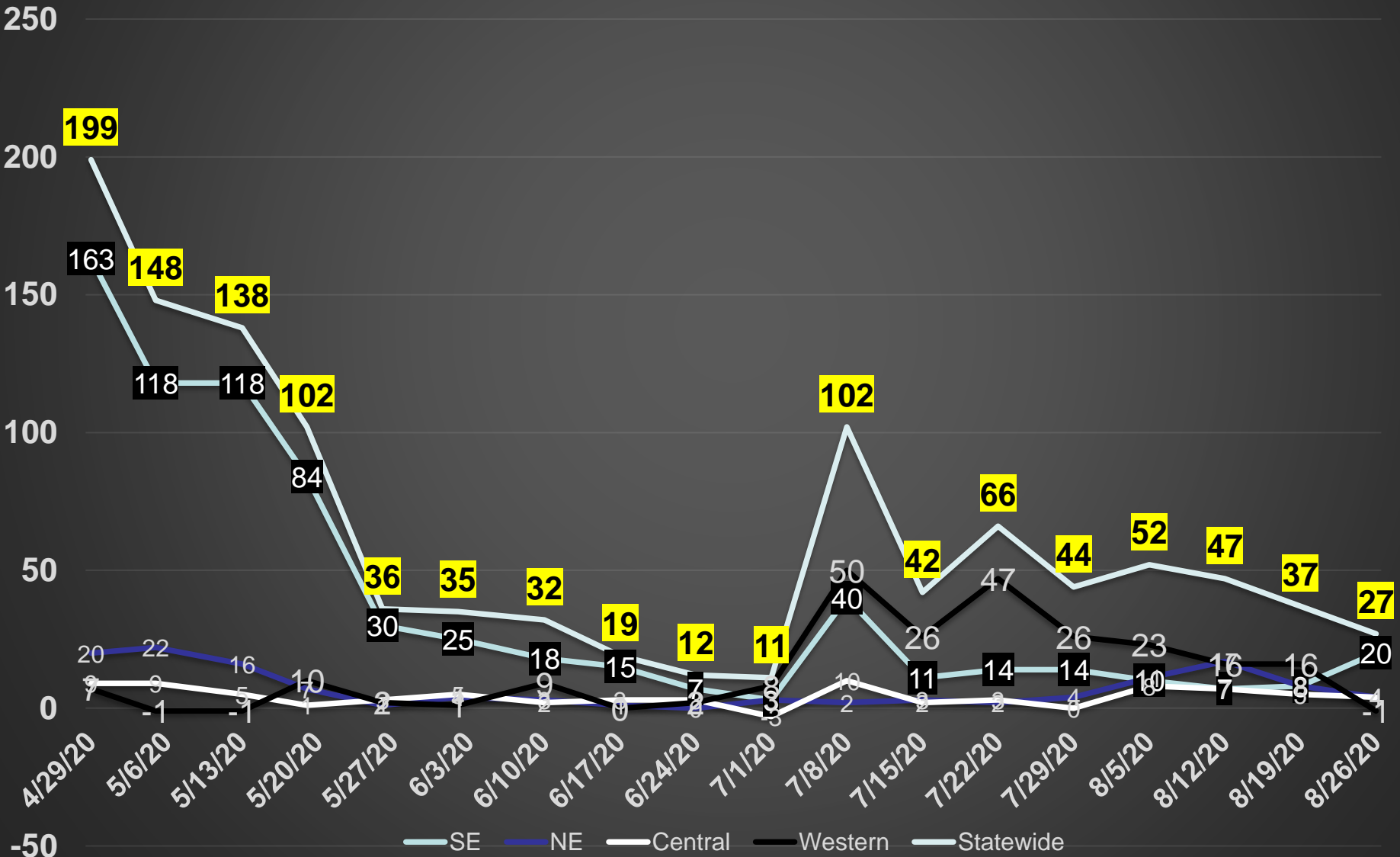
For detailed county progress hover over the metric.

County	Difference in confirmed cases (most recent 7 days vs previous 7 days)	Incidence rate (most recent 7 days) per 100,000 residents	PCR percent positivity (most recent 7 days)	Difference in the average daily number of COVID-19 hospitalizations**	Difference in the average daily number of COVID-19 patients on ventilators**	Percent of hospital emergency department visits in the most recent 7 days due to COVID-like-illness*
CLEARFIELD	-2	20.2	3.4%	0.0	-0.6	0.6%

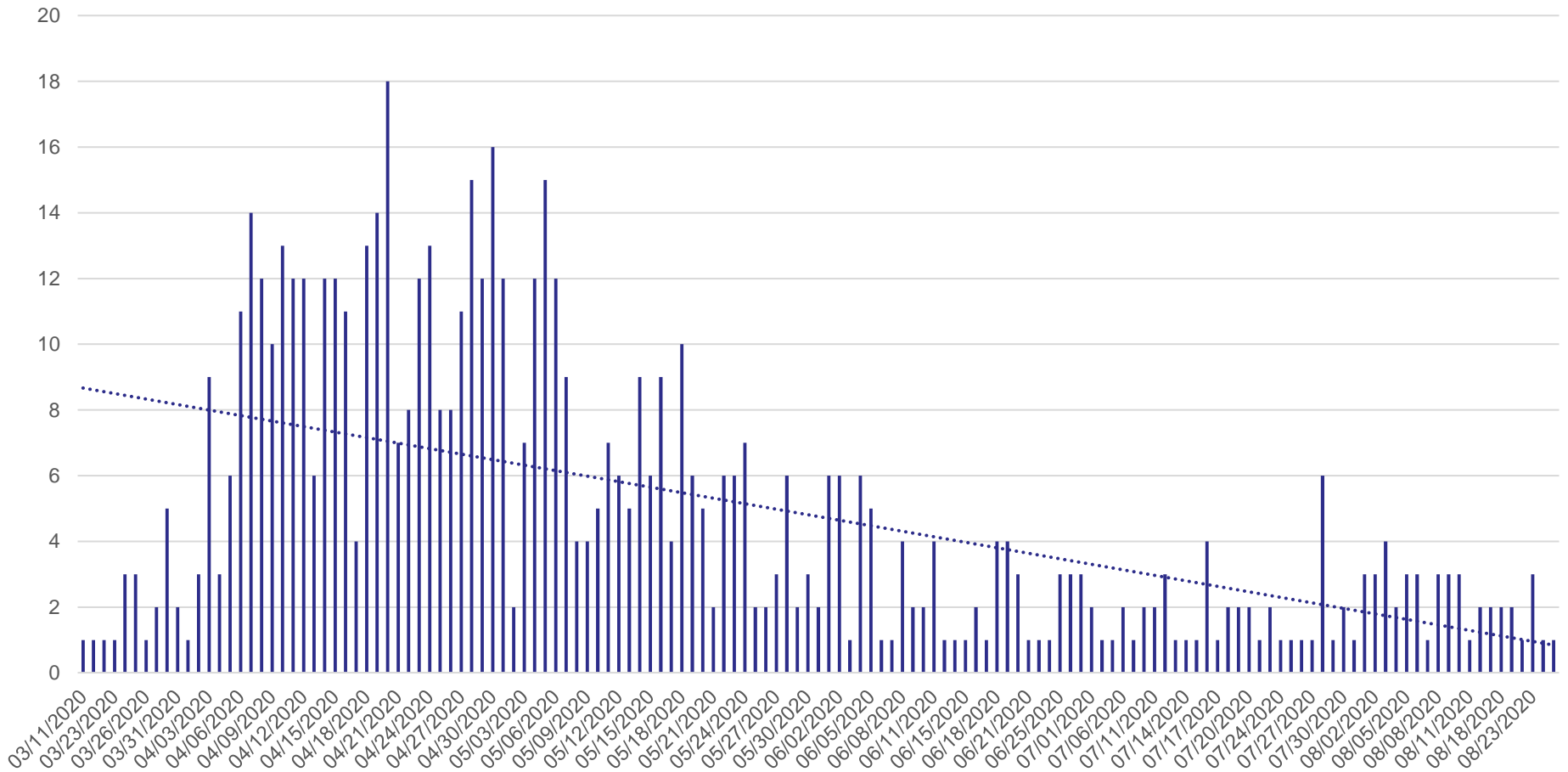
Confirmed Individual COVID-19 Cases



Confirmed Staff COVID-19 Cases



Hospitalizations 8/26/2020 for All Months by Distinct Individuals



DSP Coverage in Hospital Setting

Effective July 1st, the following residential waiver services may be provided when a participant is hospitalized:

- **Supplemental Habilitation** for Residential Habilitation, Life Sharing and Supported Living.

This means that the day rate for residential services cannot be billed while the individual is admitted to the hospital.



Effective July 1st, the following non-residential waiver services may be provided when a participant is hospitalized:

- In-Home and Community Support
- Companion
- Behavioral Support
- Supports Coordination



- **Effective July 1st, any services rendered in a hospital must:**
 - Be included in the ISP.
 - Ensure smooth transitions between the hospital and home and community-based setting
 - Preserve the individual's functional abilities



- **Effective July 1st, any services rendered in a hospital must:**

- Meet the person's needs that are not met through the provision of hospital services

Services can assist participants with communication, intensive personal care, and/or behavioral support as enumerated in the behavior support plan.



Regional Response Health Collaboration Program (RRHCP)

NORTHCENTRAL

NORTHWEST

SOUTHWEST

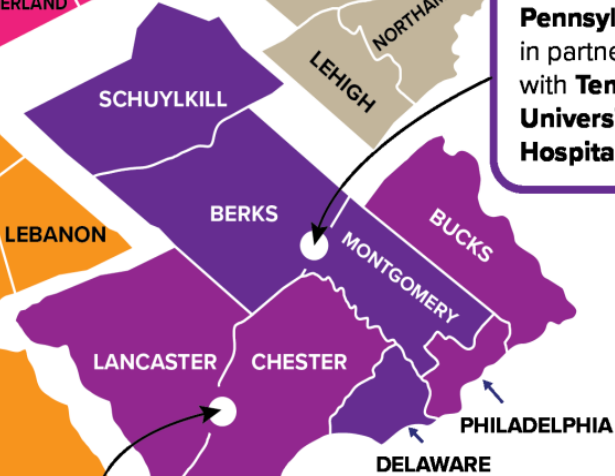
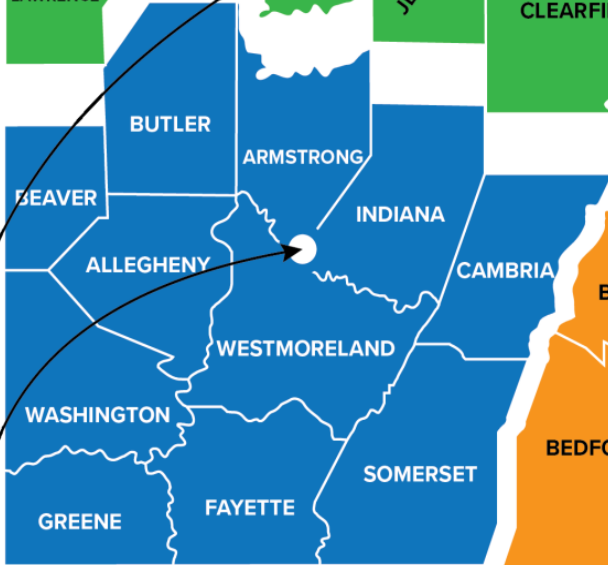
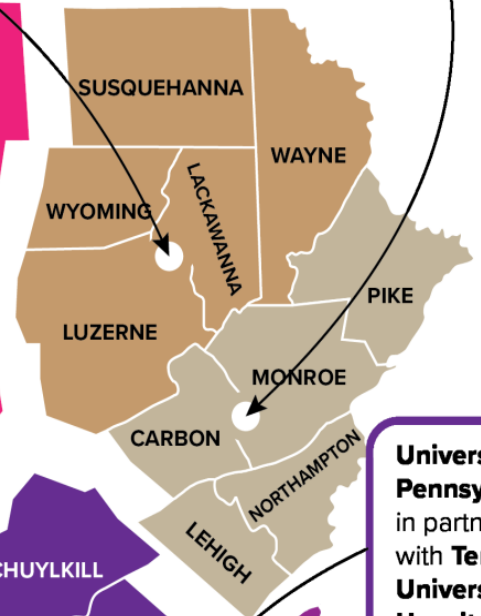
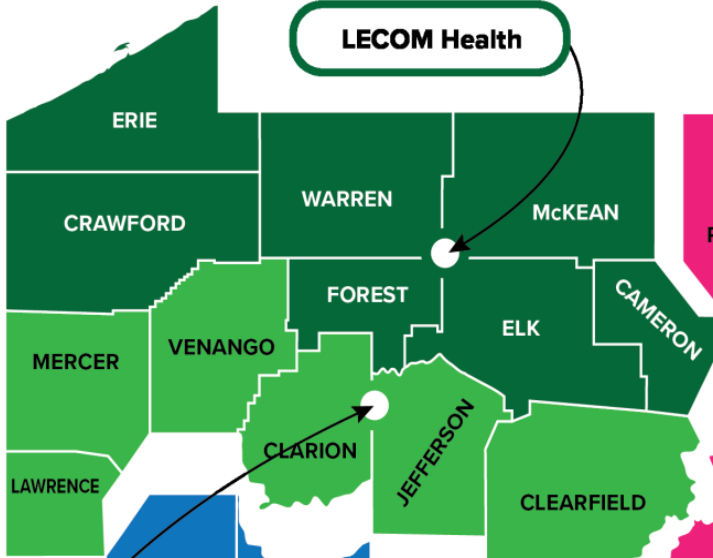
NORTHEAST

SOUTHEAST

LECOM Health

Geisinger Clinic

Lehigh Valley Hospital Inc.



UPMC Community Provider Services in partnership with **Allegheny Health Network**, **Jewish Healthcare Foundation**, and the **Hospital Council of Western Pennsylvania**

Pennsylvania State University

Thomas Jefferson University in partnership with **Main Line Health** and **Lehigh Valley Health Network**

University of Pennsylvania in partnership with **Temple University Hospital Inc.**

SOUTHCENTRAL

Facility Types



Long-Term Care Facilities (Core)

- **Assisted Living Facilities**
- **Personal Care Homes**
- **Skilled Nursing Homes**

Other Types of Facilities

- Living Independence for the Elderly (“LIFE”) Centers
- *Older Adult Daily Living Centers*
- State Veterans Homes

DHS-Licensed Facilities

- Private Intermediate Care Facilities for Individuals with an Intellectual Disability
- Community Homes for Individuals with an Intellectual Disability or Autism
- Life Sharing Homes for Individuals with an Intellectual Disability or Autism
- Long-Term Structured Residences (“LTSRs”)
- Residential Treatment Facility for Adults (“RTFAs”)
- Adult Training Facilities
- Vocational Facilities

RRHCP Call Centers



Health System	Counties Covered	Telephone Numbers
UPMC	Clarion, Fayette, Greene, Somerset, Venango	412-648-6714
Allegheny Health Network (AHN)	Armstrong, Beaver, Clearfield, Indiana, Jefferson	866-496-1766
UPMC/AHN	Allegheny, Butler, Cambria, Lawrence, Mercer, Washington, Westmoreland	412-648-6714 or 866-496-1766
LECOM Health	Cameron, Crawford, Elk, Erie, Forest, McKean, Warren	814-451-1595
Thomas Jefferson University/Mainline Health	Berks, Delaware, Montgomery, Philadelphia*	215-395-8548
Lehigh Valley Health Network	Carbon, Lehigh, Monroe, Northampton, Pike, Schuylkill	888-402-5846, option 3
Geisinger	Bradford, Centre, Clinton, Columbia, Lackawanna, Lycoming, Luzerne, Montour, Northumberland, Potter, Snyder, Sullivan, Susquehanna, Tioga, Union, Wayne, Wyoming	570-271-6009
University of Pennsylvania/Temple University Hospital	Bucks, Chester, Lancaster, Philadelphia*	215-707-1300
Penn State Health	Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lebanon, Mifflin, Perry, York	717-265-8577

COVID-19 Staff Reporting Clarification

Staff Reporting Clarification



- *ODP Communication 20-099*
- **Timely reporting of suspected and positive COVID-19 cases is essential to ensure system responsiveness including deployment of necessary clinical consultation and other needed resources.**
- Providers should submit initial/updated reports of suspected and confirmed cases, receipt of information about test results, and date of return to work **within 24 hours of discovery or the event.**

Staff Reporting Clarification

Situation:	Report needed?
Awaiting test results or a test has been ordered and a health care practitioner has instructed staff to isolate due to symptoms or suspected exposure.	Yes, report is required.
Staff member was tested and received a positive result.	Yes, report is required.
If a staff member was reported and had a negative test, is retested and the results are positive for COVID-19.	Yes, a new report must be entered.
Testing of an asymptomatic* staff member due to an exposure or potential exposure to a person who tested COVID-19 positive	Yes, report is required.
Report was filed prior to test results being available, test results were negative.	Agency should update initial staff report of the suspected case using the ID number on the original report and document the negative results.
A negative test result after a repeat testing for a staff member who previously tested positive, such as testing done for return to work or for discontinuation of transmission-based precautions.	Agency should update initial staff report of the confirmed positive case using the ID number on the original report with the following: Test result status, date test result was received, and the date staff returned to work/recovered.
Agency is conducting universal testing.	No, a report is not required (unless the test result is positive).
<p>When testing occurs as a result of the following, and the results are negative:</p> <ul style="list-style-type: none"> • Routine practice or screening prior to receiving a medical procedure or care that is not the result of displaying COVID-19 symptoms • Other testing when the person is asymptomatic* 	No, a report is not required.

Helpful Tips When Reporting in the HRS System

Facilities should report at the service location

CPS and Residential Providers should report at the service location

All other Home and Community Based Service (HCBS) Providers should designate the administrative office as the service location

*** When the report involves residential or CPS staff, that location should be selected for the report. The provider's office/administrative location should be selected for other home and community based services.**

If service is provided in a private home, this option should be chosen, and the provider's office/administrative location should be entered.

If a record is created and entered with only provider identifying information and no other data is entered, that record will be deleted.

As "new" providers are entered into the system, they will be asked to name a primary and secondary contact who will be given access to the complete tracking tool and ability to utilize available reporting features.

ODP loaded provider information into the system and will be providing periodic updates to reflect changes. If a current provider adds a service or service location and that information is not in HRS, please notify HRS and copy the appropriate regional office with the address of the new location. Please only contact the Health Care Quality Unit (HCQU) if the issue relates to HRS access, not for COVID-19 related staff reporting issues.

Users may learn how to access reports by referring to page 15 of the User Guide.

To report access issues or to designate someone different to enter data, inquiries should be directed to pasupport@hrsonline.com.