

ODP COVID-19 Provider Information Tool

Purpose: To collect provider level information that will: 1. Inform DHS/ODP about risk/service closures and guide decision making 2. Create a record if Appendix K is implemented for the purposes of retroactive approvals, documentation and payment
Instructions: Please have all information ready to enter prior to beginning the survey. If left idle for too long, the survey will time out. After entering all information you will see a screen to review/print. An email will also be sent. Please save a copy and maintain in files.

Name of Provider

Master Provider Index (MPI) Number

Name of person completing this survey

Email Address of person completing this survey (please check spelling)

Select the program(s) where the impact applies

1. Adult Autism Waiver (AAW)
2. Community Living Waiver
3. Consolidated Waiver
4. PFD/S

Select the region(s) where the impact applies

1. Central
2. Northeast
3. Southeast

ODP COVID-19 Provider Information Tool

4. West

Please identify the service(s) impacted (select all that apply)

1. Advanced Supported Employment
2. Assistive Technology
3. Behavioral Support
4. Benefits Counseling
5. Career Planning (Job Finding, Voc Assessment- AAW only)
6. Communication Specialist
7. Community Participation Support
8. Community Support- AAW only
9. Community Transition Services- AAW only
10. Companion
11. Consultative Nutritional Services
12. Day Habilitation- AAW only
13. Education Support
14. Family/Caregiver Training and Support
15. Family Support- AAW only
16. Home Accessibility Adaptations
17. Homemaker/Chore
18. Housing Transition and Tenancy Sustaining Services
19. In-Home and Community Support
20. Life Sharing (Licensed and Unlicensed)
21. Music, Art and Equine Assisted Therapy
22. Nutritional Consultation- AAW only
23. Residential Habilitation (Licensed and Unlicensed)
24. Respite
25. Shift Nursing
26. Small Group Employment
27. Specialized Supplies
28. Supported Employment
29. Supported Living
30. Supports Broker
31. Supports Coordination
32. Systematic Skill Building- AAW only
33. Temporary Supplemental Services- AAW only
34. Therapy/Counseling
35. Physical
36. Speech/Language
37. Occupational
38. Orientation, Mobility and Vision
39. Transportation
40. Vehicle Accessibility Adaptations

You selected Community Participation Support. (CPS). What action are you taking/planning to take (select all that apply)?

1. Service suspension
2. Facility closure (prior to March 17)
3. Facility closure (due to state mandate)
4. Relocation of individuals
5. Staffing reassignment from one program to another (e.g. CPS to residential)
6. Other _____

Number of individuals in CPS receiving services who are affected.

ODP COVID-19 Provider Information Tool

Number of staff in CPS affected.

Are CPS Service changes due to staff exposure or positive test for COVID-19?

1. Yes
2. No

Are CPS Service changes due to a service recipients exposure or positive test for COVID-19?

1. Yes
2. No

CPS Service location address where services are currently provided

CPS description of the impact(s) selected above and the change/plan made.

You selected Residential Habilitation and/or Life Sharing. What action are you taking/planning to take(please select all that apply)?

1. Facility closure
2. Relocation of individuals
3. Staffing reassignment from one program area to another (e.g. CPS to residential)
4. Providing services above approved program capacity
5. Residential service impacted due to closure/suspension of CPS/other service(s) (e.g. providing res hab without day, instead of with day)
6. Other _____

ODP COVID-19 Provider Information Tool

You indicated a residential facility closure. Please provide the following information regarding the change in location.

Residential location moving from

Residential location moving to

Residential- new location contact information

Any outstanding concerns regarding residential and/or life sharing services facility closure?

Are Residential/Life Sharing service changes due to staff exposure or positive test for COVID-19?

1. Yes
2. No

Are Residential/Life Sharing service changes due to a service recipients exposure or positive test for COVID-19?

1. Yes
2. No

Number of individuals in Residential and/or Life Sharing who are affected.

ODP COVID-19 Provider Information Tool

Number of Residential and/or Life Sharing staff affected.

Service location address (unless private home) where services are currently provided (other than facility closure)

Residential and/or Life Sharing description of the impact(s) selected above and the change/plan made.

Are service changes due to staff exposure or positive test for COVID-19 (other than CPS, Residential, and Life Sharing)?

1. Yes
2. No

Are service changes due to a service recipients exposure or positive test for COVID-19 (other than CPS, Residential, and Life Sharing)?

1. Yes
2. No

Number of individuals receiving services who are affected (other than CPS, Residential, and Life Sharing)

ODP COVID-19 Provider Information Tool

Number of staff affected (other than CPS, Residential, and Life Sharing)

Please indicate any action taken or planned for selected services (other than CPS, Residential Habilitation or Life Sharing)

1. Service suspension
2. Service reduction
3. Service increased
4. Staffing reassignment from one program to another
5. Other _____

Have you notified all AEs and/or BSASP of any changes/plans made?

1. Yes
2. No

Please notify the AE and/or BSASP of any changes/plans made. If you are a shared provider, please be sure to notify the AE and BSASP.

1. Continue

When will/were the changes implemented?

- _____

Please provide additional information not previously captured above, as needed.