

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.

Highlight Notes as of 4/3/2020

1. It appears that the Alaskan response to COVID-19 is being effective in flattening the curve of the spread. However it is believed that the curve has not yet crested.
2. Provider agencies supporting people who experience I/DD concerns are deemed as essential businesses, as out the staff associated in the provision of services by those businesses.
3. Federal and State mandates impact daily business protocols requiring the need for additional safety practices.
4. Federal and State DOL mandates impact daily Human Resource associated practices.
5. Assurance of personal protective equipment continues as a priority.

Highlight Notes as of 5/7/2020

A number of PPE resources were shared and include:

- Ace Hardware carries supplies.
- https://www.usamedicalsurgical.com/search.php?search_query=surgical+mask
- JD Berry, from 24hr Arctic Supply in the Valley (727-5718) has gloves, gowns, hand sanitizer, wipes -- some manufactured locally. Delivers to Anchorage
- One provider purchased rain ponchos for "gowns"

- The Alaska Manufacturing Extension Partnership (MEP) Center offers guidance to businesses on PPE resources, including an [online form](#) to request PPE. For questions, contact Client Services Manager Sami Jo Lewis at sjbailey4@alaska.edu or (907) 982-9490. More information is available at Alaska-MEP.com. (Note: 1 provider has already received 250 masks from this source).

Tab 2: Source Materials Include:

1. COVID-19 Update for Wednesday March 11, 2019 [COVID-19 webpage](#)
2. Dr. Anne Zink, Chief Medical Officer, State of Alaska [guidance on community mitigation](#)
3. [Mat-Su Health Foundation link](#) 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
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. SDS communications regarding high risk populations
<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/default.aspx>
14. SDS communication regarding long term care recommendations
http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/DHSS_LTcf_COVID19-Guidance_20200311.pdf
15. SDS communications regarding high risk populations
<http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/populations.aspx>
16. The Role of DSP and the Coronavirus
https://www.youtube.com/watch?v=ud4Q4e_hcuw&feature=youtu.be
17. 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>
18. CDC Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission
<https://lnks.gd/l/eyJhbGciOiJIUzI1NiJ9.eyJidWxsZXRpbI9saW5rX2lkIjoxMDAsInVyaSI6ImJwMjpiYGljaylslmJ1bGxldGluX2lkIjoimjAyMDAzMTMuMTg3MTk2MDEiLCJ1cmwiOiJodHRwczovL3d3dy5jZGMuZ292L2Nvcu9uYXZpcnVzLzlwMTktbmNvdi9kb3dubG9hZHMvY29tbXVuaXR5LW1pdGlnYXRpb24tc3RyYXRIZ3kucGRmIn0.mFRJWLpbTFbrp21ZzXrtvA72eIOjkaG2Rtp7QG-JaA/br/76107999777-I>

19. This easy to read booklet about the Coronavirus is from SARTAC. It was written by and for people with intellectual and developmental disabilities (IDD). It focuses on “need to know” information (not “nice to know” information). Please share it widely.

Plain Language Booklet on Coronavirus

<https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf>

20. EEOC guidance regarding pre and post communications between employers and employees- https://www.eeoc.gov/facts/pandemic_flu.html



FFCRA Summary
03.24.20.pdf

21. Summary of Family First Act



COVID 19

22. powerpoint Family Fir: Family First Act power Point

23. Plain language COVI-19 links:

ENG COVID-19 and special ed.docx
SPAN Corona virus and early start.docx
SPAN COVID-19 and special ed.docx
ENG Corona virus and early start.docx

24. <https://acl.gov/COVID-19>

25. <https://attendee.gotowebinar.com/register/7950930725687553294> Link to SDS Webinar regarding implementation of appendix (k). Senior and Disabilities Services recently received approval for an Appendix K waiver amendment from CMS (Centers for Medicare and Medicaid Services) which allows the state to implement waiver services differently during the duration of the COVID 19 Emergency Declaration. Many of the changes will affect personal care services, too -- CMS authority to permit those changes will be granted via an 1135 Medicaid State Plan amendment.

26. Provided by the ARC for developing agreements with Provider Staff



Staff MOU TEMPLATE
CT AH20.pdf

27. The US Small Business Administration is offering COVID-19 Economic Injury Disaster Loans for qualified applicants. Link to see if your business qualifies and for more information:
<https://covid19relief.sba.gov/#/>

28. Link to information regarding stimulus checks and people who experience disabilities-
<https://howtogeton.wordpress.com/will-disabled-people-get-stimulus-checks/?fbclid=IwAR1bKnMDEebOq40ne7NruzRXt2N6ZJ4sO6Ryp7bg3kEPiPY62qPdBxcsvdl>

29. <http://dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/communications.aspx> a great link to current, up to date info re COVID-19

30. State of Alaska PowerPoint on Assisted Living Homes and COVID-19



COVID - ALH
Presentation.pdf



PDF ALF 3.27.20.pdf

31. <https://www.medicaid.gov/state-resource-center/downloads/ak-combined-appendix-k-appvl.pdf> Link to the approved Appendix K application

32. [new videos and other COVID-19 resources available in American Sign Language](#)

33.



SDS COVID-19 FAQ's re: Appendix K Support Plans

SDS COVID-19
Updated FAQ 4.28.20;

34. <https://www.youtube.com/watch?v=TrSd9OvmoNU&fbclid=IwAR1yA3Gtjll8Z4jONxp4eJyUiNXHjyUKAOjWYI0KrmFgXzhk1VBLATZiyVw> You Tube plain language presentation re COVID-19

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

Community Updates (3/31/20)

Provided By: Jonathan Pistotnik jpistotnik@nwalaska.org

There is a tremendous amount of information out there right now as our community mobilizes and responds to the COVID-19 pandemic. Below are just a few updates about services and resources in Anchorage that reentrants and our partner organizations utilize. IF APPROPRIATE PLEASE FEEL FREE TO SHARE THIS WITH CLIENTS/RESIDENTS. Below are updates and info from:

* GCI

- * Social Security Administration
- * Food Bank of Alaska
- * NAMI Alaska
- * Alaska Public Media article
- * Alaska 211

Depending on your internet security settings you may have to allow your browser to show content/images contained in this email.

GCI

This information has been out for some time, but in case you missed it GCI is offering upgrades on internet and is offering to connect households that do not have internet and offer basic internet service for free up to May 31, 2020. Follow this link to the GCI site for more information: <https://www.gci.com/covid-19><https://anchorageentry.us19.list-manage.com/track/click?u=0caf9620e56b1137430329eec&id=d86996aabc&e=e783eeca2d>

Social Security Administration

All Social Security offices are closed to in-person visits. They do have an FAQ page up regarding how to reach and stay in touch with Social Security. Link to their FAQ page: <https://www.ssa.gov/coronavirus/><https://anchorageentry.us19.list-manage.com/track/click?u=0caf9620e56b1137430329eec&id=70f15aec8&e=e783eeca2d>

Food Bank of Alaska

Check out the Food Bank of Alaska page for the latest info on SNAP benefits and requirements. There have been changes at the Federal and State level, so if you have clients that may qualify or have been impacted (for better or worse) this is a good resource to monitor. Link to the COVID-19 SNAP Benefits page: <https://www.foodbankofalaska.org/help/snap-the-new-food-stamps/><https://anchorageentry.us19.list-manage.com/track/click?u=0caf9620e56b1137430329eec&id=d8b80d78c4&e=e783eeca2d>

NAMI Alaska

NAMI Alaska<https://anchorageentry.us19.list-manage.com/track/click?u=0caf9620e56b1137430329eec&id=ad3a1495af&e=e783eeca2d> is

expanding their online offerings to support Alaskans during this challenging time, recognizing that COVID-19 may be leading to new or increased mental health symptoms.

NAMI Alaska is offering Family Support Group Meetings for those with a loved one (18+) who is experiencing symptoms of a mental health condition, and a Connection Recovery Group for adults who are living with a mental health condition, regardless of diagnosis.

The online meetings are no-cost, but pre-registration is required. Learn more here:
<https://www.namialaska.org/online-support-groups><<https://anchorageentry.us19.list-manage.com/track/click?u=0caf9620e56b1137430329eec&id=edd72bc193&e=e783eeca2d>>

[<https://mcusercontent.com/0caf9620e56b1137430329eec/images/0f7d0356-42c5-4591-9b53-6dd4fb08b103.png>]

Article from Alaska Public Media

Isolating ourselves and hunkering down is going to be our new normal for a time. Check out this interesting article about a recent UAA analysis regarding our local interventions and the potential spread of COVID-19. Link to the article:

<https://www.alaskapublic.org/2020/03/30/uaa-study-to-prevent-deaths-alaska-will-need-strict-interventions-for-many-months/><<https://anchorageentry.us19.list-manage.com/track/click?u=0caf9620e56b1137430329eec&id=0d90383316&e=e783eeca2d>>

Alaska 2-1-1

REMINDER: For general COVID-19 information, dial 2-1-1. Alaska 2-1-1 operators will answer basic health questions (though they can't provide medical advice) and will help connect you with the community resources you need. You can also reach Alaska 2-1-1 at 1-800-478-2221.

[<https://mcusercontent.com/0caf9620e56b1137430329eec/images/1fb35fea-9728-4f0e-9cce-c30ddde03f41.jpg>]

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.

COVID-19 Recommendations for Seniors

☑ Persons 65 years and older 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.

How seniors, people with underlying medical conditions, and caregivers can protect themselves

Take everyday precautions to prevent respiratory illness:

Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, sneezing or having been in a public place.

Use hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Avoid touching your eyes, nose, and face.

Avoid touching high-touch surfaces in public places. Use a tissue or your sleeve to cover your hand or finger if you must touch something.

Regularly clean and disinfect your home.

Have supplies on hand including prescription and over-the-counter medications, other medical necessities, groceries, and other household items so you'll be prepared to stay at home for a prolonged period of time.

Reducing exposure is especially important for people at higher risk of complications.

Stay home as much as possible. Consider ways of getting food brought to your house through family, social, or commercial networks.

If you do go out in public, stay at least 6 feet away from others and wear a cloth face covering. Be especially careful to avoid people who are sick.

Avoid crowds. Your risk of exposure may increase in crowded, closed-in setting with little air circulation.

Have a plan in case you get sick:

Consult with your health care provider about monitoring your health for symptoms of COVID-19.

Stay in touch with others by phone or email. You may need to ask for help from family, friends, neighbors, community health workers or others.

Identify who can provide you with care if your caregiver gets sick.

Watch for symptoms and emergency warning signs:

Symptoms of COVID-19 are varied and include fever, cough, shortness of breath, chills, loss of sense of taste or smell, sore throat, headache, and muscle pain. If you feel like you're developing symptoms, call your health care provider. Your health care provider can help determine if you should be tested.

Some emergency warning signs include difficulty breathing or shortness of breath, persistent pain or pressure in the chest, new confusion or inability to rouse, bluish lips or face. This is not an all-inclusive list; immediately consult with your medical provider or seek emergency care for any symptom that is severe or concerning.

What to do if you become sick:

Stay home except to seek medical care.

Call your health care provider before you seek care and let them know about your symptoms and any COVID-19 risk factors you have (e.g., travel, contact with a known case). *Your health care provider can discuss testing options with you.*

If you're not sick enough to be hospitalized, you may be able to recover at home. Follow CDC instructions for how to take care of yourself at home: www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html.

Know when to get emergency help. Get medical attention immediately if you have any of the emergency warning signs (see above).

More resources online at:

CDC - People at Risk for Serious Illness from COVID-19 www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html

Washington Dept. of Health - Guidance for Persons Who are at Higher Risk for Serious Illness www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HigherRiskforSeriousIllness.

Administration for Community Living – Coronavirus disease 2019 (COVID-19) acl.gov/COVID-19

How others can support older adults and anyone with underlying medical conditions

Community preparedness planning efforts should include older adults, people with disabilities, chronic medical conditions, and the organizations and caregivers that support them.

Family and caregivers:

Know what medications the individual is taking and see if you can help them have extra on hand.

Monitor food and other needed medical supplies (oxygen, dialysis, incontinence, wound care).

Stock up on non-perishable food items to have on hand to minimize trips to stores.

Monitor the situation nationally and in your community.

Learn more about how to protect yourself and your community at www.cdc.gov/coronavirus/2019-ncov/community/

What types of tests are being used to diagnose COVID-19?

There are many different tests being used to test for COVID-19. Two kinds of tests are available for COVID-19: *viral tests* and *antibody tests*.

A viral test tells you if you have a current infection.

An antibody test tells you if you had a previous infection

An antibody test may not be able to show if you have a current infection, because it can take 1-3 weeks after infection to make antibodies. We do not know yet if having antibodies to the virus can protect someone from getting infected with the virus again, or how long that protection might last.

There are several different viral tests used to identify the virus in samples from the respiratory system, such as from nasal or nasopharyngeal swabs. Some tests are conducted at the testing site you visit, and results are available to you within minutes. Other tests must be sent to a laboratory to analyze, a process that may take several days to get results. COVID-19 testing differs by location. If you have symptoms of COVID-19 and want to get tested, call your healthcare provider first. Your health care provider will know what tests are available in your location and whether or not you should be tested.

For more information on testing, please visit dhss.alaska.gov/dph/Epi/id/Pages/COVID-19/testing.aspx

Medicare covers the lab tests for COVID-19. You pay no out-of-pocket costs. Medicare also covers all medically necessary hospitalizations. For more information on Medicare, please visit www.medicare.gov/medicare-coronavirus

Test results

If you test positive for COVID-19 by a viral test, know what protective steps to take if you are sick or caring for someone.

dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/Whattodo_suspectedorconfirmed.pdf

If you test negative for COVID-19 by a viral test, you probably were not infected at the time your sample was collected. However, that does not mean you will not get sick. The test result only means that the virus that causes COVID-19 was not detected at the time of testing.

- 1) If you test positive or negative for COVID-19, no matter the type of test, you still should take preventive measures to protect yourself and others.

Tab 6- Work Force Related

Items for Consideration:

- 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

Notes From the Alaska Training Cooperative!

As our understanding of COVID-19 and its impacts evolves so do the needs of the people we serve and the leaders who are on the front lines of our direct service workforce.

To help meet those needs The Alaska Training Cooperative will temporarily be adding free distance delivery options for some new and existing training to help you and your colleagues thrive during this time, as well as keeping you up-to-date on a broad range of resources.

Free training sites for DSPs and other behavioral health professionals

SAMSHA's Training and Technical Assistance Related to COVID-19

- This well organized and comprehensive document includes many links to resources including providing behavioral health services during a pandemic, managing mental health effects of COVID-19, live clinical round tables, and online trainings:
 - www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf

The National Association of State Directors of Developmental Disabilities Services - another comprehensive list of resources:

- www.nasddds.org/news/covid-19-state-resources-and-materials
- National LGBT Health Education Center:
- www.lgbthealtheducation.org/#learn
- National Traumatic Child Stress Network (NCTSN) webinars and trainings:
- www.nctsn.org/resources/all-nctsn-resources

SAMHSA webinars and trainings - Practitioner Training page:

- www.samhsa.gov/practitioner-training
- Suicide Prevention Resource Center:
- www.sprc.org/training
- Native Connections:
- www.samhsa.gov/native-connections/webinars
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Training:
- <https://tfcbt2.musc.edu/>
- SSI/SSDI Outreach, Access and Recovery (SOAR) - approximately 20 hrs to complete:
- <https://soarworks.prainc.com/>

Emergency Sick and FMLA Frequently Asked Questions:

MITC does not, and cannot, provide legal advice specific to any particular set of circumstances. This information is provided at a time of great uncertainty to help other organizations understand the issues, comply with the new regulations and support their employees. DOL is publishing new guidelines regularly. Please consult those guidelines.

There are separate questions that organizations need to answer:

1. What events qualify for the tax credit?

2. What policies and procedures do we want to follow regarding our employees?
3. Organizations with > 500 employees cannot claim the tax credit but do we want to offer some coverage?
4. As an exempt essential organization do we want to offer coverage if we have < 500 employees?

What documentation is needed from the employees?

The employee must have 1 of 6 qualifying reasons. For reasons 1-4, the employee should be able to provide confirmation from their health care provider. 5 or 6 should be public information or can be confirmed by a 3rd party. To claim the emergency Sick and FMLA credit it is advisable to obtain documentation. The reasons are listed below:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
6. Is experiencing any other substantially similar condition

Does a shelter-in-place order count?

Only these six reasons count for claiming the emergency Sick and FMLA credit:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis

4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.

5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.

6. Is experiencing any other substantially similar condition

If the employee's place of work is closed, the employee can claim unemployment benefits.

We already have an FMLA policy in place. If someone has already exhausted their regular FMLA (12 weeks) during this year, can they still qualify for another 12 weeks of emergency FMLA?

As an employer, if you were a qualified employer under FMLA prior to April 1, 2020, the employee's eligibility for the expanded family and medical leave is dependent on whether or not they have used their 12 weeks of allotted FMLA leave within a 12 month period. If the employee has taken some of the allotted 12 workweeks of leave under FMLA during the current 12 month period (determined by each employer) they may take the remaining time under the extended family and medical leave. If the employee has already taken their allotted leave, they may not take the expanded family and medical leave.

If our company closes until May 1st, what can our employees do to get money for their bills?

If the employee's place of work is closed, the employee can claim unemployment benefits. With the CARES Act, unemployment benefits have been expanded, as well. The CARES Act increased the maximum benefits amount by \$600.00 per week over and above the state benefit and applies until July 31, 2020.

Can an employee use expanded FMLA intermittently? Would they receive the 2/3 rate when using expanded FMLA and regular rate when actively working?

This is dependent on your company policy – if you as an employer allows FMLA to be used intermittently, the employee is able to telework part of the time, and one of the six criteria have been met, then an employee can use FMLA intermittently.

It is our understanding that the employee would receive their 2/3 rate when using the expanded FMLA leave and their regular rate when actively working. Employees may only take FMLA intermittently if their position allows for teleworking.

Do employers with fewer than 50 employees still need to comply with the act until the exemption guidelines come out?

Employers with fewer than 50 employees may apply for an exemption. Until the exemption is approved, organizations need to be in compliance.

Can you discuss developing the average hours for employees with varying work schedules - how far back to consider; trends of hours in recent weeks?

For part-time employees with varying work schedules, you can use an average of the employee's hours over six months to calculate the average daily hours.

If an employee decides to self-quarantine without medical advice, do we have to pay 80 hours sick leave?

The employee needs to comply with the qualifying reasons 1-6 for the organization to claim the tax credit for sick leave.

How does this impact employees who have already been laid off due to COVID-19?

The legislation came into effect April 1, 2020, so it only impacts employees who take the leave after April 1st. Employees "laid off" would claim unemployment. Employers can only claim the tax credit for events from April 1, 2020.

Will we be obligated to take an employee back if they voluntarily left to self-isolate?

It will be advisable to ensure the employee does not have any of the 1-6 qualifying reasons.

2/3 of their regular rate - what if their rate is minimum wage?

Minimum pay rules must be respected when determining the rate of pay.

Will non-profit businesses be reimbursed for the employee leave time?

If your organization has < 500 employees, the organization is entitled to claim the costs and associated medical expenses for both Emergency Sick and FMLA pay out of payroll taxes.

We have full-time employees who work 35 hours per week; do we have to pay 40 hours per week?

The employee would be paid their usual hours at their usual rate or 2/3 of pay. If the employee usually works 7 hours per day @ \$12.00/hour that would be used as the usual hours and usual pay.

If the FMLA for child care would impact our essential business, can we eliminate that option for employees but have the emergency sick pay available for them to use?

It is not clear at this point in time what flexibility essential businesses have. One could assume that if an essential business communicates this to all its employees but decided to offer Emergency Sick Pay for qualifying reasons 1-3, the essential business could still claim back the payments if the essential business has less than 500 employees. This is not 100% clear.

Would employers who normally work 35 hours a pay week still have to pay out 40 hours of sick pay?

The employer can decide, but the tax credit is only available for usual hours (35).

Everything that I have read, states that this is not allowing an employee an extra 10 weeks. It only adds to the reasons why they would qualify for FMLA?

This leave is separate from FMLA. The employee would have to have one of the qualifications in order to access the expanded family and medical leave:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
6. Is experiencing any other substantially similar condition

If an employee requests emergency paid sick leave can we require documentation to prove eligibility.

If your organization is reclaiming the costs as a tax credit, requiring documentation will be advisable.

Does an employer continue regular deductions including Health Insurance from staff on ER FMLA?

The employer's portion of the medical insurance can be reclaimed if the employer provides group health coverage to the employees. If an employee is enrolled in coverage, the employer must maintain coverage during the employee's expanded family and medical leave.

If your employer temporarily "laid you off" prior to the implementation of emergency FMLA or emergency sick time, can you still obtain FMLA or emergency sick leave?

A laid off employee would claim unemployment, not emergency sick or expanded family and medical leave.

With enforcement starting 4/17/20, do we need to then retro back and apply any of this to employees who have already been off work for varying reasons due to COVID-19?

The requirements came into effect April 1, 2020. Qualified employers can reclaim the costs from April 1, 2020.

If an employer is considered "Essential" and work is available for the employee, but the employee is "scared" to come to work, would they qualify for the Sick Pay?

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
6. Is experiencing any other substantially similar condition

If they are being paid sick leave, can their medical deduction be taken from that pay?

Yes.

If employees stay home because they are considered to be high risk, or they live with someone high risk (pre-existing condition, age 65 or older) can they claim these benefits?

The employee needs to provide 1-6 qualifying reasons for the employer to claim the tax credit:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
6. Is experiencing any other substantially similar condition

For the 2/3 of regular rate, it is either 2/3 of regular rate or minimum wage, whichever is greater, correct?

Yes.

If an employee requests to use emergency paid leave, is it automatically an FMLA event since they are the same qualifying reasons for both?

The employee would need to inform the employer of their wish to take FMLA and would need to provide one of the qualifying reasons:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
6. Is experiencing any other substantially similar condition

Is the employer required to cover the entire cost of employees insurance? For instance the employee usually pays x and employer covers rest are we now required to cover the entire cost if an employee is out on Emergency sick and FMLA?

The employer can only claim reimbursement for their portion of the medical costs. No changes are made to the employee deduction.

How do non-profits get reimbursed for offering the benefit time?

Organizations with less than 500 employees can claim a credit against their payroll taxes.

Does an employee who surpasses the \$200 daily max be paid in PTO to meet their full daily pay?

Only \$200.00 per day can be claimed. It would be an internal matter whether to allow employees to make up their pay with PTO.

If your organization operates different business lines, some of which are deemed exempt healthcare, can our decision to offer benefits be made per business line?

There are special regulations regarding related businesses.

We are a healthcare provider, with less than 500 employees. Does this mean we will not be able to claim the tax credit if we do choose to pay out as instructed in this bill?

It is our understanding that essential business can claim the tax credit.

How would I handle an employee out on maternity leave and is scheduled to return to work soon and wants to stay home instead of returning to work?

Only these six reasons count for Sick and FMLA:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.

5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.

6. Is experiencing any other substantially similar condition

What about an employee who has been out of work due to a child's school being closed down for the past 2 weeks and until April 27th for the time being? Would we need to retro pay this employee the time he/she has been off after the 10 day waiting period?

From April 1st, organizations can claim a tax credit and the sick leave and expanded family and medical leave is to be provided by qualifying employers to employees.

If 2/3 of their pay is less than minimum wage, would we pay at least minimum wage?

Organizations can reclaim costs if complying with minimum pay regulations.

DOL FAQ indicates if FMLA is exhausted, the employee is not eligible for the extended leave for reason #5.

As an employer, if you were a qualified employer under FMLA prior to April 1, 2020, the employee's eligibility for the expanded family and medical leave is dependent on whether or not they have used their 12 weeks of allotted FMLA leave within a 12 month period. If the employee has taken some of the allotted 12 workweeks of leave under FMLA during the current 12 month period (determined by each employer) they may take the remaining time under the extended family and medical leave. If the employee has already taken their allotted leave, they may not take the expanded family and medical leave.

For companies (less than 500) who are providing essential services, what happens if we hire staff to fill in for staff who are out sick, and then those sick staff are ready to return to work?

The staff who are returning from their sick time are generally entitled to their job or an equivalent position.

Can we let the temporary hires go without penalty? Do we have to hold the jobs for those out sick?

The employer is required to re-employ the sick staff if their job is still available. Temporary staff would be let go, subject to normal regulations in your state.

If an employee was given a note from a health care provider that they were to quarantine on 3/20/2020 are they eligible for the sick leave; all or any part of it?

These six reasons count for Sick and FMLA. From April 1st organizations can claim a tax credit:

1. Is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. Is experiencing symptoms of COVID-19 and seeking a medical diagnosis
4. Caring for an individual who is subject to a quarantine order or has been advised to self-quarantine.
5. Is caring for a son or daughter and the child's school or place of care has been closed, or the child care provider is unavailable due to COVID-19 precautions.
6. Is experiencing any other substantially similar condition

I read somewhere that an employer CANNOT make an employee take their accrued PTO before the 80 hours of sick leave and FMLA. Is that correct?

That is our understanding.

If an employee quits will I be required to pay emergency sick leave?

If the employee terminates their employment, the organization cannot claim the tax credit.

If they are out sick with similar symptoms and then when tested results come back negative do we still have to pay sick and FMLA. Also, retro pay?

#6 covers "substantially similar condition". Qualifying employers could reclaim the Sick/FMLA Pay.

Do the tax credits for medical insurance cover the employee portion?

Our understanding is that employers can only reclaim the employer portion.

Employee presented a doctor's note, indicating she is at high risk, due to age and medical conditions. She does not want to work. Is she eligible for this new Sick-Pay and will we receive tax credits?

The key question here is does this qualify for a tax credit. It does not appear so at this point in time.

Who is a “health care provider” who may be excluded by their employer from paid sick leave and/or expanded family and medical leave?

Usually the reason behind this question is “is my organization exempt.” Unfortunately the answer to this question is not 100% clear. See below for official definition. Even if your organization is exempt, that does not solve other questions

» I have less than 500 employees. Am I going to deny Emergency Sick and FLMA pay to eligible employees when I can get the cost 100% reimbursed?

» What will my employees think if we don’t at least provide Emergency Sick Pay to those who have coronavirus?

» Will employees sue me for refusing to pay them?

» If my organization is exempt, can I pick and choose which benefits to pay?

Employers with > 500 employees are not allowed to claim the tax reimbursement but some of these issues still pertain.

“For the purposes of employees who may be exempted from paid sick leave or expanded family and medical leave by their employer under the FFCRA, a health care provider is anyone employed at any doctor’s office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer, or entity. This includes any permanent or temporary institution, facility, location, or site where medical services are provided that are similar to such institutions.

This definition includes any individual employed by an entity that contracts with any of the above institutions, employers, or entities institutions to provide services or to maintain the operation of the facility. This also includes anyone employed by any entity that provides medical services, produces medical products, or is otherwise involved in the making of COVID-19 related medical equipment, tests, drugs, vaccines, diagnostic vehicles, or treatments. This also includes any individual that the highest official of a state or territory, including the District of Columbia, determines is a health care provider necessary for that state’s or territory’s or the District of Columbia’s response to COVID-19.”

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

Out of State Providers That Were Hit By COVID-19:

Example #1-Verbal Synopsis of a webinar regarding three organizations that have experienced COVID-19 diagnosis within their programs.

Synopsis by Lizette Stiehr, AADD:

I can't imagine how buried you are.... my inbox is the fullest it has ever been. But I wanted you to have an opportunity, if you choose, to listen to a recording of the ANCOR webinar of providers presenting who have already experienced the virus in their residences. I sent you the italicized information below last Friday. This recording just became available. Listening to the providers discuss the outcomes was a relief for me to hear. And I was impressed.

Can you help but wonder what it's like when you get a diagnosis. ANCOR sponsored a webinar this morning with 3 providers who have dealt with confirmed diagnoses. One was from upstate New York, one in New York City and a third in Illinois, near Chicago. Major takeaways from their organizations included:

The provider in New York City had 9 folks positive in 7 homes. Individuals were isolated in their own rooms and bathrooms. Group homes were immediately quarantined with groceries and other needs delivered to the home. Some staff quarantined in the home. Others rotated in limited contact. The organization had developed quarantine kits that were deployed including: N-95 mask, eye goggles or face shield, Lysol spray, wipes, antibacterial soap and hand sanitizer for each staff. Also air mattresses and bedding was made available for staff quarantines in home. The houses with diagnosed cases were cleaned commercially weekly with a checklist for

cleaning. Day habilitation staff were re-deployed as group home staff. Staff working in COVID-19

In upstate New York a program received a confirmed COVID-19 diagnosis from an individual providing day habilitation that had been in 8 homes prior to diagnosis. The spider web of exposure included 70 people. Their local health department mandated two week quarantine for everyone exposed. . All day hab staff, medical staff and drivers were re-assigned to group home services. There was lots of fear on the part of employees. Administration battled this with lots of communication. Employees who refused services were not paid. They obtained a list of employees willing to work with individuals with a positive diagnosis.

In Chicago a transit driver for a provider tested positive for COVID -19. Four more cases were diagnosed from this. Two were hospitalized. One of those has returned to the house already. Staff working with positive diagnoses were paid one and a half times their hourly rate. If they choose not to work then they were not paid. No visitors were allowed during the quarantine including families and guardians. Some guardians/families chose to take their family member home for the duration. Only food and medicines delivered came into the homes. Even staff coats were left outside. The most helpful thing was over communicating with a morning and evening email status briefing each day.

State of Tennessee Preparedness Plan

COVID-19 Response Plan

By Bruce Davis

COVID-19 is now spreading throughout our communities and it is no surprise that it is also hitting the IDD community. By now, everyone knows what they should be doing to prevent the disease. Frequent hand-washing, proper sneezing and coughing techniques, and social distancing are all now all familiar actions we must take daily to keep the coronavirus from spreading. Agencies are also checking staff member's temperatures as they report to work. Staff with temperatures of 100.4 degrees F are told to go home and not to return until they have two consecutive temperatures below that level, 24 hours apart, without the aid of fever-reducing medication. These are all good practices, but what happens when a person supported gets the Coronavirus? How should agency staff respond to care for the person and prevent further spread of the virus?

A coronavirus map from a few days ago

The Timing of Action

Each agency should have a coronavirus action plan that all agency personnel are able to carry out to prevent and respond to the coronavirus. The CDC has a preparedness checklist that outlines what agencies need in their plan.

Coronavirus Preparedness Checklist

Among the most important things agencies must plan for is what to do when they get a COVID-19 case.

Timeliness is Essential

Some people with IDD who contract the coronavirus may be served in a hospital. Most will likely be asked to return home to recover. When a person returns home the agency must take immediate action to ensure that the virus does not spread from the person who has been infected. First and foremost, get guidance from the person's healthcare provider to determine appropriate actions. I recommend that the appropriate actions begin at the point that the person is first suspected of having coronavirus and has testing completed. The Centers for Disease Control and the Tennessee Department of Health refer to people tested for coronavirus as a Person Under Investigation (PUI). Actions might begin even before the person becomes a PUI if exposure to coronavirus is suspected. The sooner you take appropriate action, the better your chances of preventing spread of the virus.

Quarantine versus Self-Isolation

COVID-19 responses must often achieve a balance between what is ideal and what can practically be accomplished. When it comes to the most ideal response, persons with COVID-19 should be quarantined. That means that they are in a separate building from others who don't have the virus and are helped by staff who are devoted to their care in that separate location. In-Home Isolation refers to a circumstance where the person remains in their home living with other uninfected people. In-Home Isolation means that the person remains in a separate room and bathroom from others. Since a quarantine may not always be possible, knowing how to assist a person in carrying out In-Home Isolation may be needed.

Personal Protective Equipment

The most common way the virus is spread is through droplets in the air each time the person infected exhales. Therefore, the most preventive piece of Personal Protective Equipment (PPE) is a surgical mask worn by the person with the infection. N95 masks keep out 95% of particles in the air, but a surgical mask is also helpful. For Direct Support Professionals staff, a surgical mask in combination with a face shield offers significant protection. They should also wear a gown, examination gloves, and shoe protection when caring for the person. Best practice is for the mask, gowns, and gloves to be discarded and hands washed each time the Direct Support Professional leaves the room of the person infected. The face shield may be re-used but should be cleaned with disinfectant wipes. Face shields should not be shared between staff. While these are best practices, there are circumstances where rationing of PPE has been required.

Equipment Shortages

The guidelines stated above are what the Centers for Disease Control (CDC) have established as best practice for the care of a person with COVID-19. Nationwide equipment shortages may make it difficult for you to have enough equipment to change as frequently as described or to have all the equipment described. There is an even greater shortage of N95 masks than other equipment. The CDC states that rationing procedures may be necessary when you don't have enough equipment. You can find strategies for rationing equipment at the following links:

[CDC Guidance for Optimizing Supply of Masks](#)

[CDC Guidance for Optimizing Supply of N95 Masks](#)

[CDC Guidance for Optimizing Supply of Isolation Gowns](#)

[CDC Guidance for Optimizing Face Shields/Eye Protection](#)

The CDC's guidance on the rationing of Personal Protective Equipment emphasizes the need to establish staffing procedures that limit the number and type of people the health care worker has contact with.

Staffing Strategies

As soon as a person is suspected of having COVID-19 they become a Person Under Investigation (i.e., When a test has been ordered they become a PUI). Staffing for the person supported should be limited to as few DSPs as possible. In an In-Home Isolation scenario, the best practice for staffing will be one where the DSP serves the person infected and no one else. In a quarantine scenario, where all persons supported in a location have COVID-19, it may be possible for DSPs to serve multiple people without exchanging equipment. These staffing strategies are valuable for prevent spread of the virus even if equipment rationing is not necessary. They have the added effect of minimizing the amount of equipment that may be needed.

Homemade Equipment

Another strategy for optimizing the use of Personal Protective Equipment is to create homemade equipment or use other equipment that was not specifically made for health care.

Under a circumstance where equipment is not available, the CDC has guidance on the use of alternatives at each of the links listed in the Equipment Shortages. Suffice it to say that the CDC does not rule out alternatives. However, regarding homemade mask alternatives they say that the value of these masks is unknown. Extreme caution should be exercised in using mask alternatives for persons supported to ensure they offer adequate breathability. COVID-19 is a respiratory disorder, meaning that it affects the person's ability to breathe. Using a mask that does not offer adequate breathability may place them at greater risk.

Take the Best You Can Get, Closest to the CDC's Guidance

Unfortunately, the world was unprepared for the scope and magnitude of the coronavirus situation. Equipment shortages make it unlikely that agencies serving persons with IDD will have a full complement of the equipment stated above. Various factors may also make it difficult to carry out the suggested In-Home isolation, quarantine, and staffing procedures. Therefore, it may be necessary to make adjustments that take best advantage of the CDC's guidance even without being able to follow it completely. In our work, we're often required to "take the best you can get, closest to what you want." That statement appears to apply to the coronavirus situation.

Tab 8 – Summary of Federal Legislative Funding Proposed

Summary By: By Ron Manderscheid, Executive Director, NACBHDD and NARMH

The opinions expressed by Psychiatry & Behavioral Health Learning Network bloggers and those providing comments are theirs alone and are not meant to reflect the opinions of the publication.

As you all are aware, the coronavirus (COVID-19) crisis has drastically changed the nature of our society literally overnight. Its effects extend not only to our very health and wellbeing, but also to our social interaction and organization, our jobs and economy, our educational systems, and our other institutional sectors. Below, I present brief overviews of the three pieces of legislation crafted by Congress in response to this crisis.

The first effort. On Feb. 25, the Trump administration requested that Congress appropriate \$2.5 billion to fight the novel coronavirus, On March 6, the president signed an \$8.3 billion package of emergency funding adopted by Congress. The legislation provided \$7.76 billion to federal, state and local agencies to combat COVID-19 and authorized an additional \$500 million in waivers for Medicare telehealth restrictions. It also included more than \$3 billion for vaccine research. The measure did not contain language guaranteeing the affordability of any potential vaccine, however.

The Families First Act. On March 14, in a 363-40 vote, the House of Representatives adopted the Families First Coronavirus Response Act (HR 6201), a second multibillion-dollar legislative package to address the crisis. The measure includes some key resources for counties. The Senate followed suit on March 18 by a vote of 90-8. Just for the record, 8 senators voted against the Families First Act, arguing that it didn't do enough for small businesses and industries hit hardest by the virus: Marsha Blackburn (Tenn.), James Inhofe (Okla.), Ron Johnson (Wis.), James Lankford (Okla.), Mike Lee (Utah), Rand Paul (Ky.), Ben Sasse (Neb.), and Tim Scott (S.C.). A number of Senate amendments were shot down, among them one that would have amped up who can get paid sick leave offered by Sen. Patty Murray (Wash.). The final bill was signed into law by the president on the same day as Senate adoption. The package includes five primary provisions:

Free coronavirus testing for all individuals, including those with private insurance, Medicare Advantage or Original Medicare, Medicaid, CHIP, VA, FEHBP and TRICARE, as well as the uninsured.

Food assistance in the form of over \$1 billion to provide nutritious foods to low-income pregnant women and mothers with young children, help food banks and provide meals to seniors. It also protects students' access to school meals in the event of school closures.

Medicaid Federal Medical Assistance Percentage (FMAP) rates, the funds that federal government provides to state and territorial Medicaid programs, were increased by 6.2%. It requires states to maintain eligibility standards that are no less restrictive than the date of enactment. It also maintains a special provision that preserves the existing FMAP sharing arrangements between states and their political subdivisions – a major win for counties in certain states.

Unemployment assistance provides both resources and flexibility to get unemployment benefits to laid off and furloughed workers, as well as to those workers who exhaust their allotted paid leave. For 2020, \$1 billion is available for emergency grants to states for activities related to processing and paying unemployment insurance benefits. Of that amount, \$500 million will provide immediate funding to all states for staffing, technology, systems and other administrative costs. The other \$500 million is reserved for emergency grants to states experiencing at least a 10% increase in unemployment.

Paid sick and medical leave is made available through an Emergency Paid Leave Program that replaces a significant share of lost wages so that those who take leave to avoid spreading the virus or due to illness or caregiving responsibilities can pay their bills. The bill requires employers with fewer than 500 employees and government employers to provide employees two weeks of paid sick leave, paid at two-thirds of the employee's regular rate to care for a child whose school has closed, or if a childcare provider is unavailable, due to the coronavirus. This mandate expires Dec. 31. The legislation also grants 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 the Family and Medical Leave Act to be used for COVID-19-related medical situations.

The stimulus package. On Wednesday, the Senate voted 96-0 to pass a \$2.2 trillion stimulus package. The broad outlines are as follows:

\$500 billion for distressed companies

\$377 billion for small business loans

\$250 billion for individuals and families (Checks of \$1,200 will go to adults making up to \$75,000, with decreasing amounts and a phase-out at \$99,000, and \$500 for each child.)

\$250 billion for unemployment insurance (Amounts will be increased by \$600 per month, and the length of coverage will be extended by four months.)

\$100 billion to support hospital operations

\$200 billion for "other domestic priorities"

\$150 billion for state and county stimulus funds

\$15 billion for the SNAP program

\$17 billion for support of security industries

\$17 billion for Boeing

\$30 billion for emergency educational funding

Clearly, there also are other provisions in the bill that I have not been able to detail here. Among these are an estimated \$450 million for extension of the federally qualified community behavioral health clinics program; changes to 42 CFR Part 2 to permit inclusion of substance use care records in electronic patient record systems; and an authorization for agencies that receive Medicaid reimbursement to participate in stimulus funding provisions.

This bill was sent to the House on Thursday, with an expected vote on Friday. Every expectation is that the House will approve this bill.

Times of crisis require bold action. Each of these three pieces of legislation reflects the depth of the coronavirus crisis and the dramatic nature of our national response.

Federal Update By ANCOR 3/31/20:

Late last night, the Senate passed their third COVID-19 relief funding package, the CARES Act. The House will convene Friday at 9am to vote on the package. At this time, we expect this to pass and be signed by President Trump.

See below for a quick readout of what's in the legislation. We will be getting you a more in depth analysis comparing all three COVID-19 relief packages shortly.

Health Care, Medicaid & Emergency DSP funding

- MFP extended through 11/30/2020
- Hospital bill included and expanded to all 1915 and all 1115 waivers
- Emergency Small Business Administration 7(a) loans of up to \$10M available to help maintain operations (payroll, mortgage, rent, utilities and certain debt payments) for entities that existed on March 1, 2020. Employers that maintain employment between March 1 and June 30 would be eligible to have their loans forgiven. Available to small businesses, Section 501(c)(3)s, Section 501(c)(19)s and Tribal businesses of 500 total employees or fewer.

- \$100B Public Health Emergency Fund – We have heard from multiple offices that Congressional intent was for DSPs to be included in this pot of money. We are working on an immediate regulatory strategy to make sure this is codified in guidance.
- \$200M in ACL grants to supportive services to prepare for and respond to COVID-19 – In conversations with ACL, they have signaled their intent to use these funds for DSP stabilization.
- The U.S. Department of Treasury's Exchange Stabilization Fund to create a loan guarantee program for major industries. Over \$400B would be available to an eligible business, defined as "a United States business that has not otherwise received economic relief in the form of loans or loan guarantees provided under" the CARES Act, and employs 501-10,000 people. It is possible certain nonprofits will qualify for this aid but we have not yet confirmed.
- The final agreement includes more than \$150 billion that includes increased funding for hospitals and health systems, and billions more into critical investments such as personal and protective equipment for health care workers, testing supplies, increased workforce and training, new construction to house patients, an increase of the Strategic National Stockpile, medical research into COVID-19.

Unemployment

- Pandemic Unemployment Assistance (PUA) - This is the program that will capture people who are not eligible for State UI benefits and runs through 12/31/2020.
- Pandemic Emergency Unemployment Compensation (PEUC) This is the extra 13 weeks of state UI benefits that will be tacked onto the end of state UI weeks and runs through 12/31/2020.
- Pandemic Unemployment Compensation (PUC) – This provides an extra \$600 per week that all state UI, PEUC, and PUA recipients will receive through 7/31/2020.

Paid Leave

- The legislation creates a new program called the Pandemic Unemployment Assistance program (PUA) that provides help for workers that don't qualify for the usual state unemployment benefits and that can complement state benefits for some people. It provides payments to self-employed people, independent contractors, gig workers and people who are regular state unemployment and exhaust the time limit.
- The bill temporarily expands unemployment insurance to people who would like to work but can't because they are sick or are caring for a family member who is, including people who are self-employed or who don't have an extensive work history. The PUA provides UI for up to 39 weeks.

- Under the UI provisions in the bill, lower income people on UI are eligible for an extra \$600 per month in pay thru July 31st starting in April (Basically, for four months). This doesn't apply to upper income earners but it would ensure that lower income workers get a full salary (not just the 2/3 pay that often they get under regular state UI) for a third of this year. This provision is not retroactive. It starts in April.
- Employer shall not be required to pay more than \$200 per day and \$10,000 in the aggregate for each employee under FMLA
- Employer shall not be required to pay more than \$511 per day and \$5,110 in the aggregate for sick leave or more than \$200 per day and \$2,000 in the aggregate to care for a quarantined individual or child for each employee under paid sick leave provisions
- Allows employers to receive an advance tax credit from Treasury instead of having to be reimbursed on the back end

Miscellaneous Provisions

- The bill provides a one-time stipend of about \$1,200 per individuals making up to \$75,000, \$2,400 for couples making \$150,000 or less and \$500 per child. Individuals who make up to \$99,000 and couples making up to \$198,000 would receive a little less. It's not clear yet how these payments will be made.
- A temporary universal charitable deduction of up to \$300 available for cash-only, non-itemized tax filings. The current adjusted gross income limits will be temporarily suspended for charitable deductions for cash gifts. Available to individuals and businesses.

Link to a Summary of the CARES Act:



FFRCA-Eligibility-Flow
chart.pdf

Disability Service Providers Struggling To Stay Afloat Amid COVID-19

by **Michelle Diamant** | May 4, 2020

Janie Desmond who has visual impairment and mild intellectual disability comes to the edge of her porch for a portrait in Durham, N.C. Desmond is one of many adults with disabilities who rely on support staff in their home to remain independent, but are worried that close interaction could increase the risk of contracting COVID-19. (Casey Toth/The News & Observer/TNS)

Service providers nationwide are contending with lost revenues, higher costs and new challenges as they work to support people with intellectual and developmental disabilities.

A survey of 689 provider organizations across the country finds that 68 percent have been forced to close one or more of their offerings due to government shelter-in-place orders in response to the coronavirus pandemic. The closures account for an average of 32 percent of annual revenue. Meanwhile, the groups are dealing with escalating costs for overtime, hiring additional employees and shifting away from in-person staff training. All told, the changes stemming from COVID-19 represent 40 percent of the providers' annual revenue, on average. [The findings](#) come from an April survey conducted by the American Network of Community Options and Resources, or ANCOR, a national trade group representing disability service providers. The data was analyzed by Avalere, a Washington-based health care consulting firm. "It's staggering," said Gabrielle Sedor, chief operations officer at ANCOR, of the results, which the group released late last week. "What the survey is showing us is that providers really are on the brink and they're in dire need of fiscal relief. More than half of providers surveyed said they only have enough cash on hand to continue providing services for another five or six weeks, Sedor noted. While most continue to be paid for at least some services, she said they're strained. "I don't think I'm aware of anyone who has closed their doors yet, but some providers are close," Sedor said. ANCOR is hopeful that the U.S. Department of Health and Human Services will allocate some of the funding already made available in a [March stimulus bill](#) known as the CARES Act to aid Medicaid-funded disability service providers, Sedor said. Outside of financial concerns, the top challenges organizations cited in the survey were staffing and access to personal protective equipment like masks and face shields. Among organizations that shut down programs, the most affected services were day programs, supported employment and transportation. Smaller organizations — those employing fewer than 200 direct support professionals — have been hit especially hard, the survey found, with closures alone accounting for a 40 percent hit to their bottom lines.

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 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. 3/24/2020

Hope Community Resources

Letter Informing Stakeholders of COVID-19 Visitation Protocol

Dear Family Member and Guardians,

The last several weeks have felt like months as we navigate uncharted territory together with a goal of keeping everyone in the circle of Hope and our communities safe and healthy. During time of uncertainty, grounding ourselves in what we know to be good will help us “weather the storm”, and come out on the other side stronger and more committed.

We are Hope Community Resources. We are skilled, (50 years strong) at building a true sense of community for people. Now when we are being told to socially distance, we want to focus on maintaining physical distance while building an even stronger sense of social connection. We are becoming even more creative about how to stay connected and supportive of each other!

We have been working to maintain timely and transparent communication with all our stakeholders to keep you informed on the steps we are taking to keep everyone healthy. One of the key steps in reducing anxiety for those living in assisted living homes is to minimize the opportunity for cross contamination. We’ve adopted the “hunker down” order in the Municipality of Anchorage across the agency. For that reason we’ve asked visitation from family/friends to stop in our assisted living homes.

In addition we are asking an additional step from you as family members. To add to the safety net around entire households we are asking that you refrain from taking loved ones home during this critical time. Minimizing the potential impact of cross- contamination is profoundly important so we are asking everyone to sacrifice for the moment to keep everyone healthy for the long term.

We understand there are circumstances where routine is critical for mental and behavior stability. We also know we all have years of experience adapting to the needs of the day. So perhaps a normal out of home visit could become a “face time” experience or a walk around the neighborhood with appropriate physical distancing. We want to reduce the anxiety of the staff continuing to work under these challenging conditions, and the guardians and family members that share a home with your loved one.

We have some guardians who are asking if their loved one can shelter in place in the family home. The answer is “absolutely yes”, with the understanding that the “hunker down” order could potentially extend for weeks. If you opt to take your loved one home, and more stringent conditions are placed on us all before to returning, you should be prepared to quarantine your loved one at your home for 14 days or longer. Otherwise, the visit puts the agency in the position of creating isolation housing which we are working to reserve for actual quarantine scenarios.

For the health of the whole we are asking that we work together to reduce exposure opportunities and ask family members to refrain from visitation in or out of the house.

If you have questions about how to adapt the typical ways you have connected please feel free to reach out. Individual family concerns can be directed to (a named Senior Leader at Hope) who will help create a resolution that maintains connection while honoring the mandate for physical distancing.

Honoring all our values during this time of challenge is difficult. But by focusing on safety and security today, we will give everyone a future of opportunity.

With gratitude for your support,

Michele Girault
Executive Director
Hope Community Resources, Inc.

Message from ASAGA Re Guardian Responsibilities during COVID-19 Visitation Restrictions:

A Message for Guardians and Conservators amid Covid-19

Given the concerns regarding Covid-19 and the impact it has on all of us as Alaskans but especially our protected population, ASAGA wishes to provide some guidance regarding visitation during our “hunker down” timeframe especially while we’re still on the rise with confirmed cases. The guardianship association in Minnesota (MAGIC) drafted this statement which was sent out via the WINGS programs and NGA affiliates and it is good and solid advice. Every situation is different however so use your very best judgement.

(1) While the standards recommend visits once a month, under these unusual circumstances, other timing and/or other methods of staying in communication are appropriate. This can be via telephone, Skype or other method of having a "meaningful contact."

(2) While the concern over this virus is real and serious, we still have a responsibility as guardians, perhaps with some additional urgency in this climate of heightened concern. Checking with facilities, staff, and family regarding the health of clients is very important when in-person contacts are not available.

(3) Think creatively about how to maintain contact using the telephone, email, facility staff as a temporary proxy, calling ahead before every visit to determine risks.

(4) This is a time to confirm your backup system if you become sick and need a substitute. With the illness being relative mild, however, the solution for a guardian who is sick may be to revert to 100% remote communication while recovering. Please remember to ask yourself, every time you will be seeing a client, how am I feeling? If you have any symptoms of illness, please reschedule the visit to keep whatever it is away from your client and the facility in which they reside.

Different facilities may have different guidelines or regulations they need to follow. Be sure to check in with them. ASAGA has joined the Governor’s Council on Disabilities and Special Education and AADD in requesting clarification for guardians to be able to visit their protected individuals in this climate and we’ll pass on any guidance we find out. If you have insight, questions or thoughts, please don’t hesitate to contact us at asagaak@gci.net or take our survey at www.asaga.info.

TAB 10- State of Alaska/SDS/ Licensing 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](#).

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](#) 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](#) 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>

State of Alaska

****COVID-19 HEALTH MANDATE****

Issued: March 19, 2020

By: Governor Mike Dunleavy

Commissioner Adam Crum, Alaska Department of Health and Social Services
Dr. Anne Zink, Chief Medical Officer, State of Alaska

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its sixth health mandate based on the authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020. The State of Alaska and the Alaska Department of Health and Social Services (DHSS) acknowledge the proactive efforts of Alaska's oral health providers and practitioners to protect the health and safety of patients and the state in response to COVID-19.

Mandate 6.1 – Elective Oral Health Procedures

Dental clinical settings and oral health professionals are recognized within the highest risk categories for both transmission and contraction of the coronavirus, as most dental procedures release significant aerosols in the operatory atmosphere. Therefore, in concurrence with recommendations from the American Dental Association (ADA), the Alaska Dental Society, and the Centers for Disease Control & Prevention, elective oral health care procedures are required to be postponed for a period of one month.

Alaska oral health professionals should be aware:

- There is a growing shortage of personal protective equipment (PPE) in health care facilities as response to COVID-19 continues. Please closely monitor supplies of PPE.
- There is a high risk of disease in individuals over 60 years of age and individuals with underlying or chronic health conditions.

Recommended actions:

- Postpone all elective and non-essential dental procedures.
- Prioritize treatment for patients experiencing dental emergencies, here defined by the ADA as 'Health care related to relief of severe dental/oral pain and infection management'.
- To help decrease the overburden of emergency rooms and urgent care facilities as COVID-19 response rapidly increases, oral health practitioners are encouraged to provide emergency dental care through patients' regular dental home, including after-hours where possible, except in the case of a life-threatening emergency.
- Limit orders and use of PPE to the minimum necessary for emergency care.

Resources for practitioners:

- CDC COVID-19 page for Healthcare Professionals: www.cdc.gov/coronavirus/2019-ncov/hcp/
- ADA Coronavirus Resource Center for Dentists: <https://success.ada.org/en/practice-management/patients/infectious-diseases-2019-novel-coronavirus>
- Alaska Dental Society: www.akdental.org
- OSAP Coronavirus Tool Kit: www.osap.org/COVID-19
- National Network for Oral Health Access COVID-19 page: www.nnoha.org/covid-19-coronavirus/covid-19-coronavirus-resources/

State of Alaska

****COVID-19 HEALTH MANDATE****

Issued: March 19, 2020

By: Governor Mike Dunleavy

Commissioner Adam Crum, Alaska Department of Health and Social Services

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

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its fifth health mandate. This mandate supersedes guidance provided in COVID-19 Health Alert 006.

The Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020 provides for health mandates to be issued when deemed necessary by the Alaska Department of Health and Social Services, the Alaska Chief Medical Officer, the Alaska Division of Public Health and the Office of the Governor.

Mandate 5.1 – Elective Procedures

All patients, providers, hospitals and surgical centers are required to postpone or cancel all non-urgent or elective procedures for three months to decrease the overall impact on the Alaska health care structure and preserve personal protective equipment. This would include pre-scheduled surgeries deemed non-essential. This mandate does not apply to surgical cases coming through the emergency room or for an existing hospitalized patient.

Because the terms “non-urgent or elective” are not fully defined, the state recommends each hospital creates a physician task force that would be available to evaluate on a case-by-case basis and make a determination on borderline surgeries. This action is taken with the guidance from U.S. Surgeon General Jerome Adams and the American College of Surgeons: www.facs.org/about-acscovid-19/information-for-surgeons and www.facs.org/about-acscovid-19/information-for-surgeons/triage.

Given Alaska’s distances and limited health care capacity, it is especially important to open acute health care beds for anticipated COVID-19 care and preserve personal protective equipment. The State of Alaska believes that delaying non emergent procedures is a protective measure both for patients and the health care workforce and will better prepare us for the anticipated impact COVID-19 will have on our health care system.

We appreciate the public’s understanding of this mandate in an effort to mitigate the impacts of this virus.

Social Security Notification

Issued: 3/23.2020

* “All local Social Security offices will be closed to the public for in-person service starting Tuesday, March 17, 2020. This decision protects the population we serve—older Americans and people with underlying medical conditions—and our employees during the Coronavirus (COVID-19) pandemic. However, we are still able to provide critical services.”

* “We will not start or complete any current medical continuing disability reviews. If you have a medical continuing disability review pending, please do not request medical information from your doctors at this time. We will follow up with you for any medical evidence once the COVID-19 public health emergency subsides.”

* “Where possible, we are suspending our processing and collection of overpayments.”

* “We are not conducting organization or individual representative payee accountings.”

* “Due to the COVID-19 pandemic, we are extending our deadlines wherever possible.

· If we asked you to contact us by a certain date, please do not come to the office. You can contact us once our offices reopen to the public or you can mail your documents to us. We will follow up with you once the COVID-19 public health emergency subsides.

· We are providing maximum flexibility in applying our good cause policy. This policy allows us to extend the time limits for submitting appeals and taking other actions during this public health emergency.”

State of Alaska

****COVID-19 HEALTH MANDATE****

Issued: March 23, 2020

By: Governor Mike Dunleavy

Commissioner Adam Crum, Alaska Department of Health and Social Services

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

To prevent the spread of Coronavirus Disease 2019 (COVID-19), the State of Alaska is issuing its ninth health mandate based on the authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

Given the increasing concern for new cases of COVID-19 around Alaska, Governor Dunleavy and the State of Alaska are issuing the following mandate to go into effect March 24, 2020 at 5:00 p.m.

The purpose of this mandate is to limit all close contacts (people outside of a family unit) to be farther than six feet from each other to prevent the spread of the virus that causes COVID-19.

Mandate 9.1 – State of Alaska - Personal Care Services and Gatherings

1. All businesses, congregations, or gatherings in the State of Alaska, where individuals are within six feet of each other must stop all operations. This includes:

- a. Hair salons
- b. Day spas and esthetics locations
- c. Nail salons
- d. Barber shops
- e. Tattoo shops
- f. Body piercing locations
- g. Massage therapy locations
- h. Tanning facilities

2. Additionally, no gatherings of more than 10 people may take place, and if a gathering does take place people must be six feet apart from each other.

3. This Mandate prohibits the delivery of services in any of the above business locations by individuals holding licenses issued by the Board of Barbers and Hairdressers and Board of Massage Therapists.

4. This Mandate prohibits operations for rolfing, reiki, acupuncture, acupressure, and similar services.

5. This Mandate prohibits licensed massage therapist services spas.

6. This Mandate prohibits business operations to continue at tanning facilities.

7. The prohibitions in this Mandate apply to services that may be delivered in the customer's home or in the home of the licensee.

8. This order shall take effect March 24, 2020 at 5:00 p.m. and remain in full force and effect until the Governor rescinds or modifies the order.

This mandate does not include urgent, and emergent health care needs, nor health care facilities; however, health care facilities must do risk assessment screening prior to entering the facility.

SDS Alert March 24, 2020

SDS E-Alert: COVID-19 Guidance for Long-Term Care, Residential, Assisted Living, Retirement Communities and Independent Living Facilities

Please find below links to CDC and State of Alaska COVID-19 guidance and resources.

Updated State of Alaska COVID-19 Guidance for Long-Term Care, Residential and Assisted Living Facilities: This resource assists all types of residential facilities in developing an infection control or influenza plan. The State of Alaska encourages all facilities to complete items 2.A. – 2. E.

http://dhss.alaska.gov/dph/Epi/id/SiteAssets/Pages/HumanCoV/DHSS_LTFC_COVID19-Guidance_20200323.pdf

CDC Guidance for Retirement Communities and Independent Living: This resource offers guidance on how to plan, prepare, and respond to COVID-19 in Retirement Communities and Independent Living Communities.

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/index.html>

CDC Guidance on Preventing the Spread of COVID-19 in Retirement Communities and Independent Living Facilities (Interim Guidance): This resource offers prevention guidance to owners, administrators, operators, workers, volunteers, visitors, and residents of retirement communities and independent living facilities that are not health care facilities.

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/guidance-retirement-response.html>

CDC Guidance on Coronavirus disease 2019 (COVID-19) Checklist: Older Persons: This checklist offers tips on how older persons can stay healthy and/or respond in case there is a COVID-19 outbreak in the community or if the older person might think they have COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/community/retirement/checklist.html>

SDS E-Alert: COVID Requests for Information and Central Intake

March 26, 2020

Due to the COVID-19 Pandemic and the need to maintain service delivery safely for recipients, SDS is actively working with CMS on both 1135 and Appendix K to request flexibility on service delivery for State Plan (PCS and 1915 (k) Community First Choice) and 1915(c) home and community based waiver services. This includes payments and eligibility. The state must demonstrate how services will be delivered to meet the health and welfare needs of recipients.

The state is looking for ways to protect the most vulnerable and the direct service professionals from the spread of COVID-19. SDS is asking providers to submit suggestions, recommendations, and best practices for remote or alternate service delivery. SDS suggest that providers review their recipients' service and support plans to identify recipients that could receive services like IADLs using a remote method (telephonic, mobile, drop off delivery).

If providers and staff have suggestions, please e-mail them to DHSSEVV@alaska.gov. Include the service type and method of delivery and suggested activities to meet need or goals. Please DO NOT include any names or other recipient personal health information.

Please also send questions related to service delivery to DHSSEVV@alaska.gov. SDS will use these to compile a Frequently Asked Questions response.

If a recipient is known to have risk of exposure or is being screened for COVID-19, SDS is asking that a report be made to Central Intake for tracking purposes. SDS has been receiving reports from agencies where staffing has been affected, as it also potentially affects recipients they serve. SDS recommends providers use Central Intake to report effects on staffing, too, as it helps SDS track and monitor potential areas that may need assistance.

SDS would like to extend its appreciation to all providers and their staff for bravely continuing to serve the most vulnerable during this time.

Health Mandate 012 Attachment B

Issued: March 27, 2020

By: Governor Mike Dunleavy

Commissioner Adam Crum, Alaska Department of Health and Social Services

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

To prevent the spread of the disease caused by the coronavirus (COVID-19), the State of Alaska is issuing this Order based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

This Order remains in effect until amended, rescinded, or superseded by further Order of the Governor. Certain emergency travel is imperative during the COVID-19 pandemic for both public health and safety as well as community well-being.

I. ORDER APPLICABILITY

a. This Order is applicable to Alaskan communities that are removed from the road system, have a population smaller than 3,000, and do not house a hub hospital managed by the tribal healthcare system ("Small Community").

II. SMALL COMMUNITY TRAVEL RESTRICTIONS AND EXCEPTIONS

a. A Small Community (as defined in Subsection I.a. above) may adopt travel restrictions that are more restrictive than otherwise permitted in Health Mandate 012. Small Communities may not prohibit, or restrict in any manner, the following emergency travel:

- i. Emergency First Responders (includes fire, ambulatory services, and other similar emergency first responders).
- ii. Law Enforcement acting within their official duties (this includes federal, state, and local law enforcement personnel); and
- iii. Office of Children's Services personnel responding to reports of child abuse and neglect and insuring child safety.

III. DUTIES OF AIR CARRIERS AND OTHER TRAVEL RELATED BUSINESSES

- a. Air carriers and other travel related businesses conducting travel to Small Communities shall inquire if travelers are permitted to travel under this Order and shall rely upon a traveler's assurance that they are eligible to travel. Air carriers and other travel related businesses shall have no other duty or obligation to verify that travelers meet the criteria for permissible travel under this Order.

SDS E-Alert: Guidelines for Assisted Living Homes to Promote Resident Compliance with COVID-19 Social Distancing and Stay Put Orders

April 2, 2020

In order to assist community providers who are front line care givers for residents of assisted living homes, Residential Licensing is publishing the following recommendations for all Assisted Living Homes:

The following guidelines must be in place prior to issuing any notice regarding termination of a resident's contract in the event a resident is non-compliant with state and/or local stay put orders:

- All Assisted Living Homes should update house rules to reflect local and statewide COVID-19-related orders, provide a copy of the updated rules to each resident and their representative(s), and ensure they understand the change and the stay put orders.
- Upon a first violation of the house rules or any local or state-wide stay put rule, an administrator may issue a warning to the recipient and the recipient's representative. The warning should include a statement that continued violations of the stay put rule will be considered grounds for a 24-hour notice of termination of services.
- If a second violation of the stay put rule occurs, an administrator may issue a final written warning notice to the resident and representative(s) and notify Central Intake. The final warning should include a statement that a third violation will result in termination of services.
- If a third violation of the stay put rule occurs, the home may issue a written termination of services notice, and notify Central Intake. Prior to issuing the notice, the staff or administrator must still comply with AS 47.33.360(c) and (d) and offer a case conference with the resident and/or the resident's representative and include any other service coordinator or other care providers who would be able to discuss arrangements required to relocate the resident.

All homes must continue to take all necessary steps to protect the other residents in the home (e.g., clean frequently, maintain social distancing, request that residents isolate in their own rooms as much as possible). All homes must also eliminate congregate activities and support resident quarantine if necessary, as much as possible.

We recognize these are difficult times and appreciate the work that Assisted Living Homes do and the care provided to residents.

State of Alaska Licensing Mandate:

COVID-19 Guidance for Long-Term Care, Residential and Assisted Living Facilities Updated March 23, 2020-

Alaska Department of Health and Social Services has developed this guidance to assist long-term and residential care facilities, including adult family homes in response to the novel coronavirus disease (COVID-19) outbreak. Patients over the age of 60 and those with chronic medical conditions appear to be at higher risk of severe illness from COVID-19. All facilities have experience managing respiratory infections (i.e. influenza) and should apply the same practices to manage COVID-19 illness.

We recommend that you review the guidance and resources at the CDC website on a daily basis at www.cdc.gov/covid19.

Based on CDC guidance, we recommend taking the following measures:

1. Make sure that everyone (residents, staff, medical providers) is following basic infection prevention practices:

- a. Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing or sneezing. Care providers should wash their hands before and after each resident contact.
- b. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
- c. Avoid touching your eyes, nose and mouth with unwashed hands.
- d. Cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Throw used tissues in the trash. Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

2. Make your plan. Review and update your infection control or influenza plan to include what you need to do for COVID-19. If you do not have a plan, a planning checklist can be found here:

www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

We recommend your plan include A-E:

A. Facility supervisors and public health partners to answer questions or assist staff:

1. Facility supervisor name: _____
Phone: _____
2. Medical Support/consult (RN, NP or other): _____
3. Local Health Department: _____
Phone: _____
4. State Public Health Department: Epidemiology Phone: 907-269-8085

B. Staff actively watch for symptoms of respiratory illness (fever, cough, shortness of breath) in residents, know how to use the appropriate personal protective equipment (PPE) and know whom to call (e.g., supervisor, medical support) if they need assistance or have questions.

1. Monitor residents at least twice a day for symptoms of respiratory illness. Take their temperature, assess for symptoms (e.g., fever, cough, shortness of breath). Use a pulse oximeter (if available) to determine any changes in the residents oxygenation levels and their ability to breathe easily.
2. We recommend the use of a worksheet such as the one below to document information about ill residents.

<https://spice.unc.edu/wp-content/uploads/2017/03/Respiratory-Tract-Infection-Worksheet-McGeer-SPICE.pdf>

3. Follow instructions from your local or state health department if you have a resident that is a confirmed (ill and tested positive) case of COVID-19.

C. Screen all staff at the beginning of the shift by taking their temperature and assessing for respiratory illness symptoms (e.g., fever, cough, etc.).

1. If staff member has symptoms of a respiratory illness and/or fever, put a mask on them and send them home.
2. Reinforce sick leave policies. Remind staff not to report to work when ill.

3. Develop a plan to meet minimum staffing needs and prioritize critical services to meet your resident's needs.

4. Do not report ill staff members to the health department, send ill staff home and follow instructions from your supervisor.

5. Follow instructions from your local or state health department if you have a staff member that is a confirmed (ill and tested positive) case of COVID-19.

D. Restrict all visitors and determine how to communicate those limitations.

1. Determine essential visitors (i.e. nurse, medical provider) that will be allowed into the facility.

a. Screen them for a fever, cough or other illness symptoms.

b. Ask ill visitors to not enter the facility and to visit by phone or other means.

2. Communicate with visitors why restrictions are in place and how important it is to protect residents.

3. If your facility has an agreement with local emergency medical services (EMS) for medical support, additional screening for a respiratory illness (fever, cough) by your staff may not be necessary. Check with your supervisor to know who must be screened upon entry to your facility.

E. Cancel all group activities and communal dining. Alternatives to canceling all communal dining may include having fewer residents in dining area at the same time and keeping a 6 foot distance between them.

F. Plan for managing symptomatic or ill residents using one or more of the following strategies:

1. Review how you will evaluate an ill resident in your facility. Identify the supervisor or medical provider for your facility.

2. Implement appropriate precautions for a resident who has symptoms of a respiratory illness: droplet (staff wears a mask), contact (staff wears a gown and gloves) and eye protection (face shield or goggles).

3. Train staff how to properly put on PPE and take it off. Hand washing or use of hand sanitizer must be done before and after removing PPE.

4. Confine ill residents and exposed roommates to their rooms. Residents with known or suspected COVID-19 do not necessarily need to be placed into an airborne infection isolation room (AIIR), but should ideally be placed in a private room with their own bathroom.

5. Place ill residents together in one area of the facility.

6. Close rooms or unit to new admissions if you have ill residents with suspected or confirmed COVID-19. Separate ill residents and well residents as best as possible within your facility.

7. Assign staff to care for the ill or well resident unit to prevent transmission between those who are ill and those who are well.

8. Alternative care sites may be available for suspected or confirmed COVID-19 residents.

Maintain situational awareness in your community for any changes issued by public health.

G. Increase cleaning and disinfection procedures.

1. Use a two-step process that includes first cleaning surfaces with a detergent to remove any dirt/grime and then apply an EPA-registered disinfectant (link: [www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2)

2) as indicated on the product's label. High-touch surfaces (e.g., door handles, tables, light switches, countertops, toilets, faucets, sinks, phones, etc.) should be cleaned and disinfected frequently throughout the day.

3. If a resident is referred to a hospital, you will need to coordinate transport with the hospital and the medical transport service (EMS) to ensure the resident can be safely transported and received by the hospital.

4. When your resident is ready to be discharged, coordinate with your supervisor and the hospital to determine any infection control precautions to take in your facility.

5. Stay up to date with current Alaska-specific guidance at coronavirus.alaska.gov.

Online Resources:

1. CDC COVID-19: www.cdc.gov/covid19

2. CDC COVID-19 Preparedness Checklist for Nursing Homes and other Long-Term Care Settings Checklist: www.cdc.gov/coronavirus/2019-ncov/downloads/novel-coronavirus-2019-Nursing-Homes-Preparedness-Checklist_3_13.pdf

3. CDC infection control practices: www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html

4. CDC Preparing for COVID-19: Long-term Care Facilities, Nursing Homes: www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html

5. CDC stay home if sick CDC guidance: www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

SDS Frequently Asked Questions Regarding COVID-19 Mandates:

COVID-19 Health Mandate FAQs Health Mandate 011: Social-Distancing & Health Mandate 012:

Intrastate Travel

COVID-19 infections are continuing to spread across the country and Alaska. In an effort to slow the spread of the virus and prevent our health care system from being overwhelmed, Alaska is taking steps now.

Why are the mandates so important?

Mandates are only issued if, after careful consideration, they are deemed necessary to protect the lives of Alaskans. These mandates are designed to prevent the spread of COVID-19, which can cause severe illness and death, even in an individual of any age without underlying conditions. They are also designed to protect the ability of Alaskans to access medical care for non-COVID reasons.

What if someone isn't complying with the mandates?

Alaskans are expected to comply with all mandates. These measures have been put in place to flatten the COVID-19 curve and protect the health of all Alaskans. Alaskans who disregard the mandates are putting themselves and their communities at risk. To report non-compliance, send an email to investigations@alaska.gov.

Who enforces the mandates?

State and local law enforcement are authorized to enforce individual compliance. The primary focus is on education and voluntary compliance with the mandates. Law enforcement will respond to complaints and educate the public when they see violations that jeopardize the safety of individuals or the community. However, individuals who recklessly violate the mandates do risk both civil fines and criminal prosecution. See [link to mandates] for more details on these penalties.

How do I keep from getting the virus?

The science is definitive that maintaining six feet or more from other people will greatly diminish your risk of getting the virus. This, and washing your hands, not touching your face, and wiping down surfaces are the best public health guidance about preventing the spread of this virus. Since there are no current vaccination or antiviral treatments, the primary goal is to prevent getting the virus in the first place. Standing six feet away or more from others is the best way to do this.

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Should I wear a mask?

A mask will not necessarily prevent you from catching the virus. However, it will limit YOU from spreading the virus if you are infected, and reduce the projection of a sneeze or cough below six feet.

Can the mandates be changed?

Yes. As the situation changes and more information is available, the governor and public health officials can issue new orders and directives as needed.

Health Mandate 011: Statewide Social-Distancing

What is the purpose of mandate 11?

This mandate's purpose is to restrict the movement of individuals within the State of Alaska in order to prevent, slow and otherwise disrupt the spread of the virus that causes COVID-19.

What does mandate 11 say?

All persons in Alaska, except for those engaged in essential health care services, public government services, and essential business activities, are mandated to remain at their place of residence and practice social distancing. Read the full mandate online at

<https://gov.alaska.gov/home/covid19healthmandates/>.

How long does mandate 11 last?

The social distancing mandate went into effect at 5 p.m. on March 28, 2020 and remains in effect until the Governor of Alaska rescinds or modifies the order. It will be reevaluated by April 11.

Does this mandate apply if I don't have any symptoms?

Yes. This mandate applies to every person (unless specifically exempted), whether or not they have symptoms. It is designed to prevent further community spread of the virus, which has shown to be transmittable from individuals who have no symptoms.

Do immediate family members need to maintain six feet from each other?

No, immediate family members may still be closer than six feet, as long as they are members of the same household. However, it's important to know that COVID-19 can quickly pass between family members so it's wise to wash your hands often, especially if someone has left the house on an essential errand. Anyone who is ill and self-isolating at home should be also isolated from family members as much as possible.

Can non-household members still gather as long as it is a group of less than 10?

Generally, no, unless a specific exemption applies. Exemptions include outdoor recreation (if 6-foot distance is maintained between non-household members) and those outlined in the Alaska Essential Services and Critical Workforce Infrastructure Order.

Do I need a permit to move around?

No. When outside you must maintain a distance of six feet or more from other members of the public.

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Can older people leave the house on essential errands?

The Centers for Disease Control and Prevention (CDC) recommends that older adults, age 64 and older, and those with underlying health conditions not leave home at all, even to run errands. The State of Alaska recommends that these more vulnerable populations order food or necessary items using available services from stores and restaurants, or ask for help from a relative, friend or neighbor. For the safety of everyone, stay home.

Can I leave home to care for my elderly parents or friends? Or a family member or friend who has disabilities?

Yes. Be sure to follow social distancing guidelines to protect them and you. If you are sick with any respiratory illness, stay home and find someone else to help care for them.

Can I visit loved ones in the hospital, nursing home, skilled nursing facility, or other residential care facility?

No. This is difficult but necessary to protect facility staff and other patients. There are limited exceptions, such as if you are going to the hospital with someone younger than 18 or who is developmentally disabled and needs assistance. For most other situations, the order prohibits visitation to these kinds of facilities except at the end-of-life.

Can I get groceries?

Yes, grocery stores remain open but you must maintain six feet of social distancing. Take advantage of grocery delivery or pickup services. All Alaskans are encouraged to limit their number of weekly trips to the grocery store and to shop alone, do not bring the entire family into the store. If you MUST go to the grocery store, you MUST remain six feet away from anyone.

Please keep at least six feet from others when you are out in public, wash your hands often and wipe down frequently-touched surfaces. Do not go grocery shopping if you are ill with a respiratory infection; if you are ill, you should be isolating yourself at home, including from family members.

Do I need to stock up on groceries? Do we expect to see supply chain disruptions?

No. It is a good idea to have enough food in your pantry that you don't need to go shopping frequently, but there is no need to hoard large amounts of supplies. Please leave supplies on the shelves for fellow Alaskans who may need them. Alaska's supply chain is intact and no disruptions are expected.

If I won't be able to buy groceries or pay rent, are there services to help me?

Yes. You may be eligible for public assistance for food, medical care, rent, and more. Please reach out to the Division of Public Assistance for program questions: <http://dhss.alaska.gov/dpa/> For unemployment insurance questions, please go to the Department of Labor and Workforce Development: <https://labor.alaska.gov/unemployment/>

Will public transportation be available, like buses?

Public transportation is only available for those who provide or obtain essential services. The number of riders is being limited to allow for enough physical distance between passengers.

Can I still go out to pick up my prescription?

Yes. You may leave your home to visit a pharmacy. If possible, use the drive-thru option to collect your prescription.

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Will restaurants be open?

Restaurants may be open for takeout, drive-thru and delivery services only.

Can restaurants still provide take-out services under this mandate?

Yes, but they must do so while maintaining six feet between people at all times. If there are lines, restaurants must ensure people are adequately spaced. Systems must be implemented to prevent close contact when customers pick up food or pay for their order.

Are hotels and resorts essential businesses?

Only for the purpose of providing essential services, such as housing, or for isolation or quarantine.

Do I have to stay home and inside, or can I go outside for exercise and recreation?

Outdoor activity near your home is OK and encouraged for your health and well-being, but always keep at least six feet between people who do not live in your immediate household. Social distancing requirements are in effect on paths, trails, sidewalks, riverbanks, beaches, parks, and anyplace outside on private or public property where people might gather.

Crowds of 10 people or more are prohibited.

Can I take my child to a playground?

Playgrounds may still be open, but they are not the safest places to be right now. Children tend to play in close proximity to each other in a playground while adults congregate to watch their children. Choose recreational options that congregate people less.

If you take your child to a playground, bring your own cleaning wipes and hand sanitizer, and be sure to immediately sanitize hands and surfaces to prevent the spread of the virus from surface to surface.

What can I do? What's open?

You must stay six feet away from non-family members. With that said, if you need to go shopping, there are delivery services and pickup options available at most grocery stores. However, if you need to go in person, you must remain six feet from everyone else.

- Health care facilities
- Gas stations
- Pharmacies
- Food: Grocery stores, food banks, convenience stores, take-out and delivery restaurants
- Banks and credit unions
- Laundromats/laundry services
- Veterinary services
- Hardware stores
- Limited child care for essential workers
- Essential federal, state and local government functions will also remain open, including law enforcement and offices that provide government programs and services.
- Reference the Alaska Essential Services and Critical Workforce Infrastructure Order for a full list.

<https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf>

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What's closed?

Many businesses are closed to gathering.

- Dine-in restaurants – except for drive-thru, delivery and carry-out
- Bars and nightclubs
- Entertainment venues
- Gyms and fitness studios
- Public events and gatherings
- Convention centers

- Hair and nail salons
- Reference the Alaska Essential Services and Critical Workforce Infrastructure Order for a full list of what is open.

<https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf>

Can I call a plumber?

Yes. Plumbing and other critical home repairs are considered essential businesses. You may call a plumber or other home repair businesses if you need one, but keep physical distance between you and the repair people who come into your home and practice proper hygiene. Non-critical plumbing needs should be delayed.

Are marijuana dispensaries allowed to operate?

Potentially. A dispensary may only operate if it can operate under the requirements in the Alaska Essential Services and Critical Workforce Infrastructure Order.

<https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf>

See Alaska Essential Services and Critical Workforce Infrastructure Order II(b)(i):

For purposes of this Order, Essential Services and Critical Infrastructure industries and entities in Alaska include: “Healthcare Operations: companies and institutions involved in the research and development, manufacture, distribution, warehousing, and supplying of pharmaceuticals, biotechnology therapies, consumer health products, services, or any related and/or ancillary healthcare services.”

See also II(b)(vi)(20):

All other businesses that can maintain Social Distancing Requirements and prohibit congregations of no more than 10 people in the business at a time (including employees).”

I work in a “critical infrastructure” job, but I don’t think that this particular work is critical, or I don’t think that my employer is taking steps to keep the workers safe. What do I do?

“Critical Infrastructure” businesses that have employees traveling into Alaska or traveling between communities within Alaska are required to submit a safety plan or protocol. If you believe individuals or businesses are violating mandates, you should email investigations@alaska.gov.

Child care facilities can remain open – are they exempt from social distancing?

Child care facilities can only operate if they follow the new recommendations for increased hygiene and social distancing, which is defined as: “maintaining at least six-foot social distancing from other individuals, washing hands with soap and water for at least twenty seconds as frequently as possible or 4/1/2020

using hand sanitizer containing at least 60% alcohol, covering coughs or sneezes (into the sleeve or elbow, not hands), regularly cleaning high-touch surfaces, and not shaking hands.” Child care facilities should only be used by those who need child care to work at a critical job.

I am homeless or at risk of losing my housing. Where can I go for a place to stay?

Although people experiencing homelessness are exempted from the requirement to remain in their residence, there are ongoing efforts to provide temporary housing. See a list of Community Resources for Food and Shelter at the end of this document.

I do not feel safe staying at my residence. Who can I call?

If you are experiencing an imminent threat to your physical safety, please call 911. See a list of Domestic Violence Shelters and Crisis Lines at the end of this document.

Health Mandate 012: Intrastate Travel Limiting travel between communities to critical infrastructure or critical personal needs

What is the purpose of mandate 12?

The purpose of this mandate is to control the movement of individuals within Alaska in order to prevent, slow and otherwise disrupt the spread of the virus that causes COVID-19.

How long does mandate 12 last?

The intrastate travel mandate goes into effect at 8 a.m. on March 28, 2020 and remains in effect until the Governor of Alaska rescinds or modifies the order. It will be reevaluated by April 11.

What does mandate 12 say?

All in-state travel between communities, whether resident, worker, or visitor, is prohibited unless travel is to support critical infrastructure or for critical personal needs. Certain Small Alaskan communities may implement further travel restriction pursuant to “Alaska Small Community Emergency Travel Order - Attachment B.”

<https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-COVID-MANDATE-012-Alaska-Small-Community-Emergency-Travel-Order.pdf>

What does mandate 12 mean?

Unless you are obtaining or providing an essential service that requires you to be out in the public, Alaskans should not be traveling between communities. Alaskans may go outside to exercise and recreate, but must maintain a distance of six feet or more from other members of the public. Workers are encouraged to work from home, unless they work in health care, public service or other businesses deemed essential, as defined in the Alaska Essential Services and Critical Workforce Infrastructure Order (formerly Attachment A).

<https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-COVID-19-Health-Mandate-010-Attachment-A.pdf>

This mandate covers the entire state. The goal is to eliminate any unnecessary contacts outside of immediate family members to prevent the spread of the virus that causes COVID-19, while maintaining essential health care services, public government services, and other essential business activities.

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How is “community” defined?

The prohibition on travel between communities is designed so that people must use the closest available services to fulfill critical personal needs. Common sense applies – normal usage of location names and understanding of geographic separation applies when asking about community boundaries. For instance, Eagle River, Palmer, Wasilla, and Anchorage are all separate communities.

You may only travel to another community for critical personal needs if you cannot meet those needs in your community.

Are employees of essential services and critical infrastructure permitted to travel?

Yes, but essential services and critical infrastructure entities are recommended to limit their travel within Alaska to key personnel, in order to mitigate the risk to their own employees and the communities where they operate.

However, those entities are required to submit a travel plan or protocol consistent with mandates.

Does mandate 12 supersede earlier mandates?

This mandate strengthens and clarifies pre-existing mandates, but does not revoke those mandates. Is commercial fishing considered an essential service, and can fishing vessels sail port to port? Yes, commercial fishing is an essential service and part of critical infrastructure. Fishing vessels can sail

to port to port in Alaska, but have the responsibility to monitor their crew for signs and symptoms, report any issues to the appropriate authorities, and mitigate the risk of exposure to the small communities in which they operate.

Is oil production, shipping, and refining essential?

Yes.

Are airports still open?

Yes, the public airports in Alaska remain open. Travel is limited to essential travel, and in addition, anyone coming into Alaska from out of state is required to complete a Travel Declaration Form (ready.alaska.gov/form) and self-quarantine for 14 days, per State of Alaska Mandate 10.1. Airport officials are encouraging social distancing throughout airport facilities.

<https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-SOA-COVID-19-Health-Mandate-010.pdf>

Can I drive to visit or fly to visit another family member in Alaska?

No. This is not considered “essential business.”

Can I drive to my cabin and hunker down there?

It depends.

If your cabin is your home – your primary “place of residence” – you may return to your cabin and remain there, if there are no additional travel restrictions imposed by that community. Please remember that the purpose of these mandates are to reduce unnecessary travel and interactions, thereby reducing spread of COVID-19. Where you have options, consider which option will be the most considerate of your fellow Alaskans. If you can stay in your current location for the time being, consider waiting before going to stay another location.

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See: Mandate 12: Intrastate Travel

<https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-012.pdf>

All in-state travel between communities, whether resident, worker, or visitor, is prohibited unless travel is to support critical infrastructure, or for critical personal needs. Certain Small Alaskan communities may implement further travel restriction pursuant to “Alaska Small Community Emergency Travel Order -Attachment B.”

See: Mandate 11: Social Distancing

<https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-011.pdf>

All persons in Alaska, except for those engaged in essential health care services, public government services, and essential business activities, are mandated to remain at their place of residence and practice social distancing.

Can I recreate with others outside my family?

You are not prohibited from recreating with others outside your family, but you must stay six feet away from non-household members, and must stay in your community. You also must not be in a group larger than nine.

Can I leave my community to engage in outdoor recreation (such as snow machining or camping)?

Outdoor activity near your home is encouraged for your health and well-being. Alaskans are encouraged to recreate as close to home as possible, but if you must travel out of your community for recreation you are expected to take precautions, including: bring your own cleaning supplies and hand sanitizer; maintain social distancing of six feet or more from any non-household member; take the most direct routes and go straight to trailheads, parking lots, cabin or camping site; and avoiding contact with non-household members. When engaging in outdoor recreation, you must

comply with social distancing requirements, including maintaining at least six feet distance from people who do not live in your immediate household.

Social distancing requirements are in effect on paths, trails, sidewalks, riverbanks, beaches, parks, and anyplace outside on private or public property where people might gather. Crowds of 10 people or more are prohibited, even if you are at an outdoor location.

Can I drive somewhere to recreate?

You are not prohibited from driving, but you must stay six feet away from non-household members, and are requested to stay in your community.

My business falls within the Essential Services and Critical Infrastructure exception. Do I have to submit a travel plan or protocol?

If employees of your business engage in interstate travel, you must submit a travel plan or protocol for maintaining critical infrastructure to akcovidplans@ak-prepared.com. See: Health Mandate 10.1 – International and Interstate Travel

<https://gov.alaska.gov/wp-content/uploads/sites/2/03232020-SOA-COVID-19-Health-Mandate-010.pdf>
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If employees of your business travel between communities within the state of Alaska, you must submit a travel plan or protocol for maintaining critical infrastructure to akcovidplans@akprepared.com.

See: Health Mandate 012: Intrastate Travel

<https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-012.pdf>

If your business does not employ anyone who travels between communities or out of state, you do not have to submit a plan.

Please reference these FAQs and remember that Anchorage, Eagle River, and Palmer are separate communities.

I live in the Valley but work in a “critical infrastructure job” in Anchorage. Can I travel between communities for work?

Yes. However, you must follow social distancing even while commuting. Common sense measures, such as filling your tank with gas before leaving your community, will help prevent unnecessary interactions.

See Mandate 12:

<https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-012.pdf>

Personal travel is prohibited except as necessary to meet critical personal needs or work in critical infrastructure jobs. Critical personal needs include buying, selling, or delivering groceries and home goods; obtaining fuel for vehicles or residential needs; transporting family members for out-of-home care, essential health needs, or for purposes of child custody exchanges; receiving essential health care; providing essential health care to a family member; obtaining other important goods; and engaging in subsistence activities. Travelers are reminded to follow social distancing measures, including, to the extent reasonably feasible, keeping six feet away from others, avoiding crowded places, and limiting public gatherings to less than ten people.

Do these mandates affect child custody for parents who live in different communities?

Travel for purposes of child custody exchange is specifically allowed as a “critical personal need.”

However, you must still follow social distancing measures to include keeping six feet away from non-household members. It is advisable to take precautions to avoid any unnecessary stops or interactions during travel (for instance, by filling your tank before you leave and bringing snacks for long trips).

I live in the Valley but typically shop in Anchorage. Can I continue to travel to Anchorage for shopping?

No, unless it is necessary to meet a critical personal need or work in a critical infrastructure job. If the personal need can be met in the community, you may not travel to another community for similar shopping needs.

See Mandate 12:

<https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-012.pdf>

Personal travel is prohibited except as necessary to meet critical personal needs or work in critical infrastructure jobs. Critical personal needs include buying, selling, or delivering groceries and home goods; obtaining fuel for vehicles or residential needs; transporting family members for out-of-home care, essential health needs, or for purposes of child custody exchanges;

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receiving essential health care; providing essential health care to a family member; obtaining other important goods; and engaging in subsistence activities. Travelers are reminded to follow social distancing measures, including, to the extent reasonably feasible, keeping six feet away from others, avoiding crowded places, and limiting public gatherings to less than ten people.

Can people under quarantine take their pets to the vet in an emergency?

If you are under a post-travel quarantine under Mandate 10, there is no exception for veterinary visits. However, vets are considered critical infrastructure and can continue to operate. If you are concerned about your pet's health, please contact the veterinary clinic for advice.

Can I visit my significant other, if we don't live in the same household?

Unfortunately, you cannot. This is a difficult time for everyone who can't be with their loved ones in person. However, it is by keeping physical distance that you are protecting each other. Virtual methods of communication are encouraged.

Remember that strictly complying with these restrictions will be the most important factor in shortening the time that the restrictions are necessary.

Your page does not tell us the specifics of positive cases. Are you going to give detailed information, such as where infected people work or live?

We want to keep Alaskans as informed as possible on COVID-related issues. Part of this process involves hard work by the epidemiology team to investigate and trace all contacts by a person who tests positive so that anyone at risk can be notified.

We cannot disclose protected health information of individual people. Part of respecting all Alaskans is respecting the lives of Alaskans who have tested positive for this virus, and not putting them at unnecessary risk by disclosing personal information.

Please be assured that when there is information that is vital to preventing spread, we will share what is needed.

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

Issued: April 7, 2020

By: Commissioner Adam Crum, Alaska Department of Health and Social Services

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

Health Alert 011 – Safety Guidelines for Religious Services

COVID-19 Health Mandate 11: Social Distancing, Item I.5 prohibits private and public gatherings of non-household members, regardless of the number of people involved. This includes, but is not limited to, weddings, faith gatherings, graduations, and funeral events.

<https://gov.alaska.gov/wp-content/uploads/sites/2/03272020-SOA-COVID-19-Health-Mandate-011.pdf>

However, the following practices will be allowed for places of worship, including churches, synagogues, mosques, temples and other similar religious facilities of any faith:

1. Live-streaming of religious services at their place of worship (absent the congregation) is allowed under the following conditions:

- a. Minimum number of necessary personnel to be used.
 - i. No group larger than 10 is allowed.
- b. Social distancing of six feet or more to be used.
 - i. If singing or projecting of voice, then minimum of 10 feet between each person.
- c. Non-speaking, technical assistance personnel to wear cloth face coverings.

2. Drive-in religious services: Churches, synagogues, mosques, temples and other similar religious facilities of any faith may conduct “drive-in” services, where participants gather in their vehicles near the religious facility and participate in the service together by remote means, subject to the following requirements, which are intended to protect public health, safety and welfare:

- a. Participants may leave their homes to travel by vehicle to and from the religious facility, and must remain in their vehicle at all times.
- b. Only household members are allowed in each vehicle.
- c. Vehicles must be parked with six feet of separation between vehicles.
 - i. This will be ensured by clearly marked parking stalls or directed by parking lot staff wearing reflective clothing and face coverings.
- d. Participants may not interact physically with clergy, staff or participants in other vehicles. This includes, but is not limited to, collecting donations by basket or plate.
- e. Social distancing of six feet or more to be used.
 - i. If singing or projecting of voice, then a minimum of 10 feet between each person.

3. Easter basket assembly:

- a. Faith-based groups may assemble and distribute Easter baskets under the following conditions:
 - i. Anyone assisting with basket assembly or distribution must be screened and not allowed to participate if they meet any of the following criteria: a) have a fever, cough, shortness of breath, or other symptoms of respiratory infection; b) have a history of out-of-state travel within the past 14 days, or c) have a history of close contact to a person with COVID-19 or an undiagnosed respiratory infection in the past 14 days.
 - ii. No gathering may be of more than 10 people and a minimum of six feet must be between every person included in assembly and distribution of baskets.
 - iii. Wash hands with soap and water for at least 20 seconds prior to and after handling baskets or basket contents.
 - iv. Maintain at least six feet or more distance from people other than household members.
 - v. Wear a cloth face covering when around people other than household members.

This is not a mandate.

State of Alaska COVID-10 Health Alert #011

April 7, 2020

SDS E-Alert: New SDS COVID Webpage and Upcoming Trainings on Appendix K Operations

SDS COVID WEBPAGE

The Division of Senior and Disabilities Services recently received approval for an Appendix K amendment to its 1915(c) home and community based waivers due to the COVID-19 pandemic. This amendment was approved by the Centers for Medicare and Medicaid Services on March 25, 2020, and allows changes in SDS processes and procedures to take effect as of March 11, 2020, the date of Alaska's Emergency Declaration.

Since approval, SDS has been working to operationalize how Appendix K will be implemented. SDS communicated with providers through recent webinars and trainings, which resulted in improvements to documents and procedures that are now posted on the SDS COVID webpage. These include:

- a short form that can be used to either renew a support plan that does not need changes or to submit COVID-related amendments to an existing support plan, and related Instructions,
- two COVID Uni-14 Service Plan and Cost Overview forms that are specific to COVID,
- the Appendix K COVID waiver approved by CMS,
- Guidelines for the Appendix K waiver, and
- Frequently Asked Questions and Answers document that captures the many provider questions resulting from recent webinars and trainings, if you do not see your Appendix K question addressed in the FAQ, please send it to SDSTraining@alaska.gov.

SDS will be updating the FAQ and posting more documents on the SDS COVID webpage in the days to come.

TRAININGS ON APPENDIX K OPERATIONS

SDS Training is holding three webinars for Home and Community Based Waiver providers about the Appendix K Support Plan Form and instructions. The webinars will cover the same topic (they are not a series).

Please register for SDS Covid-19 Procedures for Appendix K Support Plan:

Apr 9, 2020 1:00 PM – 3:00 PM AKDT at:

<https://attendee.gotowebinar.com/register/2648725016911106828>

Apr 10, 2020 1:00 PM -3:00 AKDT at:

<https://attendee.gotowebinar.com/register/2708961761439172364>

Apr 13, 2020 1:00 PM -3:00 PM AKDT at:

<https://attendee.gotowebinar.com/register/1090865474422631692>

After registering, you will receive a confirmation email containing information about joining the webinar.

Questions? Email SDSTraining@alaska.gov

SDS thanks all providers, recipients, caregivers, and other stakeholders for their patience during the rollout of Appendix K.

April 8, 2020

SDS E-Alert: Remote Supports Project Kicks Off On Thursday, April 9th

Alaska's approved Appendix K waiver will allow some services to be provided remotely, using distance delivered approaches – a new experience for Alaska providers and people who receive services.

The Alaska Association on Developmental Disabilities (AADD) is collaborating with multiple partners to provide resources for service providers in delivering effective and meaningful services from a distance. Resources include training on how to provide distance-delivered services as well as the funding and technical assistance for equipment needed to connect with people in their homes.

The remote supports project kicks off with a webinar providing an overview of issues to consider and available resources. Topics include HIPAA, documentation/billing, technical assistance and funding to purchase essential equipment.

Partners include the Division of Senior & Disabilities Services, Assistive Technologies of Alaska, Feel Safe Consulting, Simply Home, Health TIE, the Alaska Mental Health Trust and the Mat-Su Health Foundation. AADD encourages all interested providers to participate in this week's webinar.

With the goal of making information and resources available widely during this challenging time, AADD is currently offering membership at no cost to interested providers. Members will receive valuable information regarding this and other supportive resources being developed in response to the COVID-19 crisis.

Contact Lizette Stiehr at director@aaddalaska.org for more information or to join. Information on AADD is available at their website: www.aaddalaska.org.

The webinar is scheduled for Thursday, April 9th from 11:00am to 12:00pm, (noon).

To participate in this event:

Join Zoom Meeting

<https://zoom.us/j/804728397>

Meeting ID: 804 728 397

Phone: +1 669 900 6833 US

Meeting ID: 804 728 397

Project coordination provided by Kim Champney, Champney Consulting. For more information, email Kim at kim@champneyconsulting.com

April 8, 2020 SDS E-Alert: Process for Requesting PPE for Direct Support Professionals

SDS offers the following information for providers seeking to obtain Personal Protective Equipment (PPE) for their Direct Support Professionals (DSPs).

Agencies should submit all requests for PPE to their local Emergency Operations Centers (EOCs).

To locate your EOC, use the map of the Local Emergency Planning Districts (LEPD) :

<https://ready.alaska.gov/SERC/documents/LEPC%20map.pdf>

Here is a link to the contact list:

https://ready.alaska.gov/SERC/documents/May%202018%20LEPC%20Contact%20List_public.pdf to determine which district your location falls within and the correct email to use when communicating with that district.

- 1) Complete and submit the attached documents to the Local Emergency Planning Committees:
 - a. The ICS 213 RR form, to request resources.

- b. The IMATS form, to allow ease of shipping when a shipment is sent.
- 2) Include a copy of your normal logistical supply chain order or evidence of backorder (which will show us you are working to utilize your normal methods of securing supplies) and anticipated arrival dates.
- 3) Also, complete and submit online the NEW COVID-19 PPE Survey used by the EOC to gauge your current supply, resupply, and usage rates.
- The request will be prioritized based on several considerations (e.g. communities/facilities with active cases, burn rates of PPE, logistical chain resupply rates for remote locations, etc.).
- If the Local Emergency Planning Committee is unable to fulfill the request, it will be forwarded to the State EOC.

April 9, 2020

SDS E-Alert: Important Updates for Providers

SDS wants all providers of long term services and supports to know that the guidance on COVID-19 testing of employees and residents in congregate care settings including assisted living homes has changed. The updated guidance can be found in the linked Public Health Alert:

http://dhss.alaska.gov/dph/Epi/Documents/phan/AKPHAN_20200408_COVID_Testing.pdf

Assisted living homes are now in the lower threshold for testing, so healthcare providers conducting tests on residents and staff of assisted living homes should send tests to the Alaska State Public Health Laboratory (ASPHL).

Assisted Living Home administrators should help employees and residents who need testing to remind their healthcare providers that they are in the group with the lower threshold for testing, and that the healthcare providers should send the tests to the state lab for higher priority processing

Guidance for testing:

Many patients with COVID-19 present with very mild illness. As such, the Public Health Alert guidance advises setting a lower threshold for testing—especially for staff and residents in healthcare settings and congregate care/living facilities. Consider testing persons who meet the following characteristics:

- New onset of **any one** of the following: cough, shortness of breath, or difficulty breathing, OR
- New onset of **two or more** of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, fever (measured or subjective), headache, muscle/joint aches, nausea, rigors, runny nose, sore throat, or sputum production.

Guidance for employees:

- If an employee has a fever >100.3, cough, or shortness of breath, get tested for COVID-19 and stay home from work until the test result comes back.
- If the test result is negative, the employee is allowed to return to work under the following criteria:
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications; AND Improvement in respiratory

symptoms (e.g., cough, shortness of breath); AND At least 7 days have passed since symptoms first appeared.

- If the test result is positive, the employee will be allowed to return to work in accordance with guidance provided to the individual by public health staff.

Guidance from CDC:

Providers may find these links to additional resources helpful:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

<https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html>

<https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html>

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/essential-goods-services.html>

April 13, 2020

SDS E-Alert: HIPAA and Updated Telehealth Remote Communications During the COVID-19 Emergency Declaration

SDS would like to pass along this updated emergency notice from the U.S. Department of Health and Human Service about appropriate HIPAA compliant telehealth remote communications during the COVID-19 National Public Health Emergency. This updated emergency notice can be found at:

<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

The original guidance, issued in February 2020, is attached or can be found at:

<https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>

In short, this recently updated emergency notice says:

- Providers may use non-public facing remote communication products to contact clients;
- The Office of Civil Rights is using discretion on HIPAA compliance as long as good faith efforts are employed during the COVID-19 national health emergency;
- This applies to telehealth provided for any reason, not just the diagnosis and treatment of health conditions related to COVID-19;
- Health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules during the emergency;
 - Guidelines for use
 - Take action to avoid showing/sharing information unnecessarily
 - Be aware of who is in the surrounding area
 - Do not text or request HIPAA information

- notify clients that these third-party applications pose privacy risks, and providers should enable all available encryption and privacy modes when using such applications.⁵⁸
- Providers CANNOT USE public facing apps like Facebook Live, Instagram Live, Snapchat Twitch, TikTok, and similar video communication applications.



SOA

Order-of-Suspension- State of Alaska Order- of- Suspension during COVID-19 Emergency Mandates

****COVID-19 HEALTH MANDATE****

Issued: April 15, 2020

By: Governor Mike Dunleavy

Commissioner Adam Crum, Alaska Department of Health and Social Services

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

To slow the spread of COVID-19, the State of Alaska is issuing its fifteenth health mandate, based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020.

While health care is an essential service, there is also the risk of coronavirus spreading in health care facilities and to vulnerable populations. The suspension of non-essential procedures and health care have been beneficial in slowing the spread of the disease. The benefits of suspension must also be balanced with delayed health care and other health outcomes.

Health Mandate 015 is being issued by Governor Mike Dunleavy and the State of Alaska. Mandate 015 will go into effect in phases, with **Section II going into effect April 20, 2020** and **Section IV going into effect May 4, 2020**; however, the State of Alaska reserves the right to amend the Mandate at any time.

This Mandate supersedes Mandate 005 and 006 and affects the health care providers directly addressed in Mandate 009.

Health Mandate 015 – Services by Health Care Providers

I. Applicability: This Mandate applies to the following health care facilities and health care providers:

- a. **Health Care Facilities**
 - i. Hospitals, private, municipal, state, or federal, including tribal
 - ii. Independent diagnostic testing facilities
 - iii. Residential psychiatric treatment centers
 - iv. Skilled and intermediate nursing facilities
 - v. Kidney disease treatment, including free-standing facilities

- vi. Ambulatory surgery centers
- vii. Free-standing birth centers
- viii. Home health agencies
- ix. Hospice
- x. Rural health clinics defined under AS 47.32.900(21) and 7 AAC 12.450
- xi. A health care provider office (for reference see 7 AAC 07.001)

b. Health Care Providers as Defined in Statute

- i. Acupuncturists
- ii. Ambulatory Surgery Centers
- iii. Assistant Behavior Analysts
- iv. Athletic Trainers
- v. Audiologists/Speech-Language Pathologists
- vi. Behavior Analysts
- vii. Certified Nurse Aides
- viii. Chiropractors
- ix. Dental Hygienists
- x. Dentists
- xi. Dietitians
- xii. Hospitals
- xiii. Hearing Aid Dealers
- xiv. Health Aides
- xv. Long-Term Care Facilities
- xvi. Marital and Family Therapists
- xvii. Massage Therapists
- xviii. Midwives
- xix. Mobile Intensive Care Paramedics
- xx. Naturopaths
- xxi. Nurses
- xxii. Nutritionists
- xxiii. Occupational Therapy Assistants
- xxiv. Opticians
- xxv. Optometrists
- xxvi. Pharmacists
- xxvii. Pharmacy Technicians
- xxviii. Physical Therapists
- xxix. Occupational Therapists
- xxx. Physician Assistants
- xxxi. Physicians/Osteopathic Physicians
- xxxii. Podiatrists
- xxxiii. Professional Counselors
- xxxiv. Psychologists
- xxxv. Psychological Associates
- xxxvi. Religious Healing Practitioners
- xxxvii. Social Workers
- xxxviii. Veterinarians
- xxxix. Students training for a licensed profession who are required to receive training in a health care facility as a condition of licensure

II. Health Care Delivery

Section II goes into effect April 20, 2020

- a. Health care facilities and providers defined in statute and listed in Section I, will be able to resume services that require minimal protective equipment and follow the guidance below.
 - i. Every effort should continue to be made to deliver care without being in the same physical space, such as utilizing telehealth, phone consultation, and physical barriers between providers and patients.
 - ii. All health care, delivered both in and out of health care facilities, (this includes hospitals, surgical centers, long-term care facilities, clinic and office care, as well as home care) shall deploy universal masking procedures in coordination with the facility infection control program. This may be a combination of cloth face coverings (for employees not present for provision of services or procedures, such as front desk staff) and surgical masks for those involved in non-aerosolizing direct-patient care.
 - iii. Regardless of symptoms, all health care facilities should screen all patients for recent illness, travel, fever, or recent exposure to COVID-19, and to the extent that is possible, begin testing all admitted patients.
 - iv. Every effort shall be made to minimize aerosolizing procedure (such as a nerve block over deep sedation or intubation).
 - v. **Other urgent or emergent procedures with an increased risk of exposure**, such as deliveries, dental work, aerosolizing procedures such as suctioning, intubation, and breathing treatments, should have patients tested for SARS CoV-2 prior to the procedure or birth, to the extent that is reasonably possible, after considering available testing capacity and any other relevant constraints. In the alternative, clinicians should use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19.
 - vi. It is the duty of the provider to ensure the health considerations of staff and patients. This includes the health of the provider, ensuring providers not come to work while ill, minimizing travel of providers, and adequate personal protective equipment. They are also encouraged to utilize the following means of protection:
 1. Pre-visit telephonic screening and questionnaire.
 2. Entry screening.
 3. Lobbies and waiting rooms with defined and marked social distancing and limited occupancy.
 4. Other personal and environmental mitigation efforts such as gloves, exceptional hand hygiene, environmental cleaning, and enhanced airflow.

III. Urgent and Emergent Services

- a. Health care services that are urgent or emergent should continue, but with the enhanced screening and safety measures listed in **Section II**.
 - i. In addition to emergent surgeries and procedures that cannot be delayed without significant risk to life, surgeries and procedures are permitted to proceed if delay is deemed to cause significant impact on health, livelihood, or quality of life. Each facility should review these procedures with its task force that was created in the April 7, 2020 revision to COVID-19 Health Mandate 005. Surgeries and procedures that can be

delayed without posing a significant risk to health, livelihood, or quality of life must be postponed until further notice.

- ii. All patients coming to surgery should be tested for SARS CoV-2 within 48 hours of their procedure. If positive, all procedures should be considered for delay, and specifically those procedures not urgent or emergent, as defined by the American College of Surgeons (ACS), should be postponed or canceled. If a facility is unable to test patients within 48 hours of their procedure, facilities should use rigorous screening procedures and treat suspicious patients as if they are positive for COVID-19.

IV. Provision for Resuming Non-Urgent/Non-Emergent Elective Services

- a. Health care services that cannot be delayed beyond eight weeks without posing a significant risk to quality of life may resume **Monday May 4, 2020** if the following conditions are met:
 - i. Health care delivery can meet all of the standards outlined in Section II of this mandate.
 - ii. Health care is delivered by a provider listed in statute (see Section I).
 - iii. Health care can be safely done with a surgical mask, eye protection and gloves.
 - iv. If the procedure puts the health care worker at increased risk such as deliveries, dental work, or aerosolizing procedures such as suctioning, intubation, or breathing treatments then a negative PCR for Sars-CoV-2 must be obtained within 48 hours prior to the procedure.
 - v. There are to be no visitors in health care facilities except for: end-of-life visits; a parent of a minor; a support person for labor and delivery settings; and only one (1) spouse or caregiver that resides with the patient will be allowed into the facility during the day of a surgery or procedure and at the time of patient discharge to allow for minimal additional exposure. If a caregiver does not reside with the patient, they can be with the patient at the time of discharge. Any of the allowed visitors must wear a fabric face covering.
 - vi. Workers must maintain social distancing of at least six feet from non-patients and must minimize contact with the patient.
 - vii. Exceptional environmental mitigation strategies must be maintained, including the protection of lobbies and front desk staff.
 - viii. Unlicensed assistive personnel necessary to procedures under this section may be included in service delivery.

V. Other Considerations

- a. Patients traveling for medical procedures and health care services is allowed under Health Mandate 012 to travel within Alaska as a critical personal need.
- b. Patients whose communities have established quarantines for return from intra-state travel as outlined in Attachment B – Alaska Small Community Emergency Travel Order, should have a plan in place, developed with their local community, for return home after their procedures.
- c. Transportation may be arranged on behalf of individuals who must travel to receive medical care and must be able to return home following the medical treatment or must arrange for their own accommodations if they are unable to return home.
- d. Every effort should be made to minimize physical interaction and encourage alternative means such as telehealth and videoconferencing. For many licensed health care professionals, this will mean continued delays in care or postponing care.

- e. Every effort should be made in the outpatient and ambulatory care setting to reduce the risk of COVID-19 and follow the following guidelines:
 - o www.cdc.gov/coronavirus/2019-ncov/hcp/ambulatory-care-settings.html
- f. Dental work carries an added risk of spreading COVID-19, especially to the dentist who can spread it to others and so dental guidance should be followed and are listed here:
 - o www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html
- g. Dialysis centers provide life-saving work, but it is also a place where high-risk individuals congregate. They need to follow the following guidelines: www.cdc.gov/coronavirus/2019-ncov/hcp/dialysis.html

April 24, 2020

SDS E-Alert: Federal Stimulus Check Considerations for SSI Recipients

SDS is sharing information compiled by the National Association of State Directors of Developmental Disabilities Services (NASDDDS). NASDDDS offered this information as guidance for the DD population but it may also be informative for all Supplemental Security Income (SSI) recipients who are automatically receiving stimulus checks of \$1200.

Federal Stimulus Check Considerations

For recipients automatically receiving stimulus checks of \$1200, these funds will not count as income, and will not be counted as assets for the first twelve months, as pertains to SSI and Medicaid eligibility. Whether individuals in the DD service system receive the check through SSI or other means, the following key considerations are important for I/DD leaders:

- Many individuals may need education and support to understand why they are automatically receiving a large sum of money and how they can use it;
- Some people who qualify may need help in obtaining funds if they are not able to receive an automatic payment;
- Those who serve as representative payees, including facilities or providers, should receive education about the stimulus funds and how the funds may be treated as an asset if not spent within 12 months or used to purchase something that could be counted as an asset;
- Individuals may need support to understand how the stimulus check may be obtained by debt collectors or pose an increased risk for scams; and
- It is important for individuals and representative payees, as appropriate, to know that the money is intended to pay for basic necessities and not to pay for the cost of care in facilities or community-based programs

These resources may be helpful:

- Guide to Stimulus Checks For People with Disabilities (by self-advocates who choose identity first language) <https://howtogeton.wordpress.com/will-disabled-people-get-stimulus-checks/>
- Stimulus Check Tips for Parents (Including Parents of Adults with Disabilities)(by self-advocates who choose identity first language) <https://howtogeton.wordpress.com/stimulus-checks-tips-for-parents-including-parents-of-adult-disabled-children/>
- American Council on Aging COVID-19 Stimulus Check Impact <https://www.medicaidplanningassistance.org/covid-19-stimulus-checks-impact/>
- IRS Warning About Coronavirus-related Scam

<https://www.irs.gov/newsroom/irs-issues-warning-about-coronavirus-related-scams-watch-out-for-schemes-tied-to-economic-impact-payments>

COVID-19 Health Mandate # 016: Reopen Alaska Responsibly Plan

STATE CAPITOL
P.O. Box 110001
Juneau, AK 99811-0001
907-465-3500



550 West Seventh Avenue, Suite 1700
Anchorage, AK 99501
907-269-7450

Governor Michael J. Dunleavy
STATE OF ALASKA

****COVID-19 HEALTH MANDATE****

Issued: April 22, 2020

By: Governor Mike Dunleavy

Commissioner Adam Crum, Alaska Department of Health and Social Services

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

The State of Alaska is issuing its sixteenth health mandate, based on its authority under the Public Health Disaster Emergency Declaration signed by Governor Mike Dunleavy on March 11, 2020. This Mandate will go into effect April 24, 2020. The State of Alaska reserves the right to amend the Mandate at any time.

To date, the State of Alaska has issued 15 mandates to protect the public health of all Alaskans. These mandates, which have been aimed at flattening the curve, have been beneficial in slowing the spread of the disease.

This Mandate seeks to balance the ongoing need to maintain diligent efforts to slow and disrupt the rate of infection with the corresponding critical need to resume economic activity in a reasonable and safe manner.

This Mandate is the first of a series that are intended to reopen Alaska responsibly. By issuing this Mandate, the Governor is establishing consistent mandates across the State in order to mitigate both the public health and the economic impacts of COVID-19 across Alaska.

This Mandate addresses and modifies a number of prior Mandates and Health Care Advisories, as appropriate, to implement Phase I of the "Reopen Alaska Responsibly Plan." If there is any discrepancy between this Mandate, including its attachments, and any other statements, mandates, advisories, or documents regarding the "Reopen

Alaska Responsibly Plan”, this Mandate and its attachments will govern. FAQs may be issued to bring additional clarity to this Mandate based on questions that may arise.

Health Mandate 016 – Reopen Alaska Responsibly Plan - Phase I-A

Health Mandate 016 goes into effect at 8:00 a.m. on Friday, April 24, 2020.

Reopening Alaska’s businesses is vital to the state’s economic well-being, and to the ability of Alaskans to provide for their families. At the same time, everyone shares in the obligation to keep Alaska safe and continue to combat the spread of COVID-19. As a result, businesses and employees must, to the extent reasonably feasible, continue to take reasonable care to protect their staff and operations during this pandemic. Meanwhile, all Alaskans have an obligation to help promote public health and fight this pandemic by continuing to follow public health guidance regarding sanitizing, handwashing, and use of face masks. Those that are at high risk of infection are encouraged to continue to self-quarantine, to the extent possible, and strictly follow social distancing mandates and advisories.

Unless explicitly modified by this Mandate as set forth below and in Attachments D through H, prior Mandates remain in effect unless and until they are amended, rescinded, or suspended by further order of the Governor. The Governor and the State of Alaska reserve the right to amend this Mandate at any time in order to protect the public health, welfare, and safety of the public and assure the state’s safe resumption of economic activity.

The activities and businesses listed below that were previously governed by the referenced Mandates may resume under the conditions and guidance provided in the following attachments.

[Attachment D – Non-Essential Public Facing Businesses Generally](#) – modifies Mandate 011

[Attachment E – Retail Businesses](#) – modifies Mandate 011

[Attachment F – Restaurants Dine-In Services](#) – modifies Mandate 03.1

[Attachment G – Personal Care Services](#) – modifies Mandate 09

[Attachment H - Non-Essential Non-Public-Facing Businesses](#) – modifies Mandate 011

PREEMPTION OF LOCAL MANDATES

The policies contained in this Health Mandate are most effective when implemented uniformly across the State. Conflicting local provisions will frustrate this Mandate’s health and economic objectives and, therefore, are irreconcilable with this Mandate’s purposes. Therefore, unless specifically authorized by this, or any another Mandate issued by the Governor, this Mandate, Attachment A ([Alaska Essential Services and Critical Workforce Infrastructure Order](#)), Attachment B ([Alaska Small Community Emergency Travel Order](#)), and Attachments D through G expressly and intentionally supersede and preempt any existing or future conflicting local, municipal, or tribal mandate, directive, resolution, ordinance, regulation, or other order.

Business operations and other activities permitted to operate under this mandate may not be prohibited by local, municipal, or tribal mandate, directive, resolution, ordinance, regulation, or other order.

Notwithstanding the above, businesses subject to this mandate that are located within the Municipality of Anchorage, must continue to operate under prior state and municipal mandates through 8 a.m. Monday April 27, 2020, at which time, this Mandate will control.

ENFORCEMENT

A violation of a State of Alaska COVID-19 Mandate may subject a business or organization to an order to cease operations and/or a civil fine of up to \$1,000 per violation. In addition to the potential civil fines noted, a person or organization that fails to follow State COVID-19 Mandates designed to protect the public health from this dangerous virus and its impact may, under certain circumstances, also be criminally prosecuted for Reckless Endangerment pursuant to Alaska Statute 11.41.250. Reckless endangerment is defined as follows:

(a) A person commits the crime of reckless endangerment if the person recklessly engages in conduct which creates a substantial risk of serious physical injury to another person.

(b) Reckless endangerment is a class A misdemeanor.

Pursuant to Alaska Statute 12.55.135, a defendant convicted of a class A misdemeanor may be sentenced to a definite term of imprisonment of not more than one year.

Additionally, under Alaska Statute 12.55.035, a person may be fined up to \$25,000 for a class A misdemeanor, and a business organization may be sentenced to pay a fine not exceeding the greatest of \$2,500,000 for a misdemeanor offense that results in death, or \$500,000 for a class A misdemeanor offense that does not result in death.

*****This Mandate is in effect until rescinded or modified*****

April 24, 2020

SDS E-Alert: Restrictions Remain in Place for Vulnerable Individuals

SDS reminds agencies providing residential care services in Long Term Care Facilities and Assisted Living Homes that Health Alerts still apply. The lessening of restrictions applies to certain businesses but does not mean residential or other waiver service precautions are less stringent. It is imperative that providers continue to follow CDC guidelines to protect the health, safety and welfare of Alaska's most vulnerable citizens.

- Nursing Homes: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

- Assisted Living Facilities: https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhealthcare-facilities%2Fprevent-spread-in-long-term-care-facilities.html

President Trump’s “opening up America” plan states that vulnerable populations (elders and people with disabilities) are to **still be restricted through phase 1 and phase 2**. This means that residents of long term care facilities and assisted living homes **should not** be participating in services provided by businesses that are starting to re-open, out of concern for the health and safety of staff and other residents in the facility.

SDS E-Alert: Testing at Residential Living Facilities and Obtaining PPE

May 1, 2022

SDS provides information on COVID-19 testing for Residential Living Facilities and on obtaining PPE below. Click on the link below for guidance for administrators and health care providers of residential living facilities that serve persons who typically remain at the facility for a sustained period of time (at least 14 days). This guidance is intended to assist providers in requesting testing of new admissions to the facilities. Testing for asymptomatic staff of congregate living facilities is outside the scope of this guidance.

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

Tab 11- Possible Financial Support Opportunities:

1. Small Business Loans

Dear ANCOR Members,

I'm writing a second time today to share important information regarding the dramatic expansion of SBA loans in the CARES Act. Thanks to your advocacy, these loans are now available to Medicaid providers, and, in certain circumstances, forgivable.

The first advice comes from a colleague who worked for the SBA. Further below and attached are useful documents and links. As this is a brand new subject matter area for us, we are pointing you to other resources (start with the SBA page here), and crediting APSE for sharing the US Chamber of Commerce slides (attached). We are updating our COVID-19 resources page: you will find these resources there as well. Don't wait. Maximize your opportunity to receive these loans, which, under certain circumstances, are forgivable. "I suggest that each of the businesses go first to their lending institution. We know the sooner the better one talks to these folks the easier it is. There are new guidelines for these programs, now available for non-profits and a change in the size of business that qualify. Each state has at least one SBA office. They can all be found at SBA.GOV. There is a national network of Small Business Development Center, funded by the SBA. Their mission is to counsel businesses."

www.mwe.com/insights/...

[www.gibsondunn.com/..](http://www.gibsondunn.com/)

2. Alaska Mental Health Trust (COVID-19 Response Grant Program) Provided By: Kelda Barstad, LMSW Just an FYI resource

With the onset of the Coronavirus disease 2019 (COVID-19) pandemic, we know that many organizations serving Trust beneficiaries have encountered sudden disruptions in their ability to operate and provide crucial services. In response to this unprecedented need, the Trust has launched the COVID-19 Response Grant Program to provide immediate support to beneficiary serving organizations that are impacted by the virus. Grants of up to \$25K will be available for the following broad priority areas:

- Assistance for emergent beneficiary needs (i.e. safety net needs such as rental assistance, medications, groceries, etc.);
- Identified health & safety issues (i.e. protective personnel equipment, quarantine and transmission prevention supplies); and,
- Operational assistance (i.e. IT needs supporting tele-work and tele-service delivery infrastructure, lease payments, direct service employee assistance)
- For more information, and to learn how to apply for these grants visit the Trust's COVID-19 Response Grant Program webpage.

Thank you for your commitment to Trust beneficiaries, and for all that you are doing to support Alaskans during this difficult time.

3. Loan Availability

Provided By: Jennifer Laszlo Mizrahi

Hello! I want to be sure that my colleagues in the disability movement know that nonprofits can apply for loans from the government that can actually then be forgiven. In other words, it's free money, IF you qualify. And it will be done first come first serve so you have to move fast. See:

<https://covid19relief.sba.gov/>

I hear that the PPP application won't be out until April 15 but am not sure.

See this: https://www.rubio.senate.gov/public/_cache/files/ac3081f6-14ae-4e6f-9197-172ede28badd/71AB6CB05A08E369E0D488A80B3874A5.faqs---paycheck-protection-program-faqs-for-small-businesses.pdf [rubio.senate.gov]

These are challenging times for all of us. I think it's more important than ever for us to help each other get through this.

4. Other Resources

Provided By: Eidelman, Steven <sme@udel.edu>

Date: Tue, Mar 31, 2020 at 6:18 AM

HOW TO ACCESS MONEY FOR YOUR NONPROFIT!!

Friends in the disability community –

We are all aware that we are facing a health and economic crisis that is profoundly painful. Sadly, not all people or nonprofit organizations will survive it. I believe we need to help each other. Thus, I am writing with some ideas on how you can access money to keep your employees, organization and impact in place.

Most of you are likely aware that Congress passed the CARES Act on Friday with extensive and wide-ranging federal assistance to nonprofits and people who have less than 75K in income. You can find an analysis by RespectAbility on what it means on key disability issues here:

<https://www.respectability.org/2020/03/stimulus-bill-signed-disabilities/>

The Arc also released a very helpful fact sheet detailing how the new economic stimulus payments, Recovery Rebates, will impact people with disabilities: http://thearc.org/wp-content/uploads/2020/03/Recovery-Rebates-Fact-Sheet_3-27-20.pdf.

Under the COVID legislation, nonprofits can apply for loans from the government that can actually then be forgiven. In other words, it's free money, IF you qualify. And it will be done first come first serve, so you have to move fast. For more information, please visit the below links.

SBA COVID Relief

Rubio Releases FAQ Doc on Paycheck Protection Program for Small Businesses

Phase 3 US Chamber of Commerce

I highly encourage you to explore these potential opportunities for funding. You likely will want to consult your legal advisors, tax consultants, board lending relationships to better determine how the various programs and services might best align with your business objectives.

Again, I would specifically note the SBA Assistance (Paycheck Protection Program) is a \$350 billion program administered through the Small Business Administration that will provide eligible nonprofits and small businesses with forgivable loans to cover a number of business related costs including payroll, healthcare benefits, mortgage interest, and specifically includes the payment of rent and utilities. More information can be found at: <https://www.sba.gov/page/coronavirus-covid-19-small-business-guidance-loan-resources>

Indeed, the CARES Act directs Treasury to “endeavor to implement” a special 13(3) facility targeted at providing financing to lenders that make direct loans to nonprofits and businesses with 500 to 10,000 employees – subject to certain conditions. I encourage you to reach out to your lending relationships for more information.

With respect to insurance, many business interruption policies may not cover closures or reduction of business due to the COVID-19 outbreak. However, we have learned that some policies may have some coverage available. Thus, I encourage you to discuss your policy with your provider to learn more about your coverage and potential opportunities to get money that way as well.

These are tough times and so many people are counting on us all. I wish you all great physical and financial health at this time and always.

5. Provided By: Tom Domagala <tomd@altrogco.com>

I am reaching out to inform you about the CARES Act’s Paycheck Protection Program (PPP). Eligibility for the program is broad and any business that has under 500 employees is eligible. There are some exceptions if you are above this threshold, so if you are unsure please let us know your circumstances.

Please note that application starts April 3, 2020, so we highly recommend that you work hard to get your documentation ready for that day since there is a funding cap. The following outlines the basics of the program. I have also attached the SBA’s Fact Sheet for the Borrower.

We wanted to inform you that the program is a loan that is calculated based on your average monthly payroll for 2019 multiplied by 2.5 and is subjected to a \$10 million cap. There are limitations and exclusions to the calculation in which we can refer you to the guidance or help with preparation. The covered period of the loan is 2/15/2020-6/30/2020, so the goal is to help keep your company afloat during the COVID-19 crisis.

Please note that your loan could be forgiven. For any interest accrued, the max amount interest rate on these loans is set at 4% and furthermore, loan interest is deferred no less than 6 months. In the case that your loan is not forgiven, the maturity date of the loan is no longer than 10 years. Additionally, there are no loan fees and any fees for our services are paid through the lender, so we highly recommend that you take advantage of this program.

We are currently available to help assist you with the initial loan and loan forgiveness if you chose to do so and you will not be charged any fees for our services.

As a disclaimer, there is a lot of information available and many of the terms are subject to change. We are in direct contact with the SBA and other financial institutions to ensure that we have the most updated terms and conditions.

Please reach out to Altman, Rogers & Co. if you have any questions.

6. National Council of Non Profits Financial Support Eligibility Comparisons Chart Link:
<https://www.councilofnonprofits.org/trends-policy-issues/loans-available-nonprofits-the-cares-act-public-law-116-132>

FORAKER Announcing the Opening of the Payroll Protection Program 4/7/2020

The Paycheck Protection Program Started Today

Last night the Small Business Administration issued an interim final rule explaining details about the Paycheck Protection Program that started today, Friday, April 3. The regulations address timely and recurring questions, which are highlighted below.

Interest rate: Contrary to earlier announcements from SBA, the interest rate for PPP loans has now been set at 1.0 percent, up from the 0.5 percent reported earlier this week.

Application: Borrowers must complete the SBA Form 2483 (Paycheck Protection Program Application Form) and provide payroll documentation.

Alaska lenders: We recommend that you work with your preferred financial institution. Currently, not all of them are set up to provide these loans, but they are working fast to make sure they can do that soon. You'll find a list here of Alaska lenders that was current as of April 1, 2020.

Payroll costs defined: As defined by SBA: "Payroll costs consist of compensation to employees (whose principal place of residence is the United States) in the form of salary, wages, commissions, or similar compensation; cash tips or the equivalent (based on employer records of past tips or, in the absence of such records, a reasonable, good-faith employer estimate of such tips); payment for vacation, parental, family, medical, or sick leave; allowance for separation or dismissal; payment for the provision of employee benefits consisting of group health care coverage, including insurance premiums, and retirement; payment of state and local taxes assessed on compensation of employees; and for an independent contractor or sole proprietor, wage, commissions, income, or net earnings from self-employment or similar compensation."

Exclusions from payroll costs include compensation for employees based outside the U.S, compensation in excess of \$100,000 (prorated), federal payroll taxes, and qualified paid leave under the Families First Coronavirus Response Act.

Calculating payroll costs: The rule lays out a five-step process for calculating payroll costs for purposes of PPP loans:

1. Aggregate payroll costs (see above) for last 12-months;
2. Subtract pay from each employee in excess of \$100,000;
3. Divide step 2 total by 12 months to get the monthly average;
4. Multiply step 3 total by 2.5; and then
5. Add any outstanding amount from an EIDL loan received between 1/31/2020 and 4/3/2020, "less the amount of any 'advance' under an EIDL COVID-19 loan (because it doesn't have to be repaid).

Lender scrutiny: The interim final rule states: "The lender does not need to conduct any verification if the borrower submits documentation supporting its request for loan forgiveness and attests that it has accurately verified the payments for eligible costs. The Administrator will hold harmless any lender that relies on such borrower documents and attestation from a borrower."

75%-25% rule for forgiveness: SBA will limit how much of a loan can be forgiven based on how the borrower spends the money. Loan forgiveness requires at least 75 percent of the loan amount be spent on payroll and no more than 25 percent on other eligible expenses (rent/mortgage, utilities). This restriction isn't in the statute but SBA says it is imposing the restriction to promote employment.

April 7, 2020

SDS E-Alert: Funding Opportunities Related to COVID-19 and Lower-Income Older Adults

SDS would like to share the following funding information with providers.

The Alaska Community Foundation: Application deadline is April 10, 2020
The Alaska COVID-19 Response Fund at The Alaska Community Foundation will support nonprofits that provide critical services to communities, families, and individuals throughout Alaska who are struggling with health and economic issues related to COVID-19 pandemic, and those that are essential for quality of life in Alaskan communities. The Alaska Community Foundation (ACF) is now accepting applications from eligible charitable organizations (501(c)3 nonprofits, or equivalent, organizations located in the state of Alaska. May include tribes, churches, local government agencies, and programs) to support operational and programmatic efforts as they grapple with the impacts of COVID-19 on their organizations, team members, and the people they serve. Individual grant amounts will be awarded from \$5,000 to \$20,000 for a total of up to \$200,000. This is the first round of funding. Further opportunities will come available as the situation evolves. If you have any questions, please contact ACF Program Officer Stefanie O'Brien at sobrien@alaskacf.org or ACF VP of Programs & Grants Katie St. John at kstjohn@alaskacf.org. Details are in the link and in the application:
<https://alaskacf.org/blog/grants/alaska-covid-19-response-fund-rapid-response-grants/>

AARP Foundation: Application deadline is April 22, 2020

The AARP Foundation seeks projects that advance economic opportunity among low-income older adults with these Request for Applications (RFAs), one for Direct Service projects and one for Education, Outreach or Field-Building projects.

Details are in the link and in the application

<https://www.aarp.org/aarp-foundation/grants/info-2019/advancing-effective-solutions.html>

From: **Barstad, Kelda O (DOR)** <kelda.barstad@alaska.gov>

Mon, Apr 13, 2020

Subject: Stimulus Check procedures if taxes were not filed 2018/19

Hello,

This info is for people who did not file 2018/19 taxes and want to receive the stimulus check. Please feel free to forward. (This is a message forwarded from Foraker.)

The IRS has created a registry for people who have not filed their 2018 or 2019 taxes to be able to still receive the individual payment through the CARES act.

Article about the new tool:

<[https://urldefense.com/v3/https://www.politico.com/news/2020/04/10/irs-treasury-launch-online-tool-to-get-stimulus-payments-to-nonfilers-179208;!!Fhnm7mQ!Kszg9bTNWBrd7Jf3t98oPEGIWanqwf--8IT0HYAC1gf6C_xVBVo_S1CrKspMIEqYmDU\\$](https://urldefense.com/v3/https://www.politico.com/news/2020/04/10/irs-treasury-launch-online-tool-to-get-stimulus-payments-to-nonfilers-179208;!!Fhnm7mQ!Kszg9bTNWBrd7Jf3t98oPEGIWanqwf--8IT0HYAC1gf6C_xVBVo_S1CrKspMIEqYmDU$)>

The tool:

[https://urldefense.com/v3/https://www.irs.gov/coronavirus/non-filers-enter-payment-info-here;!!J2_8gdp6gZQ!86UxSjCosxvCYTTba9YKcVmxg-RYg1TOund6ntV1SagAnzipAqzHsjjXZug7R1CA-A3XXA\\$](https://urldefense.com/v3/https://www.irs.gov/coronavirus/non-filers-enter-payment-info-here;!!J2_8gdp6gZQ!86UxSjCosxvCYTTba9YKcVmxg-RYg1TOund6ntV1SagAnzipAqzHsjjXZug7R1CA-A3XXA$)



Paycheck-Protection-
Program.pdf

Pay roll protection program procedures

PANDEMIC FISCAL RESOURCES

for AADD Members

As of April 21, 2020

1. Available Funding through SBA

Alaska Small Business development Center (SBDC): <https://aksbdc.org/>

New: COVID-19 Resource Center (in the center of the web page). The SBDC is providing Daily Briefings on SBA loans. Register on the COVID-19 Resource Center page.

National Small Business Administration: <https://www.sba.gov/>

Coronavirus (COVID-19): Small Business Guidance & Loan Resources

Note that either of the above two links will take you to information on:

- a. Paycheck Protection Program-(PPP) \$10 million maximum loan amount
 - i. SBA loans to businesses with fewer than 500 employees
 - ii. Some financial institutions are administering the PPP loans
 - iii. Interest rate = 1%; no loan origination fees

As of April 16, 2020 the PPP loan program had approved 4,842 loans in the amount of \$921,927,504 for Alaska.

As of April 24, 2020 the Senate has approved an addition \$310 billion for PPP

- b. SBA Economic Injury Disaster Loan (EIDL)-\$2 million maximum loan amount
 - i. Interest rate is 2.75% for nonprofits
 - ii. Principal and interest payments deferred up to 4 years
 - iii. Administered by SBA

As of April 24, 2020 the Senate has approved an addition \$60 billion for EIDL loans

- c. SBA Economic Injury Disaster Loan (EIDL Emergency Advance) up to \$10,000
 - i. Does not need to be repaid even if denied an EIDL
 - ii. Eligibility has been temporarily expanded to include private nonprofits of any size.
 - iii. A business can apply for a PPP Loan in addition to an EIDL and EIDL Emergency Advance.
- d. Express Bridge Loans (EBL) up to \$25,000
 - i. Small business with business relationship with SBA Express Lender to access funds quickly
 - ii. Can be a term loan or used to bridge gap while applying for EIDL

2. Available Grants

- a. AMHTA <https://alaskamentalthetrust.org/alaska-mental-health-trust-authority/grants/covid-19-response-grant-program/>
 - i. Note April 10th not accepting new grant applications
 - ii. Special Board meeting April 23, 2020 to potentially authorize new funding
- b. MSHF <https://www.healthymatsu.org/coronavirus-covid-19-resources>
 - i. Link to SBA loans
 - ii. Grants up to \$50,000 for Mat-Su non-profits
- c. Alaska Community Foundation <https://alaskacf.org/>
 - i. Applications were from April 2 to 10th but may approve additional funding

3. Other Loans

- a. Alaska Industrial Development and Export Authority Program
<https://www.documentcloud.org/documents/6823037-SAFE-Gty-Program-TS-G20-10.html>
 1. New loan guaranty program for Alaskan companies with access to additional capital. AIDEA provides loan guarantee to banks.
- b. Watch as the Treasury Department works to create a program as directed under the CARES Act section 4003(c)(3)(D), to provide financing to banks and other lenders to make loans to nonprofits and other mid-size business of between 500–10,000 employees. ANCOR requests that the program:
 - i. Include a 0.50% interest rate (50 basis points) for 501(c)(3) charitable nonprofits at a 5-year amortization;
 - ii. Provide priority to 501(c)(3) charitable nonprofits responding to COVID-19 relief efforts;
 - iii. Payments shall not be due until two years after a direct loan is made;
 - iv. Employee retention provisions should begin on the date that loan funding is received by the borrower; and
 - v. In implementing any workforce restoration and retention provisions, "workforce" should be defined as full-time employees or full-time equivalents.

4. Other Resources

- a. Local Chamber of Commerce for area information

5. Main Street Loans

- a. Link to information:
<https://www.federalreserve.gov/monetarypolicy/mainstreetlending.htm>
- b. Eligible for loans if you meet either of the following conditions: (1) the business has 10,000 employees or fewer; or (2) the business had 2019 revenues of \$2.5 billion or less.
- c. Loans would have a four year maturity, and principal and interest payments on the loans will be deferred for one year.

Eligible lenders may originate new loans (under MSNLF) or increase the size of (or "upsized") existing loans (under MSELF) made to eligible businesses. On March 27, 2020, Congress passed the federal act known as the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). This Act includes funding for a variety of State agencies for the response and mitigation of the public health crisis. It is anticipated that this will be an iterative process, with numerous additional items forthcoming as funding opportunities arise. This package, originally introduced on April 21 and revised May 1, addresses known federal relief received by the State. Other items such as homeless grants, housing programs, and broadband grants will be put forward as additional federal guidance becomes clear.

COVID-19 Response Fund (CRF) Distribution

5/1/2020

This funding is provided to the State for items that “are necessary expenditures incurred due to the public health crisis with respect to the Coronavirus Disease 2019 (COVID-19).” Expenditures of the Coronavirus Relief Fund are constrained by guidance released by the US Treasury on April 22.

Commerce – Direct Municipal Relief (\$568.6 million)*:

- Funding is allocated using a combination of quantified economic activity metrics – such as retail, hospitality and tourism, regional commercial fishing, and other measures of commerce activity – and population as distributed through the community assistance program. Provides communities with the resources needed to respond to first and second order impacts of COVID19.

Commerce/AIDEA – Small Business Relief (\$290 million)*:

- The Department of Commerce, Community & Economic Development (DCCED) through the Alaska Industrial Development and Export Authority (AIDEA), will bolster the existing Sustaining Alaska’s Future Economy (AK SAFE) program and other programs that will provide support to struggling small businesses throughout the state.
- DCCED will allocate \$750,000 to Alaska Regional Development Organizations to provide technical support to Alaska small businesses applying for State grants and federal loans.

AHFC – Homelessness Assistance (\$10.0 million)*:

- COVID-19 economic impacts have increased the need for homelessness assistance. This funding will provide grants to local communities and agencies to support programs designed to prevent and reduce homelessness, provide services that prevent housing displacement, and assist the homeless to transition back to permanent housing.

Health – Non-Profit Support (\$50.0 million):

- Basic essential human services, including, but not limited to soup kitchens & food banks, nonresidential emergency shelters, religious non-profits, homeless shelters, clothing items, and other entities supporting social welfare. No RPL is required as the Department of Health and Social Services (DHSS) has adequate authorization to accept federal receipts.

Health – Health-Related COVID-19 Costs (\$331.4 million)*:

- Support ongoing response and mitigation efforts with federal receipts and maintain a contingency for potential unknown impacts. No RPL is required as DHSS has adequate authorization to accept federal receipts.

Direct Agency Funding Items Included in RPL Package:

Education - Emergency Education Relief Funds (\$44.9 million)*:

- Emergency grants to Local Education Agencies that are impacted by COVID-19. Distributed per the Title-¹ formula.
-

Education – Child Nutrition Funding (\$41.9 million)*:

- Funding to schools and other institutions participating in the National School Lunch Program and related programs.

Education – National Endowment for the Arts Funding (\$0.4 million)*:

- Grants to arts organizations, local arts agencies, and partners for emergency relief to sustain operations in response to COVID-19.

Transportation - Federal Transit Administration Grants (\$29.0 million):

- Funds are available for operating expenses for all Federal Transit Administration 5311 recipients (non-urbanized areas) including Anchorage, Fairbanks, and the Alaska Marine Highway System

Transportation - Federal Aviation Administration Rural Airport System Maintenance (\$49.0 million):

- Airport Grants will be used for statewide aviation and rural airport system operating and maintenance expenses, where revenue or expenditure impacts have occurred.

Transportation - Measurement Standards and Whittier Tunnel Support (\$3.0 million):

- Funding for unbudgeted and unanticipated expenditures related to ensuring continuity of operations and program delivery within this appropriation.

Commerce - Economic Stimulus for Alaskan Fisheries (\$100.0 million)

- Through the Federal CARES Act funding is being allocated to the National Fisheries Marine Service who will distribute funding to states to provide assistance to subsistence, charter/guide, and commercial fishery participants affected by COVID-19

Public Safety - U.S. Department of Justice Byrne-JAG Grant (\$3.6 million)*:

- The program provides states with critical funding necessary to support a range of program areas including law enforcement, prosecution, indigent defense, courts, corrections, crime victim and witness initiatives, and mental health programs.

University – Higher Education Emergency Relief Fund (\$5.0 million)*:

- Grants directly to students and institutions impacted by the COVID-19 public health crisis.

Items Not Requiring RPL

Transportation - International Airport (\$32.1 million)

- Funds will be accepted directly by the International Airport System to support airport operations.

Office of the Governor – Elections Support (\$3.0 million)

- Funds are used to support modifications to the current elections process in light of the COVID19 public health crisis. Authority already exists to deposit funds into the Election Fund, but a subsequent project appropriation will be required in the near future.

Commerce - Community Development Block Grants (\$2.8 Million):

- Funds to alleviate the causes and conditions of poverty in communities. Sufficient prior-year funding exists to receive these federal receipts.

Tab 12- Positive Emotional Considerations:

Mindset Shift During a Pandemic

I'm stuck at home



I get to be SAFE in my home and spend time with my family

I will get sick



I will self-isolate and wash my hands, this will significantly DECREASE my chances of getting sick

I will run out of items at home during self-isolation



I have prepared for this and I will use my items wisely. I have everything I NEED for now

Everything is shutting down, I'm panicking



The most IMPORTANT places, such as medical centers, pharmacies and grocery stores, remain open

There is too much uncertainty right now



While I can't control the situation around me, I CAN control my actions. Doing breathwork, calling loved ones, getting enough sleep and proper nutrition, prayer, and doing activities I love at home will all help during this time

Managing Stress and Mental Health

Provided By: The Alaska Training Cooperative

While practicing physical distancing there are easy self-care strategies that can help reduce feelings of depression and anxiety, or help prevent anxiety before it even starts. Here are tips to take care of yourself.

- Eat healthy. Healthy meals and snacks keep your body in top working order.
- Exercise. Reduces symptoms of depression and anxiety, whether you're working out at home or taking a solo walk around the neighborhood.
- Practice relaxation therapy. Focusing on tensing and relaxing muscle groups can help you relax voluntarily when feeling overwhelmed, stressed, or anxious.
- Let light in. For some people increased exposure to light can improve symptoms of depression. If you can, open shades and let more sunlight in.
- Be kind to yourself! Treat yourself with the same compassion you would a friend.
- Stay connected. Even if you can't get together face-to-face, you can stay connected to friends, family and neighbors with phone calls, text messages, video chats and social media. We are all experiencing this scary and uncertain time together.
- Monitor media consumption. While you might want to stay up the minute with COVID-19 news, too much exposure can be overwhelming. Balance media consumption with other activities you enjoy such as reading, cooking or listening to music.

Sources for Emotional Health during the COVID Crisis provided by Dr. Chuck Lester, Clinical Director for Hope Community Resources:

FYI: Building Your Resilience- American Psychological Association

1. Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress – such as family and relationship problems, serious health problems, or workplace and financial stressors. Resilience is not a trait that people either have or do not have. It involves behaviors, thoughts and actions that anyone can learn and develop. Developing your resilience is a personal journey. An approach to building resilience that works well for one person might not work for another. People use varying strategies. Some variation may reflect cultural differences. For example, an individual's culture might have an impact on whether and how he or she connects with others and communicates feelings. The following pointers may be helpful to consider in developing your own strategy for building resilience.

a. Make connections-Good relationships with close family members, friends, or others are important. Accepting help and support from those who care about you and will listen to you strengthens resilience. Some people find that being active in civic groups, faith-based organizations or other local groups

provides social support and can help with reclaiming hope. Assisting others in their time of need can also benefit the helper.

b. Avoid seeing crises as insurmountable problems

You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events. Try looking beyond the present to how future circumstances may be a little better. Note any subtle ways in which you might already feel somewhat better as you deal with difficult situations.

c. Accept that change is a part of living

Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

d. Move toward your goals

Think about possible solutions to the problems you are facing and decide what realistic goals you want to achieve. Do something regularly – even if it seems like a small accomplishment – that enables you to move forward. Focus away from tasks that seem unachievable. Instead, ask yourself, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?" Many people find it helpful to track their progress by making a record of any accomplishment that moves them toward their goals. It is important to spend a moment reflecting on the fact that you are taking action and achieving what you believe you need to do.

e. Take decisive actions

Act on adverse situations as much as you can. Take decisive actions, rather than detaching from problems and stresses and wishing they would just go away. Being active instead of passive helps people more effectively manage adversity.

f. Find positive ways to reduce stress and negative feelings

Following a stressful event, many people feel they need to turn away from the negative thoughts and feelings they are experiencing. Positive distractions such as exercising, going to a movie or reading a book can help renew you so you can re-focus on meeting challenges in your life. Avoid numbing your unpleasant feelings with alcohol or drugs.

g. Look for opportunities for self-discovery

People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss. Many people who have experienced tragedies and hardship have reported better relationships, greater sense of strength even while feeling vulnerable, increased sense of self-worth, a more developed spirituality and heightened appreciation for life.

h. Nurture a positive view of yourself

Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

i. Keep things in perspective

Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective. Avoid blowing the event out of proportion. Strong emotional reactions to adversity are normal and typically lessen over time.

j. Maintain a hopeful outlook

An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear. Take care of yourself. Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing and that contribute to good health, including regular exercise and healthy eating. Taking care of yourself helps keep your mind and body primed to deal with situations that require resilience.

Additional ways of strengthening resilience may be helpful:

For example, some people write about their deepest thoughts and feelings related to trauma or other stressful events in their life. Meditation and spiritual practices help some people build connections and restore hope. The key to developing an effective personal strategy is to identify ways of building your resilience that are likely to work well for you.

Where to look for help

Getting help when you need it is crucial to building your resilience. Many people turn to family members, friends and others who care about them for the support and encouragement they need. Self-help and community support groups can aid people struggling with hardships, such as the death of a loved one. By sharing information, ideas and emotions, group participants can assist one another and find comfort in knowing that they are not alone in experiencing difficulty. For many people, using their own resources and getting help from others may be sufficient for building resilience. At times, however, an individual might get stuck or have difficulty making progress on the road to resilience. A licensed mental health professional such as a psychologist can assist people in developing an appropriate strategy for moving forward. It is important to get professional help if you feel like you are unable to function or perform basic activities of daily living as a result of a traumatic or otherwise stressful life experience. Different people tend to be comfortable with different styles of interaction. A person should feel at ease and have a good rapport when working with a mental health professional or participating in a support group.

This fact sheet is adapted largely from “The Road to Resilience,” available on the Psychology Help Center, located online. The American Psychological Association Practice Directorate gratefully acknowledges the assistance of Rick Allen, PhD; Lillian Comas-Diaz, PhD; Suniya S. Luthar, PhD; Salvatore R. Maddi, PhD; H. Katherine (Kit) O’Neill, PhD; Karen W. Saakvitne, PhD; and Richard Glenn Tedeschi, PhD, in developing this material.

This publication may be reprinted in its entirety without modification.

Visit the Psychology Help Center for additional information and to find psychologists in your area.

<http://www.apa.org/helpcenter/index.aspx>

February 29, 2020

Talking to Children About COVID-19 (Coronavirus)

A Parent Resource

A new type of coronavirus, abbreviated COVID-19, is causing an outbreak of respiratory (lung) disease. It was first detected in China and has now been detected internationally. While the immediate health risk in the United States is low, it is important to plan for any possible outbreaks if the risk level increases in the future.

Concern over this new virus can make children and families anxious. While we don’t know where and to what extent the disease may spread here in the United States, we do know that it is contagious, that the severity of illness can vary from individual to individual, and that there are steps we can take to prevent the spread of infection. Acknowledging some level of concern, without panicking, is appropriate and can result in taking actions that reduce the risk of illness. Helping children cope with anxiety requires providing accurate prevention information and facts without causing undue alarm.

It is very important to remember that children look to adults for guidance on how to react to stressful events. If parents seem overly worried, children's anxiety may rise. Parents should reassure children that health and school officials are working hard to ensure that people throughout the country stay healthy. However, children also need factual, age appropriate information about the potential seriousness of disease risk and concrete instruction about how to avoid infections and spread of disease. Teaching children positive preventive measures, talking with them about their fears, and giving them a sense of some control over their risk of infection can help reduce anxiety.

Specific Guidelines

Remain calm and reassuring.

- Children will react to and follow your verbal and nonverbal reactions.
- What you say and do about COVID-19, current prevention efforts, and related events can either increase or decrease your children's anxiety.
- If true, emphasize to your children that they and your family are fine.
- Remind them that you and the adults at their school are there to keep them safe and healthy.
- Let your children talk about their feelings and help reframe their concerns into the appropriate perspective.

Make yourself available.

- Children may need extra attention from you and may want to talk about their concerns, fears, and questions.
- It is important that they know they have someone who will listen to them; make time for them.
- Tell them you love them and give them plenty of affection.

Avoid excessive blaming.

- When tensions are high, sometimes we try to blame someone.
- It is important to avoid stereotyping any one group of people as responsible for the virus.
- Bullying or negative comments made toward others should be stopped and reported to the school.
- Be aware of any comments that other adults are having around your family. You may have to explain what comments mean if they are different than the values that you have at home.

Monitor television viewing and social media.

- Limit television viewing or access to information on the Internet and through social media. Try to avoid watching or listening to information that might be upsetting when your children are present.
- Speak to your child about how many stories about COVID-19 on the Internet may be based on rumors and inaccurate information.
- Talk to your child about factual information of this disease—this can help reduce anxiety.
- Constantly watching updates on the status of COVID-19 can increase anxiety—avoid this.
- Be aware that developmentally inappropriate information (i.e., information designed for adults) can cause anxiety or confusion, particularly in young children.
- Engage your child in games or other interesting activities instead.

Maintain a normal routine to the extent possible.

- Keep to a regular schedule, as this can be reassuring and promotes physical health.
- Encourage your children to keep up with their schoolwork and extracurricular activities, but don't push them if they seem overwhelmed.

Be honest and accurate.

- In the absence of factual information, children often imagine situations far worse than reality.

- Don't ignore their concerns, but rather explain that at the present moment very few people in this country are sick with COVID-19.
- Children can be told this disease is thought to be spread between people who are in close contact with one another—when an infected person coughs or sneezes.
- It is also thought it can be spread when you touch an infected surface or object, which is why it is so important to protect yourself.
- For additional factual information contact your school nurse, ask your doctor, or check the <https://www.cdc.gov/coronavirus/2019-ncov/index.html> website.

Know the symptoms of COVID-19.

- The CDC believes these symptoms appear in a few days after being exposed to someone with the disease or as long as 14 days after exposure:

- o Fever

- o Cough

- o Shortness for breath

- For some people the symptoms are like having a cold; for others they are quite severe or even life threatening. In either case it is important to check with your child's healthcare provider (or yours) and follow instructions about staying home or away from public spaces to prevent the spread of the virus. Review and model basic hygiene and healthy lifestyle practices for protection.

- Encourage your child to practice every day good hygiene—simple steps to prevent spread of illness:

- o Wash hands multiple times a day for at least 20 seconds (singing Twinkle, Twinkle Little Star slowly takes about 20 seconds).

- o Cover their mouths with a tissue when they sneeze or cough and throw away the tissue immediately, or sneeze or cough into the bend of their elbow. Do not share food or drinks.

- o Practice giving fist or elbow bumps instead of handshakes. Fewer germs are spread this way.

- Giving children guidance on what they can do to prevent infection gives them a greater sense of control over disease spread and will help to reduce their anxiety.

- Encourage your child to eat a balanced diet, get enough sleep, and exercise regularly; this will help them develop a strong immune system to fight off illness.

Discuss new rules or practices at school.

- Many schools already enforce illness prevention habits, including frequent hand washing or use of alcohol-based hand cleansers.

- Your school nurse or principal will send information home about any new rules or practices.

- Be sure to discuss this with your child.

- Contact your school nurse with any specific questions.

Communicate with your school.

- Let your school know if your child is sick and keep them home. Your school may ask if your child has a fever or not. This information will help the school to know why your child was kept home. If your child is diagnosed with COVID-19, let the school know so they can communicate with and get guidance from local health authorities.

- Talk to your school nurse, school psychologist, school counselor, or school social worker if your child is having difficulties as a result of anxiety or stress related to COVID-19. They can give guidance and support to your child at school.

- Make sure to follow all instructions from your school.

Take Time to Talk

You know your children best. Let their questions be your guide as to how much information to provide. However, don't avoid giving them the information that health experts identify as critical to ensuring your children's health. Be patient; children and youth do not always talk about their concerns readily. Watch for clues that they may want to talk, such as hovering around while you do the dishes or yard work. It is very typical for younger children to ask a few questions, return to playing, then come back to ask more questions.

When sharing information, it is important make sure to provide facts without promoting a high level of stress, remind children that adults are working to address this concern, and give children actions they can take to protect themselves. Information is rapidly changing about this new virus—to have the most correct information stay informed by accessing <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Keep Explanations Age Appropriate

- Early elementary school children need brief, simple information that should balance COVID-19 facts with appropriate reassurances that their schools and homes are safe and that adults are there to help keep them healthy and to take care of them if they do get sick. Give simple examples of the steps people take every day to stop germs and stay healthy, such as washing hands. Use language such as “adults are working hard to keep you safe.”
- Upper elementary and early middle school children will be more vocal in asking questions about whether they truly are safe and what will happen if COVID-19 comes to their school or community. They may need assistance separating reality from rumor and fantasy. Discuss efforts of school and community leaders to prevent germs from spreading.
- Upper middle school and high school students are able to discuss the issue in a more in-depth (adult-like) fashion and can be referred directly to appropriate sources of COVID-19 facts. Provide honest, accurate, and factual information about the current status of COVID-19. Having such knowledge can help them feel a sense of control.

Suggested Points to Emphasize When Talking to Children

- Adults at home and school are taking care of your health and safety. If you have concerns, please talk to an adult you trust.
- Not everyone will get the coronavirus (COVID-19) disease. School and health officials are being especially careful to make sure as few people as possible get sick.
- It is important that all students treat each other with respect and not jump to conclusions about who may or may not have COVID-19.
- There are things you can do to stay health and avoid spreading the disease:
 - o Avoid close contact with people who are sick.
 - o Stay home when you are sick.
 - o Cover your cough or sneeze into your elbow or a tissue, then throw the tissue in the trash.
 - o Avoid touching your eyes, nose, and mouth.
 - o Wash hands often with soap and water (20 seconds).
 - o If you don't have soap, use hand sanitizer (60–95% alcohol based).
 - o Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Additional Resources

Talking With Children: Tips for Caregivers, Parents, and Teachers During Infectious Disease Outbreaks, <https://store.samhsa.gov/product/Talking-With-Children-Tips-for-Caregivers-Parents-and-Teachers-During-Infectious-Disease-Outbreaks/SMA14-4886>

Coping With Stress During Infectious Disease Outbreaks, <https://store.samhsa.gov/product/Coping-with-Stress-During-Infectious-Disease-Outbreaks/sma14-4885>

Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19),

<https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>

Handwashing and Hand Sanitizer Use at Home, at Play, and Out and About,

<https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>

For more information related to schools and physical and mental health, visit www.nasponline.org and

www.nasn.org.

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Coronavirus Disease 2019 (COVID-19)

Manage Anxiety & Stress

Stress and Coping

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Everyone reacts differently to stressful situations. How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include:

Older people and people with chronic diseases who are at higher risk for COVID-19

Children and teens

People who are helping with the response to COVID-19, like doctors and other health care providers, or first responders

People who have mental health conditions including problems with substance use

Stress during an infectious disease outbreak can include

Fear and worry about your own health and the health of your loved ones

Changes in sleep or eating patterns

Difficulty sleeping or concentrating

Worsening of chronic health problems

Increased use of alcohol, tobacco, or other drugs

People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms. Additional information can be found at the Substance Abuse and Mental Health Services Administration (SAMHSA) website.

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger.

Things you can do to support yourself

Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.

Take care of your body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.

Make time to unwind. Try to do some other activities you enjoy.

Connect with others Talk with people you trust about your concerns and how you are feeling

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others call 911

Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Helpline: 1-800-985-5990 or text TalkWithUs to 66746. (TTY 1-800-846-8517)

3/17/2020 Mental Health and Coping During COVID-19 | CDC

https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2F coping.html 2/3

Connect with others. Talk with people you trust about your concerns and how you are feeling.

Call your healthcare provider if stress gets in the way of your daily activities for several days in a row.

Reduce stress in yourself and others

Sharing the facts about COVID-19 and understanding the actual risk to yourself and people you care about can make an outbreak less stressful..

When you share accurate information about COVID-19 you can help make people feel less stressed and allow you to connect with them.

Learn more about taking care of your emotional health.

For parents

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the

COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

Not all children and teens respond to stress in the same way. Some common changes to watch for include:

Excessive crying or irritation in younger children

Returning to behaviors they have outgrown (for example, toileting accidents or bedwetting)

Excessive worry or sadness

Unhealthy eating or sleeping habits

Irritability and “acting out” behaviors in teens

Poor school performance or avoiding school

Difficulty with attention and concentration

Avoidance of activities enjoyed in the past

Unexplained headaches or body pain

Use of alcohol, tobacco, or other drugs

There are many things you can do to support your child

Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.

Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.

Limit your family’s exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.

Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities. Be a role model. Take breaks, get plenty of sleep, exercise, and eat well.

Connect with your friends and family members. Learn more about helping children cope.

For responders

Responding to COVID-19 can take an emotional toll on you. There are things you can do to reduce secondary traumatic stress (STS) reactions:

Acknowledge that STS can impact anyone helping families after a traumatic event.

Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).

Allow time for you and your family to recover from responding to the pandemic.

3/17/2020 Mental Health and Coping During COVID-19 | CDC

https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fcoping.html 3/3

Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.

Take a break from media coverage of COVID-19.

Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

Learn more tips for taking care of yourself during emergency response.

For people who have been released from quarantine

Being separated from others if a healthcare provider thinks you may have been exposed to COVID-19 can be stressful, even if you do not get sick. Everyone feels differently after coming out of quarantine.

Some feelings include:

Mixed emotions, including relief after quarantine

Fear and worry about your own health and the health of your loved ones

Stress from the experience of monitoring yourself or being monitored by others for signs and symptoms of COVID-19

Sadness, anger, or frustration because friends or loved ones have unfounded fears of contracting the disease from contact with you, even though you have been determined not to be contagious

Guilt about not being able to perform normal work or parenting duties during quarantine

Other emotional or mental health changes

Children may also feel upset or have other strong emotions if they, or someone they know, has been released from quarantine. You can help your child cope.

Resources For Everyone

Coping with a Disaster or Traumatic Event

For Communities

Coping with stress during an infectious disease outbreak

Taking Care of Your Behavioral Health during an Infectious Disease Outbreak

For Families and Children

Helping Children Cope with Emergencies

Coping After a Disaster – A Ready Wrigley activity book for children age 3-10

For First Responders

Emergency Responders: Tips for taking care of yourself

Disaster Technical Assistance Center (SAMHSA)



SAMHSA

recommendations.pdf

Coping With Stress During Infectious Disease Outbreaks

4/24/2020

Living Well on the Last Frontier

A Health & Safety Toolkit for Alaskans with Disabilities

COVID-19

RESOURCE TOOLKIT

Information and Resources to Keep You Healthy, Safe, and Connected.

The coronavirus disease 2019, or COVID-19, outbreak has left a lot of people in need of new or different resources and clear information. While the situation continues to change all the time, we want you to have access to the information and tools you need to stay healthy, safe, and connected.

Please use this link to access the Covid-19 Resource Toolkit for Alaskans With Disabilities:

<http://dhss.alaska.gov/dsds/Documents/covid-19/Alaska-COVID-19-Toolkit.pdf>

TAB 13- Historical and Miscellaneous Materials

1. Partners Reentry Center

UPDATED 3/30/20

***CLOSED March 17th to April 30th ***

Partners Reentry Center is closed to clients until at least 4/30/20. We will be following news and governmental guidelines to help contain the spread of COVID-19 "The Corona Virus". We may remain closed longer than April 30th, an update will be posted in that case

If you are a PRC Client already:

1. We have extended your housing end-date to Sunday, May 10th.
2. Please call Josh Adams (227-1785), John Boullion (330-7243), or Joshua Sopko (317-4849) to check in regarding your employment status and current needs.
3. This extension of housing will not be counted against you or as part of our regular program time: We will work with you individually to help you recover when self-quarantine and business closures have ended. This will include additional housing for those that lose their jobs
4. Continue to follow your house rules, government-mandated quarantine/Hunker Down orders, and house COVID policies. You must observe these rules to maintain your housing, we will not rehouse people who violate house rules during this time. Those who violate quarantine rules or orders will be ineligible for service from PRC for 12 months. Please do your part to ensure the health and safety of you, your house-mates, and the rest of the community by following these orders.
 - If you applied before release, you can still head to your assigned housing. We will cover you until the quarantine and business closures end. Please check in with us by phone.
 - If you just released and are here as a walk-in, you may proceed to Henry House with a DOC ID/Face Sheet for immediate housing.
 - If you are an Institutional PO or DOC employee seeking help for someone releasing, please contact John between 9am-5pm at 330-7243 to coordinate housing.
 - If you are a client asking for help, please contact Josh Adams at 227-1785 between 9am-5pm Monday-Friday.
 - Further Questions: Joshua Sopko at 317-4849 Monday-Friday 9am-5pm

2. Overview of Federal Fiscal Package by APSE

Thank you for your advocacy in support of the COVID-19 Stimulus Package #3, which was signed into law late last week! This was a huge and important step in getting dollars flowing in a number of critical ways. Here are a few things that were included that positively impact our community:

- People with disabilities, including SSI/SSDI recipients, are included in the fiscal relief package. Stimulus checks will be treated as rebates and will not impact other benefits. For more information, click here for an excellent summary prepared by The Arc.

- Not-for-profits are eligible for small business loans, regardless of whether or not they receive Medicaid funding. This is critical for our provider community, as these funds can be utilized to pay staff and other expenses that keep services operational. Additionally, these loans are eligible to be forgiven once this crisis has passed. For more information, [click here](#).

- NOTE: While this is a significant win, the dollars available are limited and loans will be provided on a first come, first served basis. Please see the Emergency Loans Small Business Guide and Checklist from the U.S. Chamber of Commerce. Applications will open on April 15, 2020.

- Students with disabilities remain protected under IDEA and Section 504, with no waivers allowable at this time. Additionally, \$30 billion in additional funding is available for education to meet the needs of students with disabilities. See OSERS' COVID-19, IDEA-related Q&A on the latest guidance for ensuring all students have access to a free and appropriate education during this public health crisis.

- Money Follows the Person and Spousal Impoverishment Protections have been extended through November 30, 2020.

- \$150 billion in additional local/state funds made available. These funds can be accessed by Vocational Rehabilitation and Developmental Disabilities entities, although it is anticipated that there will be a lot of competition for these dollars.

Please reach out to thank your Members of Congress for their efforts on this Package. However, it is also critical that we express our frustrations that the Package did not include increased HCBS funding to support the needs of people with disabilities and the provider community.

Tell Congress #WhatWeNeed in Package #4

Several critical provisions for the disability community were NOT included in Package #3, several of which directly impact Employment First. We need your advocacy to ensure that these issues are front and center in the negotiations for Package #4.

Tell Congress to address the critical needs of people with disabilities in the next COVID-19 relief package!

Tell your Members of Congress that #WhatWeNeed is:

- Increased Medicaid funding dedicated for HCBS
- Increased funding to support direct service professionals and direct service agencies
- Increased funding to ensure personal protective equipment is available for providers
- Directives to ensure information about the public health emergency is described in accessible formats
- Increased funds to support family care providers, family leave, and sick leave to support people with disabilities

What can I do?

Call your Members of Congress (U.S. Capitol Switchboard: 202-224-3121 or Google the phone number for your local office). Don't forget to provide your name and city/state where you live.

APSE urges our members to contact your Governor and your State Legislators.

Tell them that #DSPsAreEssential, and #WhatWeNeed is for State Government to:

- Issue an executive order designating direct support professionals as “essential workers”
- Publicly recognize the important work direct support professionals do in the community
- Encourage displaced workers to consider applying for jobs as Direct Support Professionals

3/27/20 Update on Cares Act by ANCOR:

Late last night, the Senate passed their third COVID-19 relief funding package, the CARES Act. The House will convene Friday at 9am to vote on the package. At this time, we expect this to pass and be signed by President Trump.

See below for a quick readout of what's in the legislation. We will be getting you a more in depth analysis comparing all three COVID-19 relief packages shortly.

Health Care, Medicaid & Emergency DSP funding

- MFP extended through 11/30/2020
- Hospital bill included and expanded to all 1915 and all 1115 waivers
- Emergency Small Business Administration 7(a) loans of up to \$10M available to help maintain operations (payroll, mortgage, rent, utilities and certain debt payments) for entities that existed on March 1, 2020. Employers that maintain employment between March 1 and June 30 would be eligible to have their loans forgiven. Available to small businesses, Section 501(c)(3)s, Section 501(c)(19)s and Tribal businesses of 500 total employees or fewer.
- \$100B Public Health Emergency Fund – We have heard from multiple offices that Congressional intent was for DSPs to be included in this pot of money. We are working on an immediate regulatory strategy to make sure this is codified in guidance.
- \$200M in ACL grants to supportive services to prepare for and respond to COVID-19 – In conversations with ACL, they have signaled their intent to use these funds for DSP stabilization.
- The U.S. Department of Treasury's Exchange Stabilization Fund to create a loan guarantee program for major industries. Over \$400B would be available to an eligible business, defined as "a United States business that has not otherwise received economic relief in the form of loans or loan guarantees provided under" the CARES Act, and employs 501-10,000 people. It is possible certain nonprofits will qualify for this aid but we have not yet confirmed.
- The final agreement includes more than \$150 billion that includes increased funding for hospitals and health systems, and billions more into critical investments such as personal and protective equipment for health care workers, testing supplies, increased workforce and training, new construction to house patients, an increase of the Strategic National Stockpile, medical research into COVID-19.

Unemployment

- Pandemic Unemployment Assistance (PUA) - This is the program that will capture people who are not eligible for State UI benefits and runs through 12/31/2020.

- Pandemic Emergency Unemployment Compensation (PEUC) This is the extra 13 weeks of state UI benefits that will be tacked onto the end of state UI weeks and runs through 12/31/2020.
- Pandemic Unemployment Compensation (PUC) – This provides an extra \$600 per week that all state UI, PEUC, and PUA recipients will receive through 7/31/2020.

Paid Leave

- The legislation creates a new program called the Pandemic Unemployment Assistance program (PUA) that provides help for workers that don't qualify for the usual state unemployment benefits and that can complement state benefits for some people. It provides payments to self-employed people, independent contractors, gig workers and people who are regular state unemployment and exhaust the time limit.
- The bill temporarily expands unemployment insurance to people who would like to work but can't because they are sick or are caring for a family member who is, including people who are self-employed or who don't have an extensive work history. The PUA provides UI for up to 39 weeks.
- Under the UI provisions in the bill, lower income people on UI are eligible for an extra \$600 per month in pay thru July 31st starting in April (Basically, for four months). This doesn't apply to upper income earners but it would ensure that lower income workers get a full salary (not just the 2/3 pay that often they get under regular state UI) for a third of this year. This provision is not retroactive. It starts in April.
- Employer shall not be required to pay more than \$200 per day and \$10,000 in the aggregate for each employee under FMLA
- Employer shall not be required to pay more than \$511 per day and \$5,110 in the aggregate for sick leave or more than \$200 per day and \$2,000 in the aggregate to care for a quarantined individual or child for each employee under paid sick leave provisions
- Allows employers to receive an advance tax credit from Treasury instead of having to be reimbursed on the back end

Miscellaneous Provisions

- The bill provides a one-time stipend of about \$1,200 per individuals making up to \$75,000, \$2,400 for couples making \$150,000 or less and \$500 per child. Individuals who make up to \$99,000 and couples making up to \$198,000 would receive a little less. It's not clear yet how these payments will be made.
- A temporary universal charitable deduction of up to \$300 available for cash-only, non-itemized tax filings. The current adjusted gross income limits will be temporarily suspended for charitable deductions for cash gifts. Available to individuals and businesses.