

Safe Start Recommendations and Requirements: Certified Community Residential Services and Support

February 1, 2021 Updates to the Safe Start for LTC Recommendation and Requirements Document.

1. The information contained in this Safe Start for Long Term Care (LTC) document is independent of the January 11, 2021, Healthy Washington Roadmap to Recovery, but may refer to the Healthy WA Roadmap where applicable.
2. Facilities and homes are required to follow these Safe Start for LTC Recommendations and Requirements.
3. The impact of COVID-19 vaccines on community transmission rates may allow for future changes to the recommendations and requirements in the Safe Start for LTC.

Introduction

Safe Start for Long-Term Care (LTC) programs Recommendations and Requirements

In response to requests for recommendations, the Department of Social and Health Services (DSHS) and the Department of Health (DOH) are presenting the following phased safe start plan for licensed and certified long-term care facilities and agencies. Given the critical importance of limiting COVID-19 exposure in long-term care residential care settings and Certified Community Residential Services and Supports (Contracted Service Providers, Certified State-Operated Living Alternatives or SOLA Programs, Group Homes or Group Training Homes) decisions on relaxing restrictions should be made:

- With careful review of various unique aspects of the different settings and communities in which they reside;
- In alignment with the Governor's Proclamations; and
- In collaboration with state and local health officials.

This phased approach will help keep residents and clients healthy and safe.

Because the pandemic is affecting communities in different ways, DSHS, DOH and the Governor's Office should regularly monitor the factors for the Safe Start for LTC and adjust the Washington plans accordingly.

Residential Care Setting and CCRSS Provider Safe Start Requirements

1. Follow the Centers of Disease Control and Prevention (CDC), Department of Health (DOH), and local health jurisdictions' (LHJs) (when applicable) infection control guidelines to slow COVID-19 spread.
2. Cooperate with the local health officer or his/her designee in the conduct of an outbreak investigation, including compliance with all recommended or ordered infection prevention measures, testing of staff, and testing of residents and clients.
3. Follow this DSHS and DOH phased Safe Start for LTC plan. This document is guidance for LTC and is not included in the January 11, 2021 [Healthy Washington Roadmap to Recovery](#).
4. Facilities and homes need to follow case count criteria outlined in each phase of this document. **The phases in the LTC Safe Start documents are independent of the regional phases in the Healthy WA Roadmap to Recovery. Facilities and agencies LTC Safe Start phases are based on county community case rates.**
5. Individual facility types have state statute or rules that requires a facility to impose actions to protect the clients by activating their infection control plan.
6. The phase progression/regression parameters outlined in this plan will automatically designate phase levels for counties/regions. The LHJ in conjunction with DOH can regress a phase regardless of the parameters if necessary to protect the public health. The LHJ or DOH will communicate changes in LTC Safe Start phase status with facilities in each region/county. Changes in phases made by DOH or the LHJ will also be communicated to Residential Care Services at RCSPolicy@dshs.wa.gov
7. The LHJ or DOH have the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak. Examples that may require a facility to return to a more restrictive phase of the Safe Start for LTC include but are not necessarily limited to new outbreaks of COVID-19 in their facility as determined by the LHJ or DOH. The LHJ and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures and, pursuant to WAC 246-101-305, LTCs are obligated to cooperate with these investigations. Please refer to the DOH [definition of an outbreak in a LTC facility: Interim COVID-19 Outbreak Definition for](#)

Healthcare Settings

8. *If a contracted Service Provider, certified SOLA program, Group Home or Group Training Home has moved beyond Phase 1, the Contracted Service Provider, or certified SOLA program, or Group Home or Group Training Home, would automatically move back to Phase 1 of the LTC Safe Start plan if county case rates exceed 150 cases/100,000. If the county case count begins to rise and moves above the phase a facility is currently in, the facility may pause and remain in their current phase unless the case counts reaches or exceeds 150 cases/100,000, at which time the facility will move back to phase 1.*
 - a. *For example, if a facility is currently in phase 3 (a phase with a target case count of 10-25/100,000), and the county case count reaches 25-75/100,000 (a phase 2 case count), the facility will remain in phase 3. The facility will not need to move back and forth between phases, but the facility will not be able to move on to phase 4.*

All Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must be prepared for an outbreak and must make assurances they have:

1. Access to adequate testing: The Contracted Service provider, certified SOLA program, Group Home or Group Training Home must maintain access to COVID-19 testing for all clients and staff.
 - a. Aiming for fast turnaround times, ideally less than 48 hours,
 - b. Testing all clients with signs and symptoms of COVID-19 or has exposures,
 - c. Working with local and state public health to coordinate repeat and outbreak testing, and
 - d. Capacity to conduct ongoing, serial testing of clients and staff according to federal, state and local guidance;
 - e. Testing includes point of care antigen testing and PCR lab testing.
2. Capacity to conduct ongoing testing of clients and staff;
3. A response plan to inform cohorting and other infection control measures;
4. A plan to actively screen all staff and visitors per DOH guidance.
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Employervisitorscreeningguidance.pdf>
5. Dedicated space for cohorting and managing care for clients with COVID-19 or if unable to cohort clients, have a plan which may include transferring a person to another care setting;

6. A plan in place to care for clients with COVID-19, including identification and isolation of clients. The Contracted Service provider, certified SOLA program, Group Home or Group Training Home plans describing the identification, care and isolation of residents or clients may be requested by DSHS, DOH or the LHJs to conduct an outbreak investigation. Technical assistance for development of these plans can be received from LHJs.
7. Protected and promoted resident and client rights while following standards of infection control practices including when a resident or a client requires quarantine or isolation due to individual disease status or an outbreak in a residential facility or client home.

Core Principles of Safe Start and COVID-19

These core principles are consistent with the Centers for Disease Control and Prevention (CDC) guidance for long-term-care, and should be adhered to at all times. Additionally, visitation should be person-centered, consider the clients' physical, mental, and psychosocial well-being, and support their quality of life. The risk of transmission can be further reduced through the use of physical barriers (e.g., clear Plexiglas dividers, curtains). Also, providers should enable visits to be conducted with an adequate degree of privacy whenever possible. Visitors who are unable to adhere to the core principles of COVID-19 infection prevention should not be permitted to visit or should be asked to leave. Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes may restrict or limit visitation due to COVID-19 county positivity rates in addition to facility COVID-19 status, a resident's COVID-19 status, visitor symptoms, visitor lack of adherence to proper infection control practices, or other relevant factors related to the COVID-19 public health emergency. By following a person-centered approach and adhering to these core principles, visitation can occur safely based on the guidance outlined below:

Personal Protective Equipment (PPE)

Contracted Service Providers, certified SOLA programs, Group Homes or Group Training Homes will ensure designated visitors and those providing compassionate care wear proper PPE that includes masking and facial shields/eye protection and full PPE when appropriate. Contracted Service Providers, certified SOLA programs, Group Home and Group Training Homes have the flexibility to safely manage visitation and may deny a visitor access if they are unwilling to wear appropriate PPE. If the visitor is denied access, they will be given the OMBUDS and Local Health Jurisdiction contact information. They must also be given information regarding the steps they can take to resume the visits, such as agreeing to comply with infection control practices and Washington Safe Start Guidelines. For additional guidance, see [Contingency Strategies for PPE use during COVID-19 Pandemic](#)

Key Visitation Principles

Visitation can be conducted through different means, based on a household/home's structure, community virus activity, and clients' needs, such as in clients' rooms, dedicated visitation spaces, outdoors, and for circumstances beyond compassionate care situations. Regardless of how visits are conducted, there are certain core principles and best practices that reduce the risk of COVID-19 transmission.

Infection Prevention

Infection prevention should entail the following basic concepts, at a minimum:

- Active screening of all who enter the home for signs and symptoms of COVID-19 (e.g., temperature checks, questions or observations about signs or symptoms), and denial of entry of those with signs or symptoms
- Hand hygiene (use of alcohol-based hand rub is preferred)
- Face covering or mask (covering mouth and nose), and use of eye protection if appropriate
- Social distancing at least six feet between persons
- Cleaning and disinfecting high frequency touched surfaces in the home, and designated visitation areas after each visit
- Appropriate staff use of Personal Protective Equipment (PPE)
- Effective cohorting of clients (e.g., separate areas dedicated COVID-19 care) if possible

Outdoor Visitation Principles

While taking a person-centered approach and adhering to the core principles of COVID-19 infection prevention, outdoor visitation is preferred and can also be conducted in a manner that reduces the risk of transmission. Outdoor visits pose a lower risk of transmission due to increased space and airflow. Therefore, all visits should be held outdoors whenever practicable. Aside from weather considerations (e.g., inclement weather, excessively hot or cold temperatures, poor air quality), an individual client's health status (e.g., medical condition(s), COVID-19 status), or a household's outbreak status, outdoor visitation should be facilitated routinely. Contracted Service Providers, certified SOLA programs, Group Homes or Group Training Homes should create accessible and safe outdoor spaces for visitation, such as in courtyards, patios, or use of tents, if available. When conducting outdoor visitation, providers, programs and group/group training homes should have a process to limit the number and size of visits occurring simultaneously to support safe infection prevention actions (e.g., maintaining social distancing). We also recommend reasonable limits on the number of individuals visiting with any one client at the same time. [Outdoor Visitation Guidance for Long-term Care Settings](#)

Indoor Visitation Principles

- Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should accommodate and support indoor visitation, including visits for reasons beyond compassionate care situations, based on the following guidelines:
- Visitors should be able to adhere to the core principles;
- Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should limit the number of visitors per client at one time and limit the total number of visitors in the home at one time (based on the size of the home and physical space). Providers, programs, group homes/group training homes should consider scheduling visits for a specified length of time to help ensure clients are able to receive visitors and ensure visitors limit their movement in the home.

NOTE: For situations where there is a roommate and the health status of the client prevents leaving the room, contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should attempt to enable in-room visitation while adhering to the core principles of COVID-19 infection prevention.

Access to Ombuds and Resident Right Advocates

Washington State laws and rules provide representatives of the Office of the State Long-Term Care Ombudsman and the Developmental Disabilities Ombuds with immediate access to any client. During this public health emergency, in-person access may be limited due to infection control concerns and/or transmission of COVID-19; however, in-person access may not be limited without reasonable cause. We note that representatives of the Ombuds should adhere to the core principles of COVID-19 infection prevention. If in-person access is not advisable, such as the Ombuds having signs or symptoms of COVID-19, Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must, at a minimum, facilitate alternative client communication with the ombuds, such as by phone or through use of other technology.

Federal and State Disability Laws

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must comply with federal disability rights laws such as Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA). For example, if a client requires assistance to ensure effective communication (e.g., a qualified interpreter or someone to facilitate communication) and the assistance is not available by onsite staff or effective communication cannot be provided without such entry (e.g., video remote interpreting), the provider, program and home must allow the individual entry into the client's home to interpret or facilitate, with some exceptions. This would not preclude the Contracted Service Provider, certified SOLA program, Group Homes or Group Training Homes from imposing legitimate safety measures that are necessary for safe operations, such as requiring such individuals to adhere to the core principles of COVID-19 infection prevention.

Medically Necessary Providers, Service and Health Care Workers Principles

Health care workers who are not employees of the Certified Service Providers, certified SOLA programs, Group Homes or Group Training Homes but provide direct care to the clients, such as hospice workers, Emergency Medical Services (EMS) personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy etc., must be permitted to come into the client's home as long as they are not subject to a work exclusion due to an exposure to COVID-19 or show signs or symptoms of COVID-19 after an active screening process. We note that EMS personnel do not need to be screened so they can attend to an emergency without delay. We remind providers, programs and homes that all staff, including individuals providing services under arrangement as well as volunteers, should adhere to the core principles of COVID-19 infection prevention and must comply with COVID-19 testing requirements.

Communal Activities and Dining Principles

While adhering to the core principles of COVID-19 infection prevention, communal activities and dining may occur. Clients may eat in the same room with social distancing (e.g., limited number of people at each table and with at least six feet between each person). Certified Service Providers, certified SOLA programs, Group Homes and Group Training Homes should consider additional limitations based on status of COVID-19 infections in the clients' home. Additionally, group activities may also be facilitated (for clients who have fully recovered from COVID-19, and for those not in isolation for observation, or with suspected or confirmed COVID-19 status) with social distancing among clients, appropriate hand hygiene, and use of a face covering. Contracted Service Providers, SOLA programs, Group Homes and Group Training Homes may be able to offer a variety of activities while also taking necessary precautions. For example, book clubs, crafts, movies, exercise, and bingo are all activities that can be facilitated with alterations to adhere to the guidelines for preventing transmission. Providers, programs and homes are encouraged to utilize the [Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities \(LTCFs\)](#).

Specialized Care Visitation

Guidance for clients on respiratory ventilation who are room bound, or any other client with specific medical conditions that place them bed bound. Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should follow DSHS and DOH guide for specialized care visitation.

Offsite Visits

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must use the Risk Assessment Template to assess each resident for any COVID-19 exposure prior to and after returning from offsite visits to determine if the client is low, medium or high risk. Automatic quarantine

should not be the standard practice upon returning from a trip into the community. Decisions about precautions taken with a resident as a result of the assessment must be documented in the client's care plan. [Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents/Clients after Community Visits](#)

Holiday Guidance

Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes should follow CDC guidelines for holidays. Where State or LHJ guidance provides stricter measures, Contracted Service Providers, certified SOLA programs, Group Homes and Group Training Homes must follow the stricter guidance. This guidance does not replace state proclamation requirements, DOH, and CDC link: [CDC recommendations for Holiday Celebrations and Small Gatherings](#). Contracted Service Providers, SOLA programs, Group Homes, Group Training Homes must follow all guidelines for visitation within this document with strict adherence to infection control principles to prevent the spread and transmission of COVID-19.

Activities

Providers should follow the DSHS and DOH guide for activities. [Interim Supplemental Guidance for Allowing Group Activities and Communal Dining in Long-Term Care Facilities \(LTCFs\)](#)

Section I – Safe Start of Contracted Service Providers, Certified SOLA Programs, Group Homes and Group Training Homes

Phase 1

[COVID 19 Risk Assessment Dashboard](#)

Phase 1 is designed aggressive infection control during periods of heightened virus spread in the community and potential for healthcare system limitations, which may include factors such as staffing, hospital capacity, Personal Protective Equipment (PPE), and testing. Heightened virus spread (High COVID-19 activity) is defined as >75 cases/100,000 for two weeks. Check this dashboard to see what the metric is for your county. If your county is currently meeting the definition of heightened virus spread the facility will remain phase 1.

Consideration	Contracted Service Provider (Provider) and Certified SOLA (Program) and Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> • Entry is restricted in SOLA’s to essential healthcare personnel only. Please see Dear CCRSS Provider – AL TSA: CCRSS #2020-005. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. • Provider or program or home will make sure essential health care personnel participate in active screening upon entry and additional precautions are taken, including hand hygiene, wear appropriate PPE as needed or as determined by the task; and at a minimum wearing a face mask for the duration of their visit. 	<ul style="list-style-type: none"> • Entry is restricted in Group Homes to essential healthcare personnel only. Please see Dear CCRSS Provider – AL TSA: CCRSS #2020-005. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. • Provider will make sure essential health care personnel participate in active screening upon entry and additional precautions are taken, including hand hygiene, wear appropriate PPE as needed or as determined by the task; and at a minimum wearing a face mask for the duration of their visit.
Medically and Non-Medically Necessary Trips	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the client’s home should be avoided.</p> <p>For medically and non-medically necessary trips away from the client’s home:</p> <ul style="list-style-type: none"> • The client must be encouraged to wear a cloth face covering or facemask unless medically contraindicated. • The provider or program or home, must share the client’s COVID-19 status with the transportation service and entity with whom the client has the appointment. • Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. 	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the home should be avoided.</p> <p>For medically and non-medically necessary trips away from the home:</p> <ul style="list-style-type: none"> • The client must be encouraged to wear a cloth face covering or facemask unless medically contraindicated. • The provider must share the client’s COVID-19 status with the transportation service and entity with whom the client has the appointment. • Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required.

Consideration	Contracted Service Provider (Provider) and Certified SOLA (Program) and Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	<ul style="list-style-type: none"> • Transportation equipment shall be sanitized between transports. • Although clients are asked to limit non-essential trips as much as they are able, clients' rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. 	<ul style="list-style-type: none"> • Transportation equipment shall be sanitized between transports. • Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities.
Communal Dining	<ul style="list-style-type: none"> • Discourage COVID-19 positive or suspected COVID-19 clients from eating meals with housemates. • Communal dining is not recommended. • For clients who require staff assistance with feeding, appropriate hand hygiene must occur between clients and clients must be seated at least 6 feet apart. • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • All staff must wear masks. 	<ul style="list-style-type: none"> • Discourage COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates. • Communal dining is not recommended. • For clients who require staff assistance with feeding, appropriate hand hygiene must occur between clients and residents must be seated at least 6 feet apart. • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • All staff must wear masks.

Consideration	Contracted Service Provider (Provider) and Certified SOLA (Program) and Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
Screening	<ul style="list-style-type: none"> Actively screen clients daily and/or during a provider’s in-person interaction with the client, including interactions with clients receiving less than 24 hours a day service”, by checking temperatures and questionnaire about symptoms and potential exposure, signs and symptoms of COVID-19. Actively screen all staff and visitors (SOLA) entering a client’s home by checking temperatures and asking them for signs and symptoms. Do not screen EMTs and law enforcement responding to an emergent call. Maintain a screening log for 30 days. 	<ul style="list-style-type: none"> Actively screen clients daily by checking temperatures and questionnaire about symptoms and potential exposure, signs and symptoms of COVID-19. Actively screen all staff and visitors (Group Homes) entering a client’s home by checking temperatures and asking them for signs of symptoms. Do not screen EMTs and law enforcement responding to an emergent call. Maintain a screening log for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> All staff, regardless of their position must wear a cloth face covering or face mask while in the client’s home. All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). Follow the LHJ guidelines for when a client returns home from a hospital setting. 	<ul style="list-style-type: none"> All staff, regardless of their position must wear a cloth face covering or face mask while in the client’s home. All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with the clients, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). Follow the LHJ guidelines for when a client returns home from a hospital setting.

Consideration	Contracted Service Provider (Provider) and Certified SOLA (Program) and Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis) ○ Staff who work with multiple clients and agencies by active screening, and asking for signs and symptoms ○ A client who tests positive and has housemates in the home. 	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis) ○ Staff who work with multiple clients and agencies by active screening, and asking for signs and symptoms. ○ A client who tests positive and has housemates in the home.
Group Activities	<ul style="list-style-type: none"> • Encourage clients with housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual activities through virtual or remote means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<ul style="list-style-type: none"> • Encourage clients with housemates or roommates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist client in finding individual activities through virtual or remote means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing/Contact Tracing	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The program or provider must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory. 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility or provider must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Consideration	Contracted Service Provider (Provider) and Certified SOLA (Program) and Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	<ul style="list-style-type: none"> If a case of COVID-19 is identified among a staff or client, the provider or certified SOLA program should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions. 	<ul style="list-style-type: none"> If a case of COVID-19 is identified among a staff or client, the provider or certified SOLA program should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions.

Phase 2

Entry Criteria:

*The Contracted Service Provider, or Certified SOLA program or Group Home, or Group Training Home, may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The Contracted Service Provider, certified SOLA Program, Group Home or Group Training Home has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that moderate transmission is occurring in the community. Moderate transmission is defined as 25-75 cases/100,000 population for two weeks.
- 28 days have passed since the last positive or suspected client or staff case was identified in the household or households with shared staffing **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
 - If 28 days have not passed since the last positive client or staff case was identified in a household, that household and any household with shared staffing through utilization of contact tracing methods may not move to Phase 2 until 28 days have passed.
- The Contracted Service Provider, Certified SOLA program, Group Home, or Group Training Home performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>;
- The Contracted Service Provider, Certified SOLA program, Group Home, or Group Training Home performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;

- The Contracted Service Provider, certified SOLA program, Group Home, or Group Training Home is capable of cohorting clients with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

The Contracted Service Provider, certified SOLA program, Group Home, or Group Training Home may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	Contracted Service Provider (or Provider) and Certified SOLA (program), Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Health Care Personnel	<ul style="list-style-type: none"> • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • The provider or program or home will make sure essential health care personnel wear appropriate PPE as needed. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. 	<ul style="list-style-type: none"> • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • The provider will make sure essential health care personnel wear appropriate PPE as needed. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation.
Medically and Non-Medically Necessary Trips	<ul style="list-style-type: none"> • Although clients are asked to limit non-essential trips as much as they are able, clients' rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and 	<ul style="list-style-type: none"> • Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. • Please see Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and

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	the Letter to Families when residents/clients are preparing for community activities.	the Letter to Families when residents/clients are preparing for community activities.
Communal Dining	<ul style="list-style-type: none"> • Discourage COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates. • Communal dining is not recommended but must be limited (for COVID-19 negative or asymptomatic clients only). • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Limit the number of clients at the table and configure chairs at least 6 ft. away from each other. 	<ul style="list-style-type: none"> • Discourage COVID-19 positive or suspected COVID-19 clients to eat meals with housemates. • Communal dining is not recommended but must be limited (for COVID-19 negative or asymptomatic clients only). • Appropriate hand hygiene must occur for both clients and staff before and after meals. • Sanitize all eating areas with disinfectant before and after meals. • Limit the number of clients at the table and configure chairs at least 6 ft. away from each other.
Screening	<ul style="list-style-type: none"> • Actively screen clients daily and/or during a provider’s in-person interaction with the client, including interactions with clients receiving less than 24 hours a day service”, by checking temperatures, asking for potential exposures and asking about signs and symptoms of COVID-19. • Actively screen all staff and visitors entering a client’s home by checking temperature and asking them for signs and symptoms. • Do not screen EMTs and local law enforcement who are responding to an emergent call. • Maintain a log of all screening information for 30 days. 	<ul style="list-style-type: none"> • Actively screen clients daily by checking temperatures, asking for potential exposure, and asking about signs and symptoms of COVID-19. • Actively screen all staff and visitors entering a client’s home by checking temperature and asking them for signs and symptoms • Do not screen EMTs and local law enforcement who are responding to an emergent call. • Maintain a log of all screening information for 30 days.

Consideration	Contracted Service Provider (or Provider) and Certified SOLA (program), Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the LHJ guidelines for when a client returns home from a hospital setting. 	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the LHJ guidelines for when a client returns home from a hospital setting.
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis). ○ Staff who work with multiple clients and agencies by active screening and asking them for signs and symptoms. ○ A client who tests positive and has housemates in the home. 	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis). ○ Staff who work with multiple clients and agencies by active screening and asking them for signs and symptoms. ○ A client who tests positive and has housemates or roommates in the home.
Group Activities	<ul style="list-style-type: none"> • Encourage clients with housemates to practice social distancing and wearing face masks when 	<ul style="list-style-type: none"> • Encourage clients with housemates to practice social distancing and wearing face masks when

Consideration	Contracted Service Provider (or Provider) and Certified SOLA (program), Group Homes and Group Training Homes with 4 or fewer clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	<p>they engage in group activities at home unless medically contraindicated.</p> <ul style="list-style-type: none"> • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<p>they engage in group activities at home unless medically contraindicated.</p> <ul style="list-style-type: none"> • Assist clients in engagement through technology to minimize opportunity for exposure. • Assist clients in finding individual activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing/Contact Tracing	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The provider or program must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory. • If a case of COVID-19 is identified among a staff or client, the provider or certified SOLA program should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions. 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility or provider must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory. • If a case of COVID-19 is identified among a staff or client, the provider or certified SOLA program should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions.

Phase 3

Entry Criteria:

*The Contracted Service Provider, Certified SOLA program, Group Home, or Group Training Home may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The Contracted Service Provider, certified SOLA, Group Home or Group Training Home has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined minimal transmission is occurring. Minimal transmission is defined as 10-25 cases/ 100,000 population for two weeks.
- 28 days have passed since the last positive or suspected resident/client or staff case was identified in the household or household with shared staffing **OR** any timeline required by the LHJ, whichever is greater;
 - If 28 days have not passed since the last positive client or staff case was identified in a household, that household and any household with shared staffing through utilization of contact tracing methods may not move to Phase 3 until 28 days have passed.
- Adequate staffing levels are in place;
- The Contracted Service provider, certified SOLA program, Group Home, or Group Training Home performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>;
- The Contracted Service Provider, certified SOLA program, Group Home, or Group Training Home performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The Contracted Service Provider, certified SOLA program, Group Home, or Group Training Home is capable of cohorting residents/clients with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

The Contracted Service Provider, certified SOLA program, Group Home or Group Training Home may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Consideration	Contracted Service Provider (or provider) and Certified SOLA (program), Group Home and Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Healthcare Personnel	<ul style="list-style-type: none"> • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. • The provider or program or home will make sure essential and non-essential health care personnel wear appropriate PPE, as needed. • Permitted to allow essential and non-essential healthcare personnel as long as all CDC and DOH safety practices are followed. • The provider or program or home will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk. 	<ul style="list-style-type: none"> • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by the task, and, at a minimum, wearing a face mask for the duration of the visit. • Essential health care personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. • The provider will make sure essential and non-essential health care personnel wear appropriate PPE, as needed. • Permitted to allow essential and non-essential healthcare personnel as long as all CDC and DOH safety practices are followed. • The provider will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk.
Medically and Non-Medically Necessary Trips	<ul style="list-style-type: none"> • Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities. 	<ul style="list-style-type: none"> • Although clients are asked to limit non-essential trips as much as they are able, client rights laws do allow a client to participate in community activities.

Consideration	Contracted Service Provider (or provider) and Certified SOLA (program), Group Home and Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	<ul style="list-style-type: none"> Continue to follow Residential Care Services Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities. 	<ul style="list-style-type: none"> Continue to follow Residential Care Services Dear Provider letter CCRSS 2020-019 for details regarding clients leaving the home for non-medically necessary trips. Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients prior to and after Community Visits and the Letter to Families when residents/clients are preparing for community activities.
Communal Dining	<ul style="list-style-type: none"> Discourage COVID-19 positive or suspected COVID-19 positive clients to eat meals with housemates. Permitted if 6 ft. social distancing can be maintained, staff/clients/visitors have access to hand hygiene and they wear face covering when not eating/drinking, as tolerated, and while traveling to and from the dining area. Communal dining is not recommended and must be limited (for COVID-19 negative or asymptomatic clients only). Appropriate hand hygiene must occur for both clients and staff before and after meals. Sanitize all eating areas with disinfectant before and after meals. Limit the number of clients at the table and configure chairs at least 6 ft. away from each other. 	<ul style="list-style-type: none"> Discourage COVID-19 positive or suspected COVID-19 positive clients to eat meals with housemates. Permitted if 6 ft. social distancing can be maintained, staff/clients/visitors have access to hand hygiene and they wear face covering when not eating/drinking, as tolerated, and while traveling to and from the dining area. Communal dining is not recommended and must be limited (for COVID-19 negative or asymptomatic clients only). Appropriate hand hygiene must occur for both clients and staff before and after meals. Sanitize all eating areas with disinfectant before and after meals. Limit the number of clients at the table and configure chairs at least 6 ft. away from each other.
Screening	<ul style="list-style-type: none"> Actively screen clients daily and/or during a provider’s in-person interaction with the client, including interactions with clients receiving less than 24 hours a day service”, by checking temperatures and asking potential exposure and asking about signs and symptoms of COVID-19. 	<ul style="list-style-type: none"> Actively screen clients daily by checking temperatures and asking potential exposure and asking about signs and symptoms of COVID-19. Actively screen all staff and visitors entering a client’s home through temperature checks, asking about potential exposure and asking about signs and symptoms of COVID-19.

Consideration	Contracted Service Provider (or provider) and Certified SOLA (program), Group Home and Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	<ul style="list-style-type: none"> • Actively screen all staff and visitors entering a client’s home through temperature checks, asking about potential exposure and asking about signs and symptoms of COVID-19. • Do not screen EMTs and local law enforcement who are responding to an emergent call. • Maintain a log of all screening information for 30 days. 	<ul style="list-style-type: none"> • Do not screen EMTs and local law enforcement who are responding to an emergent call. • Maintain a log of all screening information for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is available, and in accordance with CDC, DOH and LHJs guidance on PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic • Follow the LHJ guidelines for when a client returns home from a hospital setting. 	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the client’s home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with clients, to the extent PPE is available, and in accordance with CDC, DOH and LHJs guidance on PPE optimization strategies. Contingency Strategies for PPE use during COVID-19 Pandemic • Follow the LHJ guidelines for when a client returns home from a hospital setting.
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis); ○ Staff who work with multiple clients and agencies by screening temperatures and asking them for potential exposure and asking for signs and symptoms of COVID-19. ○ A client who tests positive and has housemates in the home. 	<ul style="list-style-type: none"> • Plans must be in place to monitor: <ul style="list-style-type: none"> ○ Clients who engage in community activities or outings and attend outside medically necessary appointments (e.g., dialysis); ○ Staff who work with multiple clients and agencies by screening temperatures and asking them for potential exposure and asking for signs and symptoms of COVID-19. ○ A client who tests positive and has roommates/housemates in the home.

Consideration	Contracted Service Provider (or provider) and Certified SOLA (program), Group Home and Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
Group Activities	<ul style="list-style-type: none"> Encourage clients with housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. Assist clients in engagement through technology to minimize opportunity for exposure. Assist clients in finding individual activities that are meaningful to them. 	<ul style="list-style-type: none"> Encourage clients with roommates/housemates to practice social distancing and wearing face masks when they engage in group activities at home unless medically contraindicated. Assist clients in engagement through technology to minimize opportunity for exposure. Assist clients in finding individual activities that are meaningful to them.
Testing/Contact Tracing	<ul style="list-style-type: none"> Testing will occur based on CDC, DOH, and LHJ guidance. The provider and program must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory. If a case of COVID-19 is identified among a staff or client, the provider or certified SOLA program should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions. 	<ul style="list-style-type: none"> Testing will occur based on CDC, DOH, and LHJ guidance. The facility or provider must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory. If a case of COVID-19 is identified among a staff or client, the provider or certified SOLA program should reach out to LHJ the same day of notification to support contact tracing efforts to identify potential exposures and appropriate next steps and scope of interventions.

Phase 4

Entry Criteria:

*If the Contracted Service Provider, certified SOLA program, Group Home or Group Training Home is located in a county that has entered Phase 4 the Contracted provider, certified SOLA program, Group Home or Group Training Home may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The Contracted Service Provider, certified SOLA program, Group Home or Group Training Home has reviewed the key metrics for the county at the [COVID 19 Risk Assessment Dashboard](#) and determined that sporadic transmission is occurring in the community. Sporadic transmission is less than 10 cases/100,000 population for two weeks.

- 28 days have passed since the last positive or suspected resident/client or staff case was identified in the household or household with shared staffing **OR** any timeline required by the LHJ, whichever is greater;
 - If 28 days have not passed since the last positive client or staff case was identified in a household, that household and any household with shared staffing through utilization of contact tracing methods may not move to Phase 4 until 28 days have passed.
- Adequate staffing levels are in place;
- The Contracted service provider, certified SOLA program, Group Home or Group Training Home performs and maintains an inventory of PPE to assure at least a 14-day supply using the CDC PPE burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>;
- The Contracted service provider, certified SOLA program, Group Home, Group Training Home performs and maintains an inventory of disinfection and cleaning supplies for residents and clients;
- There is assurance by the LHJ that local hospital(s) have the capacity to accept referrals/transfers;
- The Contracted service provider, certified SOLA program, Group Home, Group Training Home is capable of cohorting residents/clients with dedicated staff in the case of suspected or positive cases **OR** is able to transfer positive cases to a COVID-19 positive facility for care and recovery **OR** in the case of small homes, there is a plan in place for managing both positive and negative cases while mitigating the spread of infection.

The Contracted service provider, certified SOLA program, Group Home, or Group Training Home may use discretion to be more restrictive, where deemed appropriate, through internal policies **and** in conjunction with the LHJ, even if they have moved to this Phase.

Until the COVID public health threat has ended the Contracted Service Provider, certified SOLA program, Group Home or Group Training Home will:

- Screen 100% of all persons, clients, and staff entering/re-entering the clients' home including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the clients' homes have cloth face covering or facemask;
- Maintain a log of all visitors which must be kept for 30 days;
- Use PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. [Contingency Strategies for PPE use during COVID-19 Pandemic](#)
- Universally mask;
- Maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory.

Section II – Visitation

All Contracted Service providers, certified SOLA programs, Group Homes and Group Training Homes are required to provide accommodations to allow access for visitation for all residents and clients even if visitation is not allowed in-person due to the COVID status of an individual or the household. This access and accommodation may be by phone, remote video technology, window visits or outside visits, or some combination of access, dependent on the phase of the county or household. Any equipment shared among clients and residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Once a Contracted Service Provider, certified SOLA program, Group Home or Group Training Home has met the entry criteria outlined for a phase in Section I the contracted service provider, certified SOLA program, Group Home or group Training Home may then follow the visitation criteria for each corresponding phase below:

Phase	Contracted Service Provider (or Provider) and Certified SOLA (program) and group Home or Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
<u>Phase 1</u>	<p>Clients (Supported Living) are asked to limit people visiting their homes in cooperation with the Stay Home Stay Healthy Premise of decreasing the spread of COVID-19.</p> <p>Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.*</p> <p>All visitors must wear a cloth face covering or facemask for the duration of their visit. The provider or program must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control.</p> <p>Providers or programs should have policies in place for remote visitation, whenever possible, to include:</p> <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. 	<p>Indoor visitation is prohibited (Group Home), except for:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; and • Under limited and controlled conditions, coordinated by the provider, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the provider’s temporary visitation policy and are not mandated; but rather at the discretion of the provider. • Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene.

Phase	Contracted Service Provider (or Provider) and Certified SOLA (program) and group Home or Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	<ul style="list-style-type: none"> • Access to Ombuds. <p>Indoor visitation is prohibited (SOLA), except for:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; and • Under limited and controlled conditions, coordinated by the provider, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the provider or program’s temporary visitation policy and are not mandated; but rather at the discretion of the provider. • Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per client during each visit • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Agency will review and follow Outdoor Visitation Guidance <p>Window visits are not restricted or prohibited. Providers or programs will permit window visits depending on grounds safety, client privacy and</p>	<ul style="list-style-type: none"> • Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.* • All visitors must wear a cloth face covering or facemask for the duration of their visit. The provider or facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. • Facilities or providers should have policies in place for remote visitation, whenever possible, to include: • Access to communication with friends, family, and their spiritual community. • Access to Ombuds. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per client during each visit: • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Agency will review and follow Outdoor Visitation Guidance <p>Window visits are not restricted or prohibited. Providers or facilities will permit window visits depending on grounds safety, client privacy and</p>

Phase	Contracted Service Provider (or Provider) and Certified SOLA (program) and group Home or Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	choice, home capacity, layout of the home, and staffing.	choice, home capacity, layout of the home, and staffing.
<u>Phase 2</u>	<ul style="list-style-type: none"> • Clients are asked to limit people visiting their homes in cooperation with the Stay Home Stay Healthy Premise of decreasing the spread of COVID-19. • Indoor visits are not allowed in SOLA until Governor’s Proclamation expires. 	<p>Visitation is prohibited, except for:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; and • Under limited and controlled conditions, coordinated by the provider or facility, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the provider or facility’s temporary visitation policy and are not mandated; but rather at the discretion of the provider. • Compassionate care visitors are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. • Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.* • All visitors must wear a cloth face covering or facemask for the duration of their visit. The provider or facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. • Providers should have policies in place for remote visitation, whenever possible, to include:

Phase	Contracted Service Provider (or Provider) and Certified SOLA (program) and group Home or Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
		<ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to Ombuds. <p>Outdoor visits allowed under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing. Provider will review and follow Outdoor Visitation Guidance</p> <p>Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, client privacy and choice, home capacity, layout of the home, and staffing.</p>
<u>Phase 3</u>	<ul style="list-style-type: none"> • Indoor visits are not allowed in SOLA until Governor’s Proclamation expires. • All clients have the ability to have limited visitation. • Create a policy for universal masking for clients and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk. • Within the limits of the plan, providers and programs have the discretion and flexibility in how to carry out the Governor’s Safe Start Plan and county phasing in their respective homes due to the variance of home size, client capacity, layout of the home and location. 	<ul style="list-style-type: none"> • All clients have the ability to have limited visitation. • Create a policy for universal masking for clients and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize client risk. • Within the limits of the plan, the provider have discretion and flexibility in how to carry out the Governor’s Safe Start Plan and county phasing in their respective homes due to the variance of home size, client capacity, layout of the home and location. • Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.*

Phase	Contracted Service Provider (or Provider) and Certified SOLA (program) and group Home or Group Training Home with fewer than 4 clients Mitigation Steps	Group Home and Group Training Home with 5 or more clients Mitigation Steps
	<ul style="list-style-type: none"> • Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.* • All visitors must wear appropriate PPE. At a minimum a cloth face covering or face mask, and eye protection if applicable, must be worn for the duration of their visit. The facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control • The provider or program may permit family members to congregate in a common area as long as the home follows social distancing, universal masking, entrance screening and hand hygiene. • After visits, all areas must be disinfected. • When appropriate, visitation may occur in areas outside of the home. 	<ul style="list-style-type: none"> • All visitors must wear appropriate PPE. At a minimum a cloth face covering or face mask, and eye protection if applicable, must be worn for the duration of their visit. The facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control • The provider may permit family members to congregate in a common area as long as the home follows social distancing, universal masking, entrance screening and hand hygiene. • After visits, all areas must be disinfected. • When appropriate, visitation may occur in areas outside of the home.
<u>Phase 4</u>	<p>Indoor visits are not allowed in SOLA until Governor’s Proclamation expires.</p> <p>Resume Regular Visitation. Follow all CDC, DOH, and LHJ guidelines related to public health and infection control, such as any continued recommendations regarding face coverings or masking.</p>	<p>Resume Regular Visitation. Follow all CDC, DOH, and LHJ guidelines related to public health and infection control, such as any continued recommendations regarding face coverings or masking.</p>

*** Visitors Log**

Visitor’s log information will include date, time in and time out, name of visitor and their contact information, including phone number and email address if available

***Compassionate Care Visits:**

While end-of-life situations have been used as examples of compassionate care situations, the term “compassionate care situations” does not exclusively refer to end-of-life situations. Examples of other types of compassionate care situations include, but are not limited to:

- A resident or client, who was living with their family before recently being admitted to a facility and is struggling with the change in environment and lack of physical family support.
- A resident or client who is grieving the recent loss of a friend or family member.
- A resident or client who needs cueing and encouragement with eating or drinking, previously provided by family and/or caregiver(s), is experiencing weight loss or dehydration.
- A resident or client, who used to talk and interact with others, is experiencing emotional distress, seldom speaking, or crying more frequently (when the resident had rarely cried in the past).

Allowing a visit in these situations would be consistent with the intent of, “compassionate care situations.” Also, in addition to family members, compassionate care visits can be conducted by any individual that can meet the resident’s or client’s needs, such as clergy or lay persons offering religious and spiritual support. Furthermore, the above list is not an exhaustive list as there may be other compassionate care situations not included.

Lastly, at all times, visits should be conducted using social distancing; however, if during a compassionate care visit, a visitor and facility identify a way to allow for personal contact, it should only be done following all appropriate infection prevention guidelines, and for a limited amount of time. Through a person-centered approach, Contracted Residential Provider, certified SOLA Program, Group Home or Group Training Home should work with residents, clients, families, caregivers, resident and client representatives, and the Ombudsman program to identify the need for compassionate care visits.