



COVID-19 Emergency Planning & Response Manual

This manual is comprised of all protocols, procedures and guidance pertaining to programmatic operations and safety measures to follow during a public health crisis.

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COVID-19 Emergency Preparedness Plan Addendum/Call to Action

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Communication to the team regarding updates to emergency preparedness plan for SJCS services and supports.

As of 3/11/2020, the World Health Organization (WHO) has declared the COVID-19 (Coronavirus) to be a pandemic. A National Emergency has been declared by the President of the United States in response to the continued spread of novel COVID-19. Our current world is now facing an event it hasn't had to deal with on this scale and the situation has not been contained. We are currently experiencing unprecedented responses from the community, government, schools, and businesses. We can expect the situation to get worse before it gets better. It is anticipated that we will need to be flexible to address changes in our communities which could result in staff shortages, community containment (such as in New Rochelle NY) and limited resources to support the individuals and staff.

The number of active cases of COVID-19 are rapidly increasing in all states and communities. In order to take immediate proactive measures to minimize risks associated with potential exposure, SJCS operations has moved to a heightened state of alert, response, and procedure.

Everyone has been asked to practice social distancing and avoid being with more than 10 people at one time. Serious measures are being taken that disrupt our daily life, but in the long run will protect the health and well-being of countless individuals. All office and management personnel have been reassigned to remote work to avoid gatherings and exposure of the COVID-19. All office and management personnel

We at SJCS are concerned about the lives affected by COVID-19. SJCS operates residential, employment, homeless, and day service programs.

At this time, to better assure for the health and well-being of the individuals we support, staff, and other community members, we will be suspending all Day Support Programs effective Tuesday, March 17th until such time as it is safe to do so. We will communicate again prior to the reopening of Day Support Services.

We will continue to support persons that receive employment services from us at their job while it is safe to do so.

Residentially we are restricting visitors and limiting communal activities to guard against possible coronavirus spread. The new measures are intended to protect people we support and staff.

Restrictions will apply to all visitors except in certain cases of compassionate care. Additionally we are requesting persons supported limit the frequency/time out of the home for home/family visits until further notice.

According to the CDC, visitors and health care personnel who are ill are the most likely source of introduction of COVID-19 into homes, necessitating today's change to restrict visitors and limiting the time persons are out of the home.

We understand the vital importance of keeping the people we support connected with their loved ones. However, the rapid spread of COVID-19 and its transmission through visitors and—as well as people we support high risk – has made it necessary to restrict nonessential visitation in order to protect the health and safety of persons supported and staff.

As COVID-19-virus circumstances continue to evolve, SJCS is working closely with local health officials and federal government partners to implement recommendations to mitigate the potential impact and exposure of COVID-19 on our employees, people supported, visitors and guests.

Employees, people supported, and families will be advised as soon as a change in operating status occurs and are encouraged to speak directly with SJCS staff with whom they are regularly in contact for additional information.

As this is a rapidly evolving crisis, and situations and guidance continues to change, Senior Leadership will continue to plan for our programs and services as we all learn and better understand how we can help slow the spread of COVID-19 to support our communities.

We will continue to provide updates if guidance issued by public health authorities or other known information necessitates any change to SJCS operations.

For more coronavirus information, please visit:

- [Centers for Disease Control and Prevention \(CDC\)](#)
- [World Health Organization \(WHO\)](#)

Our agency response to this situation is grounded in the framework of:

1) Prevention, 2) preparedness, 3) communication; 4) response and containment.

What is COVID-19 (Coronavirus)?

****A new respiratory disease-coronavirus disease 2019 (COVID-19) was first identified in China and is spread person to person. There is now rapidly increasing cases within the United States. Based on what is currently known about COVID-19 and what is known about other coronaviruses, transmission is thought to occur mostly from person-to-person via respiratory droplets among close contacts (being within six feet of a person with COVID-19 for a prolonged period of time or having direct contact with infectious secretions from the person such as sputum, serum, blood, and respiratory droplets).***

PREVENTING THE SPREAD OF COVID-19

Following CDC recommendations, to prevent or reduce the outbreak of COVID-19, it is important to always exercise Universal Standard Precautions. Follow these simple steps and assist people supported to prevent the spread of infectious diseases (including influenza, coronavirus, etc.).

HAND WASHING PROTOCOL

1. Wash hands often with soap and water for at least **20 seconds**, especially after going to the bathroom, before eating, and after blowing nose, coughing, or sneezing.
2. Wash hands upon entry to any home or program location, wash hands before leaving any home or location.
3. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
Hand washing is the most effective intervention!
4. Avoid close contact with people who are sick.
5. Avoid touching eyes, nose, and mouth. If necessary, staff should wash hands before and after touching eyes, nose, and mouth.
6. Stay home when sick.
7. Cover cough or sneeze with tissue, then throw the tissue in the trash, immediately wash hands.

SANITIZING/DISINFECTING OF HOMES AND OFFICES PROTOCOL

1. All homes need to be cleaned and sanitized throughout the day.
2. Staff personnel will perform deep cleaning in high touch surfaces/areas to include but not limited to: counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables (including equipment control panels, adjacent flooring, walls and ceilings, door handles, and driver cell phones). All need to be disinfected/sanitized at minimum twice daily.
3. During the overnight hours, the Overnight Checklist is to be completed in its entirety. Ensuring that high traffic areas are sanitized, to include the doorknob on the outside of the door.
4. If there is a communal computer and printer in the location, after each use, the user should spray the keyboard with Lysol or wipe it down with a disinfectant wipe and trash the wipe.
5. If you are in the office, please limit traffic to only one part of the office if possible. The work area where you are working, use disinfectant spray or wipes to sanitize the area, before and after you sit down to work. Be sure to include the chair that you used.

6. If you utilize the copier/printer, ensure that you use a wipe to disinfect the control pad/panel before and after use.

Van Sanitizing & Usage Protocol

1. All vans will be provided with hand sanitizer, disinfectant wipes and a spill kit.
2. These supplies are to only be kept in the van and not taken out or used in any of the homes.
3. Each van will be thoroughly cleaned/disinfected on a weekly basis. The Transportation Coordinator will ensure that this is completed and documented in the van log that is in each van.
4. When using the van, the driver should use the disinfectant wipes to wipe down steering wheels, gear shift, seatbelt buckles and door handles. This is to be done before having anyone enter the van. This is also to be done each time passengers get in and out of the van.
5. Disposal of used disinfectant wipes are to go in the trash receptacle placed in the van.

Limiting Visitation Protocol

1. Staff in the homes and in any facility based settings should actively screen and restrict visitation by those who meet the following criteria:
 - a) Signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat.
 - b) In the last 14 days, has had contact with someone with a confirmed diagnosis of COVID19, or under investigation for COVID-19, or are ill with respiratory illness.
 - c) International travel within the last 14 days to countries with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
 - d) Residing in a community where community-based spread of COVID-19 is occurring.
2. In lieu of visits (either through limiting or discouraging), we can consider:
 - a) Offering alternative means of communication for people who would otherwise visit, such as virtual communications (phone, video-communication, etc.
 - b) Creating/increasing listserv communication to update families, such as advising to not visit.

- c) Assigning PC's as primary contact to families for inbound calls, and conduct regular outbound calls to keep families up to date as needed.
3. When visitation is necessary or allowable, efforts should be made to allow for safe visitation for residents and loved ones. For example:
- a) Suggest limiting physical contact with residents and others while in the facility. For example, practice social distances with no hand-shaking or hugging, and remaining six feet apart.
 - b) If possible (e.g., pending design of building), creating dedicated visiting areas (e.g., "living room area") Staff should disinfect rooms after each resident-visitor meeting.

* The leadership team will monitor closely the official CDC Health Updates and communicate changes.

PREPARING FOR THE IMPACT

COVID cases have been confirmed within each state of the United States. In addition to the following Level 1 precautions, additional directions include:

Monitor each individual and report any signs/symptoms of respiratory illness noted immediately, including fever, cough, or shortness of breath. Contact Registered Nurse, Program Coordinator, and PCP for further direction.

Signs & Symptoms Checklist

1. This checklist goal is to be attached in Therap for every person being supported during the Public Health Emergency.
2. COVID-19 Checklist is to be completed by staff at the beginning of their shift.
3. If any question on the checklist is answered “yes”, they must immediately contact the DON and follow instructions from the health department.
4. This checklist should be applicable for both the staff and the person supported

The Director of Nursing and the nursing personnel will continue to monitor reports from the Center for Disease Control (CDC), World Health Organization (WHO), and the local Department of Health; and will communicate changes as needed.

Management of Supplies & Goods

1. Program Managers and the Regional Directors will monitor and manage the supply of standard universal precaution materials.
2. Maintain a 14 day supply of materials and food. SJCS facilities in Tennessee and New York will order extra supplies for DC, VA, and DE.
3. Pre-prepared non-perishable pureed for individuals supported with dysphagia or at risk for aspiration.
4. Follow any directives given from physicians, nursing staff, health care personnel or health department officials
5. All orders of supplies and goods will be shipped to two central locations (contact Program Director for this information) in DC, where they are to be inventoried and disbursed as needed.
6. All Directors who hold a company credit card are primary purchasers for supplies.
7. PPE supplies will continue to be ordered through free or reduced price sources as they become available.
8. Grocery shopping should continue as needed. In locations where the person supported is highly susceptible to the virus, alternatives should be utilized such as Instacart, PeaPod, or coordinating with the RTL/PC or RD for shopping to be completed.

Transportation For Staff

- Regional Directors, Program Coordinators and Property Manager will
1. monitor MATA closures and transportation alternatives during the crisis where applicable.
 2. All staff are required to travel with their SJCS badge, with badge tag insert and have a copy of the Essential Personnel letter. This will eliminate the possibility of being denied access to public transportation or access into DC during a Shelter in Place order.
 3. If enough staff are affected, transportation services will be provided by SJCS for staff to get to or from work.
 4. If there is an isolated transportation need for staff or the individual, they are to use a company van. When using the company van, **Van sanitizing and Usage Protocol** must be followed.

SJCS will monitor for emergency staffing implementation to ensure health, safety, and well-being of the people supported. Emergency staffing will include technology to assist in maintaining ratios especially during quarantines and limited staffing resources due to COVID-19 exposure. In preparation for the implementation of technology use, T.E.C. will order any necessary equipment to have on hand, and provide training to all staff on how to utilize the technology that will be used at each location.

Communication and Education

We will update communications as new developments emerge. SJCS will be in communication via written and electronic platforms to help disseminate information to those internally and externally outside our organization. We will be communicating if events and services are changed, postponed, or cancelled.

SJCS provided all people supported and some families with the Plain Language booklet on COVID-19. This literature was developed for and by people with intellectual and developmental disabilities. This provides opportunities for people to understand the pandemic and self-advocacy.

SJCS has distributed posters and literature from local departments of health and local government regarding the COVID-19 to staff, people supported and their teams.

SJCS employees should continue to check Therap SCOMM messages as the routine form of communication regarding information and COVID-19 related updates.

STOP THE SPREAD OF GERMS!

Stay home when sick

Wash hands with soap and water for at least 20 seconds

Cover your cough or sneeze with a tissue

Dispose of tissue after use

If you don't have a tissue, cough or sneeze into your upper sleeve

Avoid touching eyes, nose, and mouth with unwashed hands

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SOCIAL DISTANCING

HAVE TO GO OUT? Keep 6 feet of distance between you and others whenever possible.

WHY DOES IT MATTER? It can help limit the spread of coronavirus (COVID-19).

WHAT IS IT? Remaining out of congregate settings, avoiding large crowds & gatherings.

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SYMPTOMS OF CORONAVIRUS (COVID-19)

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms can include:

COUGH

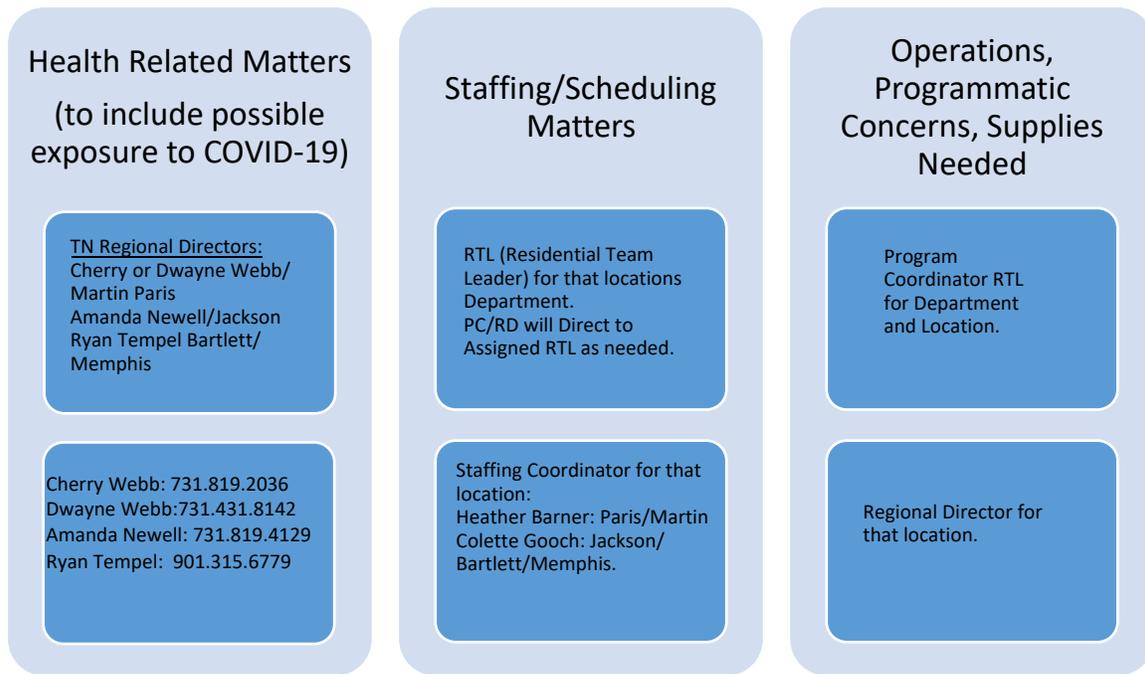
FEVER

SHORTNESS OF BREATH

Flu-like illness - 1-2 weeks of illness by COVID-19 or other respiratory illness. Symptoms may appear 2-14 days after exposure.

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Communication Tree



Response & Containment (Health Management of Persons with potential Coronavirus Disease)

In addition to continuing to follow level 1 and 2 preventions/interventions:

Individuals identified as infected or infectious with COVID-19 or other respiratory symptoms unconfirmed should be isolated and will be added to our Watchlist; it is imperative that communication to all involved and reporting to the SJCS Director of Nursing if isolation is ordered and deemed appropriate.

- Monitoring of High Risk People We Support- We will closely monitor persons we support especially vulnerable to developing serious illness from COVID-19 include: Older adults (>60 years) and/or, people who have serious chronic medical conditions like heart disease, diabetes, lung disease, and weakened immune systems. SJCS has created an agency-wide “Watch List” of individuals who are immunocompromised or who have chronic heart, lung, or kidney conditions.

14 Day Shelter in Place Procedure

- Staffing Coordinator establishes Emergency Position Control Document, which outlines the schedule for staffing for each location.
- A list is drafted of all locations/homes that can be staffed with one staff and the use of remote supports; those locations that require 2 staff for specialized situations and those locations who are approved to receive 100% remote supports
- Staff will be divided into groups (Group A, Group B, etc.) to properly staff the locations and provide reliefs.
- Staffing Schedules will include one staff who “floats”, who will be assigned to a jurisdiction who will visit each location and provide any support needed according to the set schedule.
- Food, water and Supplies will be obtained for each location for at minimum 14 days. Additionally, as supplies are needed, requests will be made by each home and supplies will be delivered to that home, within 24 hrs.
- Staff, individuals and their teams will be made aware of the 14 Day Shelter in Place Order at least 48 hours before implementation.
- Sleeping arrangements will be made for the staff who will be staying in each location.

Transfer to the Hospital/Other Facility

Transfer to another facility may be appropriate for the infectious person:

- The program may not be equipped to provide safe supports to the person
- Request non-emergency transport from the area's first responders for people who do not have life threatening symptoms
- Ensure the receiving facility is aware the person has confirmed or suspected infection with COVID-19
- Ensure the person being transferred is wearing a mask.
- Worsening symptoms or life threatening, call 911 and notify the dispatcher that the individual to be transported has confirmed 2019 Novel Coronavirus, follow the instructions given by the 911 dispatcher.

We are requesting the support of ALL staff, people supported, community members, and families adhere to the steps outlined above in the home and community to ensure the health and safety of staff and persons supported.

We encourage to stay informed using the official government site of the Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Quarantine- means the separation of a person or group of people known or reasonably believed to be *infected with a communicable disease and potentially infectious* from those who are not infected to prevent spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

- Isolate in their home with their private rooms; reassure the individual that this not a punitive action (punishment).
- Individual to use a private bathroom if available; if shared it must be cleaned after every use of the isolated individual that shares a bathroom, tub, shower, or toilet.
- All PPE are to be stocked and accessible conveniently outside of the individuals room which may include gowns, face masks, and gloves.
- All staff providing care will use PPE appropriately- Gown (if available), facemask, and gloves.
 - Wash hands, Put on clean PPE upon entry into the individuals room/area, or when coming within 6ft of the person.
 - Remove and discard the PPE in a dedicated container for waster before leaving the person's room or care area. A lined trashcan is to be available

within the individual's room or covered as close to outside the door for staff to remove their gloves immediately (trashcan assess may be outside of the room if having a dedicated trash can within the individuals room poses a risk to the individual due to i.e. a diagnosis of PICA). Cloth gowns should be placed in a dedicated container for linen and laundered immediately in hot water after each use.

- Wash hands immediately.
- When providing care, staff should keep hands away from their face and limit surfaces touched
- Meals should be served in the individuals' room as possible; or mealtimes should be staggered around times individual can be alone or greater than 6 feet from the other individuals; when possible use disposable utensils and dispose of in designated waste container
- Ensure that the individual is checked on frequently and cared for as any other individual in the home.
- Visitors should be restricted to necessary personnel ONLY
- Activities should be canceled outside of the home for the person who has symptoms of a respiratory illness until symptom free for 24 hours without medications or as directed by the health care personnel or public health officials.
- Activities should be canceled outside of the home for all supported who are symptom free for 14 days after known exposure and monitored closely for fever, cough, and shortness of breath.
- Avoid the individual from sharing household items, wash individual's household items promptly and thoroughly. Wear gloves and wash hands after.
- Wash laundry thoroughly, (a temperature of at least 160F for a minimum of 25 minutes is commonly recommended for hot water washing, per the CDC guidelines), immediately remove and wash clothes or bedding that has blood, stool, or bodily fluids on them. Wear gloves and wash your hands immediately after removing gloves. Wear gloves while sorting soiled clothing. Wash hands after sorting.
- After any usage of PPE, immediately wash hands.
- Contact your agency nurse, DON, local health department personnel for further information or concerns.

- Management to monitor staffing patterns to minimize the risk of exposure to other programs and participants.
- Monitor symptoms and report daily and immediately all changes to your program manager or the RN.

Potential Resource Limitation/Issues based on COVID-19

- Staffing personnel due to the quarantines and rising cases of COVID-19 infected individuals. This includes staff that have to self-quarantine due to a potential exposure
- PPE equipment and cleaning supplies. Stores (local and online) and medical supply companies are out of stock. They anticipate lengthy backorders.
- Possible delays of billable payments all while providing supports and services above and beyond the usual and customary.
- Limited and suspended transportation routes prevent staff from getting to homes.
- Grocery stores limiting or rationing supplies and goods
- Potential of a total community quarantine and shut down will limit the abilities of the staff and exhaust current personnel.

Inventory Request & Checklist Protocol

A mass delivery of supplies and goods were distributed on April 3, 2020. In efforts to conserve supplies and ensure adequate PPE and other supplies necessary for disinfecting, the use of a checklist and request form will be in place. This form will be loaded into Therap under the ISP Goal section for each individual supported.

1. Checklist is attached to each Individual's goal section in Therap
2. Template can be found in the ISP Program library.
3. Requests form is required to be completed every Saturday by DSP/CIS.
4. The DSP/CIS, after completing the form(goal) is to call/text/scomm the RTL for that location to notify them that the form was completed.
5. The RTL is to complete the request by obtaining all the items needed according to the requests form and writing a **T-log itemizing what was obtained, within 24-48 hours of receiving the request.**
6. Once items are delivered to the home, the receiving staff is to write a T-Log indicating what items were received.
7. If a week goes by and there aren't any items needed, the request/checklist is still required to be completed, indicating zero '0' items needed at the time.

Staffing Plans and Emergency Staffing Protocols

Staffing Modifications and Planning

- SJCS will monitor for emergency staffing implementation to ensure health, safety, and well-being of the people supported. Emergency staffing will including technology to assist in maintaining ratios especially during quarantines and limited staffing resources due to COVID-19 exposure.
- **Potential of Modifying Operations-** SJCS will take appropriate precautions to assure the health and safety of all persons supported and staff. Including avoiding high risk situations for exposure to any communicable disease. In consultation with local health officials, decisions made to modify operations/programming will be based on COVID-19 severity status. Other factors such as the demographics of people supported in the program, anticipated nature of contact while receiving services, the number of cases reported, case-hospitalization ratio and number of localities affected will also be utilized in determining programming/operations.
 - Shelter-in place or community restrictions issued by the local or federal government contributed to the need to cancel all community based day program supports. People previously dually supported by SJCS in day supports and residential will continue to be supported in their residences. SJCS Day program staff will be reassigned to support people in the residential program.
 - Program Coordinators/QIDPs/IPP writers will modify schedules and goals to address the shelter-in place/quarantine restrictions.
 - SJCS will make every attempt to maintain ratios as identified in the plan but will use any innovative option to support people in their homes. SJCS as a **technology first** provider, will support emergency staffing needs and staff quarantined in homes utilizing remote supports and other assistive technology available and appropriate for the people served. SJCS will reassign staff and available personnel to the most needed sites first. All homes and residential supports are equipped with all devices to be able to provide remote supports and check-ins.
 - **A COVID-19 Minimal Effective Staffing Plan** has been developed to anticipate minimal available personnel after full usage of staffing agencies, PRN, accelerating orientation and onboarding. The goal is to maintain safety during the pandemic. SJCS maintains a relationship with a staffing agency under contract.
 - All staff working with people receiving g-tube feeding, insulin, injections, and any other nurse delivered services will immediately receive HAND OVER HAND training and return demonstration. In the event the COVID-19 pandemic doesn't allow

access to people supported, the DSP will be able to continue to provide necessary treatment and care pending further assistance from medical/urgent care personnel.

- When staffing is limited (due to the COVID-19) we will have to provide the minimal effective physical staffing in the homes and will provide remote supports to support the staff on duty including monitoring the home for sleep breaks and personal care (assisting someone in the shower will leave another individual alone...the remote staff will monitor the situation in the home to support the staff in the bathroom).
- Staff, Management, Directors, Admin will be trained on providing remote supports to cover the homes in the event of containment. Use of staff near and far will be trained by the TEC Coordinators/Directors to provide remote supports
- SJCS will consolidate homes if staffing becomes limited to provide the best possible opportunity to provide ensure safety and oversight of the people served in the face of the potential of limited staffing due to the community responses to COVID-19. The goal will be to match needs when developing a consolidation plan. For example, people requiring nursing provided treatments, may be matched together to limit exposure of nursing personnel going to multiple locations. All plans to move or change services will be communicated with the circle of support and the government oversight agency.
- Training will be provided via Relias, Skype, Facetime, Google Hangouts, telephone, or any other two-way device. Training will be documented in Relias and Therap as a case note.
- SJCS is restricting all community outings and activities to an “absolutely necessary” protocol. The following communication was distributed to residential programs:

“The community cancellations, social distancing guidance, and limited community engagement (especially for vulnerable populations) is not a situation of stopping the virus but slowing it down. The world needs to slow down the virus so that we can organize resources and medical assistance necessary to contain it. All efforts from this point will be to support that mission.

Community Outings are now restricted to “absolutely necessary.” I know that this is different than everything we have ever said, but we are in a situation that different than what we have ever experienced.

"Absolutely necessary" includes:

- We will continue to support people in medical appointments to receive medical treatments and follow up with clinicians. Based on some guidance from the government to states, some practitioners will be moving to telehealth standards. Telehealth means that they see their patients via a secure web portal remotely (on the computer,

application, or phone). Please ensure that you communicate any practitioners that have moved to that platform so that we can keep track and support the coordination of care.

- We will continue to support people to report to their employment sites if their employer or position continues to operate. Please communicate any of the employers that have requested the people we serve to not report to work.
- We will support Behavior Support Plans to assist people in self-calming and maintaining good mental health. Many plans say to take a walk in the neighborhood or go outside for fresh air. Follow the BSP to deter a crisis that could potentially escalate. If you have any questions about any behavioral interventions, please communicate it to your Regional or State Director where applicable.

We will utilize as much technology as possible for supply and grocery needs to limit the gathering of crowds in public spaces. Due to the COVID-19 crisis, we will limit shopping to be completed by staff and persons that do not have vulnerable underlying health conditions. Universal Precautions are maintained when returning from the community.

All people we support should have alternative goal/activity schedules in place just as we would in inclement weather. Now, it is a good time for Program Coordinators to review those schedules, activities, and goals to ensure that they are relevant and appropriate for the timeframes we are predicting.

This response is not a lock-down situation, and we are not controlling people from living as independently as possible. We are supporting people to understand the communication from the government officials and appropriately respond to it so that they can live their best lives.

Day and Employment Services

- All persons supported in Day Services, or Employment will have those services suspended until further notice.
- Program Coordinators will work with Service Coordination to ensure that all those who had services interrupted due to the pandemic, have amended ISPs and waiver authorizations if required for provide Companion appropriate services according to the needs specific to the individual.

- Remote Supports will be provided to those who receive Supported Employment who are still required to report to work.
- Those who temporarily laid off from their jobs, should also have Companion 1:3 or 1:1 requested to supplement the Supported Employment service where applicable

Reinstating of Day Services

When the authorization for services to restart in congregate settings, the following steps must be taken to re-instate all services and continue to ensure the safety of both the staff and person served:

- Regional Director will work with Staffing Coordinator to establish a start date for services
- Staffing Coordinator will begin re-assigning the shifts that the Day Program staff were covering, ensuring adequate coverage
- Notification to staff will be made making them aware they can return back to work in their day service position
- They will have to obtain a clearance from the doctor showing they have been cleared of COVID-19 or complete a form affirming they are returning to work clear of any signs & symptoms of COVID-19.
- Program Coordinators will review all authorizations on their caseload, and begin working with DDS to ensure services are reinstated and ISPs are amended CORRECTLY
- Notification will be sent to each circle of support, making them aware of start date for services
- Transportation for each person will be coordinated to begin on the established date

Using Remote Supports

SJCS as a **technology first** provider will support emergency staffing needs and staff quarantined in homes utilizing remote supports and other assistive technology available and appropriate for the people served. SJCS will reassign staff and available personnel to the most needed sites first. All homes and residential supports are equipped with all devices to be able to provide remote supports and check-ins.

Use of remote supports

- Utilizing telephone and virtual technology such as Skype to follow-up on certain types of incidents and Service Coordination monitoring.
- Increasing percentage allowable for remote supports. Supported Living Periodic and In-Home Supports (100) percent remote support. Team must agree and document in the ISP.
- Increasing percentage allowable for remote supports. Supported Employment job coaching increased to (100) percent remote support. Team must agree and document in the ISP.

Expanding Settings

- Companion Services may be provided by the residential provider should that provider be an approved companion services provider.
- The day providers that are also residential providers may use the day staff to cover the residential shifts, if the day program is suspended.
- Staff qualified by one agency may begin working for another agency during the emergency.
- Allow currently approved HCBS supported living, residential habilitation, and host home providers be considered qualified to provide companion services.
- In cases where the emergency back-up plan cannot be met, the staffing ratio may be modified. Providers must ensure health and safety of the participant and must maintain documentation. Required staffing ratios for a participant, as outlined in their ISP, may be modified to allow the participant to receive services in a safe and accessible manner and such ratios changes must ensure the participant's needs are met.

Level of Care/Annual Physical

- The Service Coordinators may review the current level of need and extend the efficacy of the level of care for the next 12 months.

- The annual physical requirement may also be extended by a period of 180 days if the participant is recommended not to travel into the physician's office or clinic during this time of public health and public emergency declaration.

Incident Reporting

- The Incident Review Committee in conjunction with the IM Coordinator/Supervisory Investigator or designee will make a determination on the level of risk or harm to the person and whether an immediate face-to-face follow-up visit is required. Face-to-Face follow-up may be extended virtually, such as utilizing Skype.

ISP's/Service Monitoring

- The Service Coordination will monitor the services through a minimum of monthly contacts via telephone or virtually such as utilizing Skype. The Service Coordinator in consultation with the team through phone call or virtually such as utilizing Skype may decide to extend all services and the ISP for one year.
- Allowing the ISP to be conducted electronically and with the agreement of the participant update/certify the expiring ISP as the new ISP. The Service Coordinator in consultation with the team through phone call or virtually using systems such as Skype may decide to extend the efficacy of the current ISP for one year for individuals with no change in support or service needs. For those with service or support need changes, the ISP will be amended or modified.
- For participants hospitalized during the declared emergency, a provider may bill residential services to assist with supports, supervision, communication, individual needs where a person needs their support staff, and any other supports that the hospital is unable to provide.

Retainer Payments

- If a participant is being supported by natural supports, companion services, or in-home supports the authorized day provider may bill. This billing does not apply to providers that provide the participant with residential services, in-home supports, or companion services and also provide the participant's day services. The day provider seeking payment must document that the person was unable to attend because of the public health emergency and immediately notify the Service Coordinator. In locations applicable DDS is working with DHCF to determine the rate of the retainer payments. Our expectation at this time is that the rate would not include the cost of direct care staff, as this staff would not be needed or paid during this period. Apart from this waiver, there should be discussion about how these staff people could be re-deployed to sites where their services may be needed.

- Providers will have 90 days from the date for which a retainer payment is being billed to submit a claim. Retainer payments are received by billing for units authorized in a person's service plan, but not provided due to the COVID-19 pandemic. Units billed shall not exceed the amount, scope and duration otherwise authorized for the Day Program Service provider. Retainer payments may not be billed when the person chooses to receive services through a different provider.