

April 1, 2020

Updated July 8, 2020

## **ND Dept of Human Svc - Developmental Disabilities Division: DD Provider COVID-19 Guidance**

As the ND DD Division responds to COVID-19, please continue to exercise flexibility to ensure the health and safety of North Dakotan's with developmental disabilities and their families. The DD Division appreciates the role that providers and DSPs play throughout the developmental disabilities system.

DD Providers who provide services to individuals with developmental disabilities are essential services and should remain in operation to the extent necessary to provide these essential supports and functions.

The DD Division is monitoring the COVID-19 situation closely and will modify guidance as COVID-19 evolves.

### **Communicating and Documenting Changes in Operations**

#### **Communications**

Providers must maintain open communication with people receiving services, families/guardians, other shared service providers, and DDPA/DDPM's. Communicate about:

- Steps your agency takes in business practices.
- Suspending services at a service location such as temporarily closing a day program.
- Reducing or eliminating the provision of community-based activities.
- Restricting people's abilities to receive services or not providing a service.

If a provider is needing to temporarily relocate a setting, they must communicate which individuals are being relocated, the address of the new site, and provide contact information.

It is recommended that providers contact the DD Division before making any substantial changes to their business practices or service delivery in response to COVID-19. By communicating and being aware of DD Division guidance, providers may be able to implement the most effective strategy for maintaining continuity of operations during COVID-19.

#### **Documentation**

Providers should document any changes to their operations as a result of COVID-19 and maintain evidence to support why the changes were made. Doing so will help demonstrate the basis for an action and it will also support any changes that may need to be made to people's service plans.

### **DEVELOPMENTAL DISABILITIES DIVISION**

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## Alternative Models of Support

Providers may need to explore alternative support methods in order to meet people's needs. People receiving services, guardians, and DDPM's should be consulted and support these alternatives.

Changes made should consider people's individualized needs and include the choice of individuals in services while maintaining health and safety. Additionally, consider each person's risk factors and ways to mitigate those risks including what technology, environmental, and staff supports could be provided to mitigate those risk(s) during specific activities and situations.

### Temporarily Suspending Services

We encourage providers to **not** suspend an individual service category without exploring the needs of everyone in services. Teams must consider each person's critical time of support to maintain health and safety. Other options to provide supports must be explored. Examples include natural supports, technology, ordering groceries/supplies, utilizing staff from other programs, etc.

### In-Home Support:

In-home support provider agencies should continue to provide services to individuals while maintaining contact with people they support and their family to ensure that appropriate measures are being taken to promote health and safety of all involved. Providers should communicate with families regarding their individualized need for In-Home Support staff during the COVID-19 event and adjust accordingly.

With the ongoing changes around COVID-19, providers should be in contact with the person and/or family regularly to assess current needs, which would include calling ahead each day to complete screening questions. If staffing is not provided, discuss what steps may be needed to meet their needs.

Providers should also be discussing back up plans if either the person and/or their primary support (either family or paid support) become ill.

### Limiting day services (day program, employment) or community activities:

People still have the right to access the community with precautions that can be taken in keeping risk of exposure as minimal as possible. When day, employment, or community activities occur, plan with each person on how to mitigate risks. This includes discussing what necessary steps and precautions need to be taken. Activities should be based on their health and safety needs and must also be consistent with the current CDC and DoH guidelines. Keep in mind the following:

- Assist people in their choice to continue to attend day programs or employment.
- Assess the needs of people and consider how needs can be met while maintaining safe social distancing. Exercise social distancing by avoiding large crowds and crowded places and maintaining at least a six-foot distance from other people.
- ~~Limit community activities and large gatherings of people according to CDC and ND guidance. Limit community activities that include large gatherings of people; and restrict group-community activities when there are more than 10 people who will be congregated in the area of the activity.~~
- Provide information around potential exposure when going into the community and if going to work.
- Require all house members and staff to immediately wash hands when returning from an independent community activity.

- Work with the person's team and explore ways to mitigate risks (e.g. employer accommodations, alternate transportation means, interact in areas with fewer people, brainstorm creative alternatives, identify alternate services).
- Communicate and collaborate with other DD providers or community employers.

### Day programming closures

If a person's usual day program is closed, then residential providers should activate their emergency plan, including staffing ratios, as they would during severe weather conditions.

Providers should develop staffing and programming plans, in the event people are not to congregate in social settings like day programs. Providers should create a back-up staffing plan that can support individuals in other settings. Residential providers are encouraged to work with day program providers to provide staffing.

### Visitor Limitations or Restrictions

Providers may develop a policy on visitors based on CDC and DoH guidelines. Keep in mind the following:

- Inform all people of safety precautions and encourage them not to have others come into the home according to any current guidelines.
- Assist people with limited staffing supports to ask the screening questions when they are home alone or home with their housemates.
- Post signs at entrances instructing visitors to not enter if they have fever or symptoms of a respiratory infection.
- Implement screenings to those who enter the setting. Ask all visitors about fever or symptoms of respiratory infection. Restrict anyone with symptoms outlined by CDC.
- Consider having visitors sign visitor logs in case contact tracing becomes necessary. This could also be completed for others, such as staff.
- Maintain a log of all people that individuals leave the home with or is known to be within the community.
- Visitors should be encouraged to wash their hands when entering, frequently perform hand hygiene and limit their movement and interactions with others in the setting (e.g., confine themselves to certain rooms or areas)
- It may be in the best interest, to maintain family connections, including legal guardians to visit. However, review of visitation frequency and duration may be on a case by case basis. Families should contact the provider ahead of the visit to see what those protocols may be and what families need to do before visiting.
- Send communications to families advising them to consider postponing or using alternative methods for visitation if necessary (i.e. video).
- If visitor restrictions are implemented, the providers should facilitate remote communication between people and visitors (e.g., video-call applications on cell phones or tablets, Skype, Facebook, etc.), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations). Create a communication plan for families and friends. Assign specific staff as the contact to families for regular contact and updates.
- Entry may be limited to Essential Persons if deemed necessary due to community or site-specific circumstances. Essential persons shall only enter the home if they respond 'no' to every screening criterion.

- Essential Persons are people who need to be in the home to provide care or respond to an individual's urgent health and safety needs. Essential Persons may include the following:
  - Provider staff
  - Alternate caregivers, employees and volunteers who provide care
  - Emergency Personnel
  - Child and Adult Protective Services or P&A
  - DD Division or licensing entities
  - DDPA's and DDPM's
  - Outside medical and behavioral health personnel
  - Vendors to deliver medical supplies or other essential items
  - Law Enforcement
  - Friends/family during end-life or critical care