



Eric Holcomb, Governor
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Division of Disability and Rehabilitative Services
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To: All Bureau of Developmental Disabilities Services Stakeholders, including Individuals, Families, Providers, and Case Managers
From: Cathy Robinson, Director, Bureau of Developmental Disabilities Services
Kylee Hope, Director, Division of Disability and Rehabilitative Services
Re: Update: COVID-19 reporting in congregate residential settings supported by BDDS
Date: April 21, 2020

On April 10, 2020, the Bureau of Developmental Disabilities Services issued guidance regarding the Indiana State Department of Health's [order](#) requiring COVID-19 reporting for long-term care facilities, prisons, jails and other congregate housing. This guidance includes reporting for congregate residential settings supported by BDDS. Congregate residential settings include Medicaid home and community based waiver settings serving two or more individuals and community residential facilities for persons with developmental disabilities (ICF/IDDs and SGLs), as defined in 460 IAC 9-1-2.

This April 10 order required all congregate residential settings supported by BDDS to report the following within 24 hours:

- Any resident who tests positive for COVID-19;
- Any employee who tests positive for COVID-19;
- Any confirmed positive COVID-19 related death OR suspected COVID-19 related death of an individual; and
- Any confirmed positive COVID-19 related death OR suspected COVID-19 related death of an employee.

To comply with ISDH's order, BDDS has implemented a process to streamline these reporting requirements and minimize the need for duplicate reporting.

ISDH is requiring additional COVID-19 information be included for both individuals and employees. Effective **Tuesday, April 21, 2020**, the information listed below must be contained in all reports.

Process for reporting information for individuals receiving BDDS services:



Providers shall continue using BDDS's Incident Management System to report COVID-19 individual information. BDDS is requiring providers to submit the following additional information through the traditional online incident reporting system (found here [BDDS Reportable Incident website](#)).

The incident report shall include all the information you are normally required to report, in addition to the information below that can be included in the *narrative* of the incident report. BDDS will then take the lead in collecting the reported information that was filed in the incident reporting system and import it daily into the ISDH online form.

- Total number of individuals living in the home.
- Total number of staff working in the individual's home.
- Did the individual have any symptoms during their illness? (Yes, No, Unknown)
- Did the individual have a chest x-ray? (Yes, No, Unknown)
- What type of specimens were collected, if known? (e.g. NP Swab, OP Swab, Sputum, Other)
- For confirmed positive cases, what was the date the COVID-19 specimen was collected, if known?
- What was the symptom resolution date?
 - If symptoms have not resolved, indicate such.
- Was/is the patient hospitalized for this illness? (Yes, No, Unknown)

Process for reporting information regarding employees:

Providers must also report information about an employee. Providers should not use the BDDS Incident Management System to report employee cases. Rather, employee-specific reporting shall be submitted using our [online COVID-19 Employee Reporting Form](#). Here is the additional information to be reported through this form:

Provider Information

- Reporting provider's name, address, county, phone number, and email address.
- Employee first name, last name, date of birth, sex, race, and ethnicity.
- Settings where employee worked (waiver, SGL).
 - If the employee worked in multiple residential settings, provide additional information at the end of the reporting form.
- Address and county where employee worked.
 - If the employee worked in multiple residential settings, provide additional information at the end of the reporting form.
- Total number of individuals at work location.
 - If the employee worked in multiple residential settings, provide additional information at the end of the reporting form.
- Total number of staff at work location.

- If the employee worked in multiple residential settings, provide additional information at the end of the reporting form.

Employee COVID-19 information

- Did the employee have symptoms during their illness? (Yes, No, Unknown)
- Did the employee have a chest x-ray? (Yes, No, Unknown)
- What type of specimens were collected, if known? (e.g. NP Swab, OP Swab, Sputum, Other)
- For confirmed positive cases, what was the date the COVID-19 specimen was collected, if known?
- What was the symptom resolution date?
 - If symptoms have not resolved, indicate such.
- Was the employee hospitalized for this illness? (Yes, No, Unknown)
- Did this employee die? (Yes, No, Unknown)

BDDS will collect this information daily and report daily through the Indiana State Department of Health online form.

The BDDS online COVID-19 Employee Reporting form can be accessed through the hyperlink above or through the DDRS COVID-19 guidance for DDRS stakeholder's webpage.

Any questions regarding this can be directed to bqis.help@fssa.in.gov.