



ALTA/DDA/BHA IPAC SUBCOMMITTEE MEETING

Administrations and Divisions:

Home & Community Services (HCS), Residential Community Services (RCS), Behavioral Health Administration (BHA),

Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)

September 8, 2020 from 9 a.m. – noon

No In-Person Locations available.

Please register for IPAC Subcommittee ALTA/BHA/DDA on September 8, 2020
starting at 9:00 AM PST at:

<https://attendee.gotowebinar.com/register/7982740694599152141>

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

Welcome and Introductions – Office of Indian Policy Dr. Marie Natrall/Brenda Francis-Thomas

- Welcoming
- Invocation
- Announcements
- Roll Call

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing
- Tribal Initiative Updates:
 - Squaxin Island Tribe
 - Nisqually Tribe
 - Makah Tribe
 - Lummi Nation
 - American Indian Community Center
 - Fall Tribal Summit – Agenda and Registration Information
- Adult Protective Services Check-In – APS staff

- DDA clients with tribal affiliation (self-identified) and receiving DDA services
- DDA Budget Impacts
- Safe restart to in-home visits
- [Flexibilities during the COVID-19 pandemic](#)
- Next 2021 Community Summit
- Click here to view [COVID-19 Updates](#)
- Contract with DDA:
 - Community residential providers are contracted statewide with the DDA to provide residential services to adult clients. Services include:
 - Supported Living
 - State Operated Living Alternatives
 - Group Training Homes or Group Homes
 - Alternative Living
 - Companion Homes
 - To receive services an individual must be:
 - At least 18 year of age
 - Eligible and enrolled in DDA services and Medicaid
 - On or approved for the CORE Waiver or the Community Protection Waiver
 - Assessed by DDA as needing services in a supported living setting
 - [Group Homes](#): Group Homes are community-based, residential facilities that typically serve 5- to twelve adults. The homes provide 24-hour instruction and support services for individuals with developmental and/or intellectual disabilities. The services are based on individual need and shared support within a household. Services are offered in an integrated setting and support personal power, choice and full access to the community. Individuals pay monthly based on their income, which covers food and shelter.
 - [Interested in Becoming a Certified Supported Living Provider?](#) Follow the steps below:
 - Apply for a business license
 - Complete an [application](#)
 - Mail the complete application packet to Management Services Division, Business Analysis and Application Unit (BAAU) at DSHS.
 - For US Postal Mail: AL TSA BAAU, PO Box 45600, Olympia, WA 98504-5600
 - For Federal Express: AL TSA BAAU, 4450 10th Ave SE (Blake West), Lacey, WA 98503
 - [Additional DDA Contracts available to Tribes](#). See Contracting and [Frequently Asked Questions](#)
 - Community Guide and Engagement
 - Positive Behavioral Support and Consultation

- Environmental Accessibility Adaptations
 - Etc...
- [Developmental Disabilities Administration Eligibility](#) – To be found eligible as a client of DDA, a person must:
 - Be a Washington State resident;
 - Have evidence of a qualifying developmental disability that began before age 18; and
 - Have evidence of substantial limitations.

The Revised Code of Washington [71A.10.020\(5\)](#) defines a developmental disability as:

- a disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological;
 - other condition of an individual found by the secretary to be closely related to an intellectual disability; or
 - to require treatment similar to that required for individuals with intellectual disabilities, which originates before the individual attains age eighteen, which has continued or can be expected to continue indefinitely, and which constitutes a substantial limitation to the individual.”
- [DDA Eligibility Flow Chart \(PDF\)](#): An overview of the process to apply for DDA eligibility and services.
 - [Intake and Eligibility](#) – Complete the required forms and documents. You can request a packet by filling out a [Service and Information Request](#) (<https://www.dshs.wa.gov/dda/service-and-information-request>) or by returning the information listed below:
 - [Request for DDA Eligibility Determination Form \(14-151\)](#)
 - [Consent \(14-012\)](#)
 - [Notice of Privacy Practices for Client Confidential Information \(03-387\)](#)
 - [Washington State Voter Registration](#) for applicants age 18 or older
 - Documents that support that you have a developmental disability, as described in [DSHS Form 14-459 Eligible Conditions Specific to Age and Type of Evidence](#) such as:
 - Educational records
 - Psychological records
 - Medical records
- For any questions, requests or comments, please reach Justin Chan chanjk@dshs.wa.gov or your [Local DDA Tribal Liaison](#)

Behavioral Health Administration – Teva Weissman

- COVID-19 Updates
- BHA Liaison update
- Trueblood Updates: (BHA is would like to continue with meetings and set up chances to work with Tribes through web platforms. Please contact Teva Weissman at teva.weissman@dshs.wa.gov for more information.
 - Forensic Navigator Program

Closing

Agenda Items for next meeting:

AL TSA Summit Feedback

CDE

EVV

Next meeting is on October 13 from 9 a.m. to 12 p.m.

No In-Person Locations available.

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AL TSA/DDA/BHA IPAC SUBCOMMITTEE MEETING MINUTES

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Developmental Disabilities Administration (DDA), Division of Behavioral Health and Recovery (DBHR), Office of the Deaf & Hard of Hearing (ODHH)

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- Welcoming
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Present	Attendee	Role		Present	Attendee	Role
X	Ann Dahl	AL TSA Tribal Initiative Project Manager		X	Teva Weissman	DSHS BHA Acting Tribal Liaison
X	Brenda Francis-Thomas	DSHS Office of Indian Policy Region 3 North		X	Marie Natrall	DSHS OIP Region Manager 3 South
X	Justin Chan	DDA Co-Chair Statewide Tribal Liaison		X	Marietta Bobba	DSHS AL TSA Tribal Administrator/Tribal Liaison
X	Jeremy Monson	Jamestown S'Klallam Tribe Elders Program		X	Laverne Lane	Lummi Nation
X	Doralee Sanchez	Lummi Nation		X	Nikki Finkbonner	Lummi Nation
X	Lexie Bartunek	AL TSA ADRC		X	Cindy Gamble	American Indian Health Commission
X	Maureen Woods	Makah Tribe Elders Program Director		X	Cheryl Sanders	Lummi Nation

X	Vicki Lowe	AIHC		X	Janet Hanson	Makah Tribe
X	Jan Olmstead	AIHC		X	Charlene Meneely	Quileute Tribe Interim Human Services Director
X	Linda Lauch	AICC		X	Nicole Earls	HCA

Aging and Long-Term Services Administration – Marietta Bobba; Ann Dahl

- Covid-19 check-in and sharing: Squaxin Island Tribe remains closed. There have been a few positives but exposure has been minimal. The Nisqually Tribe has had no new cases. Makah Tribe has had no new cases, only 3 cases in total. The tribe remains closed, in Phase 1. The pandemic has highlighted areas where elders and individuals with disabilities need services and may impact decisions tribes make for building infrastructure and service delivery.
- Tribal Initiative Updates:
 - Squaxin Island Tribe – The tribe is delivering food boxes and other resources including transportation to medical services.
 - Nisqually Tribe – Staff will be meeting with their contractor next week.
 - Makah Tribe – The health home program is serving 26 clients, including 4 non-natives, living off-reservation. They have implemented the AL TSA Environmental Modification contract and installed a needed ramp for a tribal elder.
 - Lummi Nation – The tribe is in the process of reviewing Health Home contract language, reaching out to the Makah Tribe for subject matter expertise and in discussion with a Lead Agency. Staffing for the Health Home will include Behavioral Health Specialists as more elders are being impacted by the isolation and seclusion COVID has brought to their lives. Reorganization of family services to a one-stop family resource center was discussed at a recent staff retreat. Little Bear Adult Family Home has had no COVID cases.
 - American Indian Community Center – no report.
 - Fall Tribal Summit – Agenda and Registration Information. Registration closes today (Tuesday). Over 200 individuals have registered including representatives from other states.
- Adult Protective Services Check-In – APS staff. No issues were shared.
- Safe Start Plan: DSHS and DOH have developed comprehensive plans for nursing homes and residential programs for visitation, Essential/Non-essential Personnel, Group Activities and other areas of daily living (see attached for more details).
- Title VI ITU Virtual Training will be on September 29 – October 7, 2020. A variety of sessions are being offered including one on the Money follows the Person Tribal Initiative in Minnesota (see attached for agenda and registration information).

Developmental Disabilities Administration – Justin Chan

- DDA clients with tribal affiliation (self-identified) and receiving DDA services:



DDA Clients with Tribal Affiliation Augu

- DDA Budget Impacts



Tribal Letter DSHS Agency Budget Releas

- [Safe restart to in-home visits](#)



Tribal Letter In-Home Safe Start_20200908(

- [Flexibilities during the COVID-19 pandemic](#)
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 - Medical records
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- COVID-19 Updates: Safe Start plan for BHA facilities developed and implemented Sept 1st, including phased reopening based on county phases, incidence of COVID-19 at BHA facilities.
- BHA Liaison update: Hiring freeze exemption request denied by OFM. Another exemption request is being submitted to incorporate the tribal liaison position.
- Trueblood Updates: (BHA is would like to continue with meetings and set up chances to work with Tribes through web platforms. Please contact Teva Weissman at teva.weissman@dshs.wa.gov for more information.
 - Forensic Navigator Program underway starting July. Preliminary data for July shows 80 forensic navigator assignments made statewide.
 - Ward construction delay updates: ESH 1N3 and 3N3 construction complete; WSH E3/E4 ward construction continues, estimated completion in October.
 - Rulemaking update. Forensic Navigator rulemaking still in progress, final rule (CR103 filing) expected to be released soon. Outpatient Competency Restoration Program joint DSHS/HCA rulemaking in progress, finalizing proposed draft internally and expected to be released for informal stakeholder work prior to formal proposed rule (CR102 filing) expected later in the fall.

Closing

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ALTSA Summit Feedback

CDE

EVV

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Virtual Tribal-AL TSA-HCS-AAA Fall Summit

September 10 -11, 2020

You're invited to the **2020 Virtual Tribal-AL TSA-HCS-AAA Fall Summit!**

Registration is now open. Please click [here](#) to register.

If you have any questions, please don't hesitate to reach out.

Kind Regards,
Amanda Reverberi

Don't want to receive further communication? [Click here](#) to unsubscribe.

Join us as we explore:

- Non-Emergency Medical Transportation
- IHS Reimbursement Agreement Program
- COVID ADRC Grant
- Peer Counseling
- Kinship Navigation & Lifespan Respite
- Health Homes
- MFPTI Tribal Grantee Panel: Hear from the Nisqually, Makah, Squaxin Island Tribes, Lummi Nation and the American Indian Community Center.
- Housing; Assisted Living - Adult Family Home-Enhanced Living Facility
- Long Term Care Trust
- Delivery of Elder Services during COVID19 Pandemic - Puyallup Tribe, Muckleshoot Tribe

Our moderator this year will be Jo Anne Kauffman of Kauffman and Associates, Inc.

Information for Providers and Long-Term Care Professionals

* Accuracy and currency are paramount to us. Please contact james.kopriva@dshs.wa.gov with suggested revisions to this page. *

Safe Start for Long-Term Care

On Aug. 6, Governor Inslee announced the Safe Start for Long-Term Care plan. Effective Aug. 12, the plan establishes criteria for long-term care facilities to safely conduct visitation. The plan also prescribes policy related to trips outside the facility, communal dining and group activities, testing and screening, source control and PPE, and staffing.

A summary is available [here](#).

Important Documents

- [Safe Start for Long-Term Care, Full Plan](#) (Adult Family Homes, Assisted Living Facilities, Enhanced Services Facilities)
- [Safe Start for Long-Term Care, Full Plan](#) (Nursing Homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities)
- [Safe Start for Long-Term Care, Full Plan](#) (Certified Community Residential Services and Support)
- [Safe Start for Long-Term Care, LTC Phase Summary](#)
- [Safe Start for Long-Term Care, Visit Summary](#)
- [Informational Webinar for Adult Family Homes, Assisted Living Facilities, and Enhanced Services Facilities](#)
- [Informational Webinar for Certified Community Residential Services and Supports](#)

Frequently Asked Questions

How do LTC Phases work?

LTC Phase status is based upon the general Safe Start plan, but takes additional factors into account.

Those additional factors include [local virus activity](#), facility access to testing and personal protective equipment, and virus activity within the facility.

Facilities will be held to **LTC Phase 1** if the local COVID case rate per 100,000 residents exceeds 75.

To reach **LTC Phase 2**, the local COVID case rate threshold is 25-75 per 100,000 residents. 28 days must have passed since the last positive or suspected client was identified within the facility. A plan for responding to new infections must be prepared. Adequate staffing, PPE, cleaning supplies, local hospital capacity are also required.

To reach **LTC Phase 3**, the local COVID case rate threshold is 10-25 per 100,000 residents. 28 days must have passed since the last positive or suspected client was identified within the facility. A plan for responding to new infections must be prepared. Adequate staffing, PPE, cleaning supplies, local hospital capacity are also required.

To reach **LTC Phase 4**, the local COVID case rate must not exceed 10 per 100,000 residents. 28 days must have passed since the last positive or suspected client was identified within the facility. A plan for responding to new infections must be prepared. Adequate staffing, PPE, cleaning supplies, local hospital capacity are also required.

Facilities may not move beyond their county's [Safe Start Phase](#).

Safe Start for Long Term Care Recommendations and Requirements: Adult Family Homes, Assisted Living Facilities & Enhanced Services Facilities

Introduction

Safe Start for Long-Term Care Facility 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 supported living agencies, decisions on relaxing restrictions should be made:

- With careful review of various unique aspects of the different facilities 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 reopening and adjust the Washington reopening plans accordingly.

Residential Care Setting and Supported Living 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.*
3. *Follow this DSHS and DOH phased reopening plan which is based on the Governor's Safe Start phased plan.*

4. Follow the “Washington Phased Approach for Modifying Physical Distancing” and Governor Proclamations: [Safe Start Plan](#).
5. The LHI or DOH have the authority to return a facility to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing non-essential visitor restrictions and services defined by the Governor’s Safe Start Plan.
6. The facility or agency cannot move into the next LTC re-opening phase until the Secretary of the Department of Health approves the next Safe Start county phase for the respective county. For example, facilities located in counties in Safe Start Phase 1, cannot move beyond phase 1 of the LTC-reopening plan until the county enters Safe Start Phase 2 or greater. The facility or agency must then meet the LTC-reopening phase criteria included in this document before moving forward.

Examples that may require a facility to return to a more restrictive phase of reopening include new outbreaks of COVID-19 in their facility or the county returning to a more restrictive phase of reopening, as determined by the LHI or DOH. The LHI and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures. [The definition of an outbreak in a LTC facility](#) is the presence of one positive case of COVID-19.

Individual facility types have state statute or rules that requires a facility to impose actions to protect the residents by activating their infection control plan.

All facilities and agencies must be prepared for an outbreak and make assurances they have;

1. Access to adequate testing: The facility must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory;
2. Capacity to conduct ongoing testing of residents 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 residents with COVID-19 or if unable to cohort residents, have a plan which may include transferring a person to another care setting;
6. A plan in place to care for residents with COVID-19, including identification and isolation of residents. The facility or agency 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.

Section I – Safe Start of Facilities

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	Assisted Living/ESF Mitigation Steps	Adult Family Home 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 to essential healthcare personnel only. • All healthcare 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 their visit. 	<ul style="list-style-type: none"> • Entry is restricted to essential healthcare personnel only. • All healthcare 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 their visit.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> Essential healthcare personnel such as Nurse Delegates will follow DOH guidance for nurse delegation. 	<ul style="list-style-type: none"> Essential healthcare personnel such as Nurse Delegates will follow DOH guidance for nurse delegation.
<p>Medically and Non-Medically Necessary Trips</p>	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>For medically and non-medically necessary trips away from of the facility:</p> <ul style="list-style-type: none"> The resident must wear a cloth face covering or facemask unless medically contraindicated; and The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. Transportation equipment shall be sanitized between transports. Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status. Additional guidance is available in this link. https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html 	<p>Telemedicine should be utilized whenever possible.</p> <p>Non-medically necessary trips outside the building should be avoided.</p> <p>For medically and non-medically necessary trips away from of the facility:</p> <ul style="list-style-type: none"> The resident must wear a cloth face covering or facemask unless medically contraindicated; and The facility must share the resident’s COVID-19 status with the transportation service and entity with whom the resident has the appointment. Transportation staff, at a minimum, must wear a facemask. Additional PPE may be required. Transportation equipment shall be sanitized between transports. Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status. Additional guidance is available in this link https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
Communal Dining	<ul style="list-style-type: none"> • Communal dining is not recommended. • For residents who require staff assistance with feeding, appropriate hand hygiene must occur between residents and residents must be seated at least 6 feet apart. • Disinfect all dining tables and surfaces before and after meals. • Separate residents with choking and coughing conditions and provide appropriate staff supervision. 	<ul style="list-style-type: none"> • Communal dining is not recommended. • For residents who require staff assistance with feeding, appropriate hand hygiene must occur between residents and residents must be seated at least 6 feet apart. • Disinfect all dining tables and surfaces before and after meals. • Separate residents with choking and coughing conditions and provide appropriate staff supervision.
Screening	<ul style="list-style-type: none"> • Actively screen residents daily. • Actively screen all staff and all essential health care personnel entering the building. • Do not screen EMTs or law enforcement responding to an emergent call. 	<ul style="list-style-type: none"> • Actively screen residents daily. • Actively screen all staff and all essential health care personnel entering the home. • Do not screen EMTs or law enforcement responding to an emergent call.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • All facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. • All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. 	<ul style="list-style-type: none"> • All staff, regardless of their position, must wear a cloth face covering or face mask while in the home. • All staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the LHJ guidelines for new admissions or readmissions from a hospital setting. 	<ul style="list-style-type: none"> • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the LHJ guidelines for new admissions or readmissions from a hospital setting.
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Follow LHJ guidance for any isolation and cohorting of residents. • Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Plans must be in place to: <ul style="list-style-type: none"> ○ Monitor residents who test positive and have roommates in the facility; ○ Manage new admissions and readmissions with an unknown COVID-19 status; ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis); ○ Monitor staff who work with multiple clients and agencies. 	<ul style="list-style-type: none"> • Follow LHJ guidance for any isolation and cohorting of residents. • Depending on the number of rooms and size of the home, the provider may have to transfer residents who are symptomatic or testing positive for COVID-19. • Plans must be in place to: <ul style="list-style-type: none"> ○ Monitor residents who test positive and have roommates in the home; ○ Manage new admissions and readmissions with an unknown COVID-19 status; ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis); ○ Monitor staff who work with multiple clients and agencies.
Group Activities	<ul style="list-style-type: none"> • Restrict group activities. 	<ul style="list-style-type: none"> • Restrict group activities.

Consideration	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<ul style="list-style-type: none"> Engagement through technology is preferred to minimize opportunity for exposure. Facilities should have procedures in place to engage remotely or virtually, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<ul style="list-style-type: none"> Engagement through technology is preferred to minimize opportunity for exposure. Homes should have procedures in place to engage remotely or virtually, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<ul style="list-style-type: none"> Testing will occur based on CDC, DOH, and LHJ guidance. The facility 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 must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 2

Entry Criteria:

*If the county in which a facility is located has entered Phase 2, the facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The facility 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 resident or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;

- The facility 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 facility 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 facility/home is capable of cohorting residents 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.

Facilities or agencies 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	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Visitation	<i>See Section II</i>	<i>See Section II</i>
Essential/Non-Essential Personnel	<ul style="list-style-type: none"> • All essential personnel are allowed to continue to enter the building. • Allow entry of a limited number of non-essential personnel as defined by the Governor’s Safe Start Plan as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and facemasks. • The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by 	<ul style="list-style-type: none"> • All essential personnel are allowed to continue to enter the building. • Allow entry of a limited number of non-essential personnel as defined by the Governor’s Safe Start Plan as determined necessary, with screening and additional precautions including social distancing, hand hygiene, and facemasks. • The number of non-essential personnel per day is based on the facility or agency ability to manage infection control practices • All personnel are screened upon entry and additional precautions are taken, including hand hygiene, donning of appropriate PPE, as determined by

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p>the task, and, at a minimum, wearing a face mask for the duration of the visit.</p> <ul style="list-style-type: none"> • Essential health care personnel such as Nurse Delegates, will follow DOH guidance for nurse delegation. 	<p>the task, and, at a minimum, wearing a face mask for the duration of the visit.</p> <ul style="list-style-type: none"> • Essential health care personnel such as Nurse Delegates, will follow DOH guidance for nurse delegation.
<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • Telemedicine should be utilized whenever possible. <p>Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities.</p> <ul style="list-style-type: none"> • Please see Dear Administrator letter ALF 020-028 and ESF 020-021 for details regarding residents leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. 	<ul style="list-style-type: none"> • Telemedicine should be utilized whenever possible. <p>Although residents are asked to limit non-essential trips as much as they are able, resident rights laws do allow a resident to participate in community activities.</p> <ul style="list-style-type: none"> • Please see Dear Administrator letter AFH 020-027 for details regarding residents leaving the facility for non-medically necessary trips. • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<ul style="list-style-type: none"> Residents must at a minimum be observed for 14 days. 	
Communal Dining	<ul style="list-style-type: none"> Residents may eat in the same room with appropriate social distancing. Limit the number of people at tables and space tables at least 6 feet apart. All staff must wears masks. Residents must wear masks when not eating/drinking. Disinfect all dining tables and eating surfaces before and after meals. If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. 	<ul style="list-style-type: none"> Residents may eat in the same room with appropriate social distancing. Limit the number of people at tables and space tables at least 6 feet apart. If staff assistance is required, appropriate hand hygiene must occur between residents and before and after meals. All staff must wears masks. Residents must wear masks when not eating/drinking. Disinfect all dining tables and eating surfaces before and after meals.
Screening	<ul style="list-style-type: none"> Actively screen residents daily. Actively screen all staff and all essential health care personnel entering the building daily. Do not screen EMTs or law enforcement responding to an emergent call. Maintain a screening log for 30 days. 	<ul style="list-style-type: none"> Actively screen residents daily. Actively screen all staff and all essential health care personnel entering the building daily. Do not screen EMTs or 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 facility staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. 	<ul style="list-style-type: none"> All staff, regardless of their position, must wear a cloth face covering or face mask while in the facility. All staff and essential healthcare personnel must wear appropriate PPE

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<ul style="list-style-type: none"> • All facility staff and essential healthcare personnel must wear appropriate PPE when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies. • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH and LHJ guidelines for new admissions or readmissions from a hospital setting. 	<p>when they are interacting with residents, to the extent PPE is available, and in accordance with CDC PPE optimization strategies.</p> <ul style="list-style-type: none"> • Additional universal source control recommendations can be found throughout this document (e.g., visitors, essential healthcare personnel). • Follow the DOH and LHJ guidelines for new admissions or readmissions from a hospital setting.
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Dedicate space in the facility and dedicate staff for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Plans must be in place to: <ul style="list-style-type: none"> ○ Manage new admissions and readmissions with an unknown COVID-19 status; 	<ul style="list-style-type: none"> • Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Follow LHJ guidance for any resident isolation and cohorting of roommates depending on number of rooms and size of home. Provider may need to transfer residents. • Plans must be in place to: <ul style="list-style-type: none"> ○ Manage new admissions and readmissions with an unknown COVID-19 status;

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<ul style="list-style-type: none"> ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., dialysis); ○ Monitor staff who work with multiple residents and agencies. 	<ul style="list-style-type: none"> ○ Manage residents who routinely attend outside medically-necessary appointments (e.g., behavioral health). ○ Monitor staff who work with multiple residents and agencies.
Group Activities	<ul style="list-style-type: none"> ● Modify activity restrictions; schedule to avoid high volume or congregate gathering and no more than 10 people including staff. ● Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. ● Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring ● Assist residents in engagement through technology to minimize opportunity for exposure. ● Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.). 	<ul style="list-style-type: none"> ● Modify activity restrictions; schedule to avoid high volume visitation in the home visitation areas e.g. kitchen, family room, dining room areas of the home and no more than two people. ● Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. ● Resident outdoor activities on home property requires universal masking, social distancing, and facility monitoring. ● Encourage residents and any roommates to practice social distancing and wear face masks when they engage in group activities at home.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
		<ul style="list-style-type: none"> • Assist residents in engagement through technology to minimize opportunity for exposure. • Assist residents in finding personalized activities through virtual means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility 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 must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 3

Entry Criteria:

*If the county in which a facility is located has entered Phase 3, the facility may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The facility 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 or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The facility 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 facility 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 facility/home is capable of cohorting residents 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.

Facilities or agencies 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	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Visitation	<ul style="list-style-type: none"> • <i>See Section II</i> 	<ul style="list-style-type: none"> • <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. • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan facilities are permitted to allow essential and non-essential healthcare personnel. • Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. <p><i>Examples:</i></p>	<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. • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan facilities are permitted to allow essential and non-essential healthcare personnel. • Facilities will use discretion following policies for universal masking, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. <p><i>Examples:</i></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p><u>The facility may permit a beautician/barber to come onsite and provide services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident, and hand hygiene. The beautician/barber would need to follow the Governor’s Safe Start guidance for businesses.</u></p> <p><u>A resident’s personal attorney may come in and meet with the resident for personal business transactions as long as the home follows social distancing, universal masking, entrance screening, and hand hygiene before and after each resident interaction.</u></p>	<p><u>The home may permit a beautician/barber to come onsite and provide services as long as the home follows social distancing, universal masking, entrance screening, disinfecting before and after each resident, and hand hygiene. The beautician/barber would need to follow the Governor’s Safe Start guidance for businesses.</u></p> <p><u>A resident’s personal guardian may come in and meet with the resident as long as the home follows social distancing, universal masking, entrance screening, and hand hygiene before and after each resident interaction.</u></p>
<p>Medically and Non-Medically Necessary Trips</p>	<ul style="list-style-type: none"> • Permitted within the boundaries of Governor’s Safe Start Plan and LHJ direction. • All parties must practice maintaining 6 ft. social distancing, use proper hand hygiene and wear face coverings when out of the facility and upon return, cooperate with facility entry screening policies. • Continue to follow Residential Care Services Dear Administrator letter, ALF 020-028 or ESF 020-021 for details regarding residents leaving the 	<ul style="list-style-type: none"> • Permitted within the boundaries of Governor’s Safe Start Plan and LHJ direction. • All parties must practice maintaining 6 ft. social distancing, use proper hand hygiene and wear face coverings when out of the facility and upon return, cooperate with facility entry screening policies. • Continue to follow Residential Care Services Dear Provider letter AFH 020-027 details regarding residents leaving the home for non-medically necessary trips.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p>facility for non-medically necessary trips.</p> <ul style="list-style-type: none"> • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days. <p><i>Examples:</i></p> <p><u>Residents may come and go from their homes to go out to eat or shop, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.</u></p> <p><u>Adult children may take residents out for day trips as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene.</u></p>	<ul style="list-style-type: none"> • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits that are determined to be at medium or high risk. • Residents must at a minimum be observed for 14 days. <p><i>Examples:</i></p> <p><u>Residents may come and go from their homes to go walk down to a local store, as long as they practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use hand hygiene.</u></p> <p><u>Families may take residents home for the weekend as long as they and the resident practice social distancing, universal masking, and participate in entrance screening upon return to their homes and use of hand hygiene.</u></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Communal Dining	<ul style="list-style-type: none"> • Permitted if 6 ft. social distancing can be maintained, staff/residents/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. • Providers are to separate residents in COVID-19 positive units from dining with residents in COVID-19 negative units, as well as resident suspected to be COVID-19 positive. <p><i>Examples:</i></p> <p><u>The facility serves meals in one third of its dining room capacity to maintain 6 ft. social distancing between residents.</u></p> <p><u>The facility adjusts meals times to offer more options.</u></p> <p><u>Residents volunteer to rotate meals for dining so residents can eat at least one meal a day out of their rooms.</u></p> <p><u>The facility offers meals outside on the patio.</u></p> <p><u>The facility conducts proper environmental cleansing between seating and meals.</u></p>	<ul style="list-style-type: none"> • Permitted if 6 ft. social distancing can be maintained in the confines of the home square footage, staff/resident/visitors have access to hand hygiene, and wear face coverings when not eating/drinking, as tolerated, and while traveling to and from the dining area. • Providers are to separate residents with COVID-19 positive diagnoses from residents with no COVID symptoms while they dine. <p><i>Examples:</i></p> <p><u>The home serves residents in separate seating in the kitchen to maintain 6 ft. social distancing between residents e.g. two residents at a kitchen table.</u></p> <p><u>The home adjusts resident meals times to offer more options.</u></p> <p><u>Residents volunteer to rotate meals for dining so residents can eat at least one meal a day out of their rooms at the kitchen or dining room table.</u></p> <p><u>The home offers meals outside on picnic tables while other residents eat inside.</u></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
		<p><u>Some residents eat in the living room watching TV while others eat elsewhere.</u></p> <p><u>The home conducts proper environmental cleansing between seating and meals.</u></p>
Screening	<ul style="list-style-type: none"> • Remains the same as other phases. Screening 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask. • The provider will maintain a log of all visitors that is kept for 30 days. 	<ul style="list-style-type: none"> • Remains the same as other phases. Screening 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home have cloth face covering or facemask. • The provider will maintain a log of all visitors that is kept for 30 days.
Universal Source Control & Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. • All visitors must wear masks. • Staff must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC, DOH, and LHJs guidance on optimization of PPE. 	<ul style="list-style-type: none"> • Proper use of PPE, as determined or recommended by CDC, DOH, LHJs, and CMS guidelines as warranted. • All visitors must wear masks. • Staff must wear appropriate PPE when they are interacting with residents, to the extent PPE is available and consistent with CDC, DOH, and LHJs guidance on optimization of PPE.

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
Cohorting & Dedicated Staff	<ul style="list-style-type: none"> • Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Plans must be in place to manage: <ul style="list-style-type: none"> ○ New admissions and readmissions with an unknown COVID- 19 status. ○ Residents who routinely attend outside medically-necessary appointments (e.g., dialysis). 	<ul style="list-style-type: none"> • Identify the space and staff in the facility for cohorting and managing care for residents who are symptomatic or testing positive with COVID-19. • Plans must be in place to manage: <ul style="list-style-type: none"> ○ New admissions and readmissions with an unknown COVID- 19 status. ○ Residents who routinely attend outside medically-necessary appointments (e.g., mental health).
Group Activities	<ul style="list-style-type: none"> • Modify activity restrictions; schedule to avoid high volume or congregate gathering and no more than 10 people including staff. • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring <p><i>Examples:</i></p>	<ul style="list-style-type: none"> • Modify activity restrictions; schedule to avoid high volume or congregate gathering and no more than two people including staff. • Create policy for universal masking for residents and visitors, social distancing, flexible scheduling, number of visitors, locations, and minimize resident risk. • Resident outdoor activities on facility grounds require universal masking, social distancing, and facility monitoring <p><i>Examples:</i></p>

Consideration	Assisted Living/ESF Mitigation Steps	AFH Mitigation Steps
	<p><u>An assisted living facility may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene.</u></p> <p><u>Worship services, book reading, arts and crafts, chair exercises, and music programs are all permitted in this category as long as residents do not share activity items, and there is proper environmental cleansing before and after the activities.</u></p> <p><u>Residents may gather in the TV or library, maintaining 6 ft. social distancing and enjoying an afternoon happy hour with music.</u></p> <p><u>Residents may gather in a memory care unit potting flowers while maintaining 6 ft. social distancing. The facilities ensure the residents do not exchange tools.</u></p>	<p><u>A home may permit group activities with residents and families in a common area together as long as the home follows social distancing, universal masking, entrance screening and hand hygiene. Some residents may be seated in the kitchen while others are in the living room to maintain social distancing and participate together listening to history channel on the TV.</u></p> <p><u>A variety of resident-centered activities are permitted in this category as long as residents do not share activity items, there is no personal contact, and there is proper environmental cleansing before and after activities. For example, a resident may be painting at the kitchen table while another is drawing in the living room. Focus on resident-centered provision of activities while practicing social distancing, good hygiene, and environmental cleanliness.</u></p>
Testing	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. • The facility 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 must maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Phase 4

Entry Criteria:

*If the county in which a facility is located has entered Phase 4, the facility may relinquish all restrictions and return to a regular course of business provided after meeting **all** of the following criteria:*

- The facility 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 or staff case was identified in the home **OR** any timeline required by the LHJ, whichever is greater;
- The facility/home has adequate staffing levels in place;
- The facility 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 facility 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 facility/home is capable of cohorting residents 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.

Facilities or agencies 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 facilities and providers will:

- Screen 100% of all persons, residents, and staff entering/re-entering the facility including: temperature checks, questionnaire about symptoms and potential exposure, observation of any signs or symptoms, and ensures all people entering the facility or home 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;
- Universally mask;

- Maintain access to COVID-19 testing for all residents and staff at an established commercial laboratory.

Section II – Visitation

All facilities and agencies 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 facility. 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 facility/agency. Any equipment shared among residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Once a provider has met the entry criteria outlined for a phase in Section I the provider may then follow the visitation criteria for each corresponding phase below:

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
<u>Phase 1</u>	Indoor visitation is prohibited, except for: <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 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 facility’s temporary visitation policy and are not mandated; but rather at the discretion of the facility. ● Compassionate care visitors are actively screened upon entry and additional precautions are taken, 	Indoor visitation is prohibited, except for: <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 home, in consideration of social distancing and universal source control (e.g., window visits). Note: these limited and controlled visits may be included in the home’s temporary visitation policy and are not mandated; but rather at the discretion of the home. ● Compassionate care visitors are actively screened upon entry and additional precautions are taken,

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<p>including social distancing and hand hygiene.</p> <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 a cloth face covering or facemask 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. <p>Facilities 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. • Access to the Ombudsman. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow Outdoor Visitation Guidance Document (insert link) <p>Window visits are not restricted or prohibited. Providers will permit window visits depending</p>	<p>including social distancing and hand hygiene.</p> <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 a cloth face covering or facemask for the duration of their visit. The home must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. <p>Homes 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. • Access to the Ombudsman. <p>Outdoor visits allowed:</p> <ul style="list-style-type: none"> • 2 visitors per resident during each visit; • Under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing; • Facility will review and follow Outdoor Visitation Guidance Document (insert link) <p>Window visits are not restricted or prohibited. Providers will permit window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing.</p>

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing.	
<u>Phase 2</u>	<p>Visitation is limited to the following activities:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the 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 facility’s temporary visitation policy and are not mandated; but rather at the discretion of the facility. ○ Compassionate care visitors are screened upon entry and additional precautions are taken, including masking, social distancing and hand hygiene. • Outdoor visits under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing. Facility will review and follow Outdoor Visitation Guidance Document (insert link) • If a resident is unable to participate in outdoor visits, and is unable to utilize remote visitation through technology, they may have one essential support 	<p>Visitation is limited to the following activities:</p> <ul style="list-style-type: none"> • Compassionate care situations restricted to end-of-life and psycho-social needs; <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the 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 facility’s temporary visitation policy and are not mandated; but rather at the discretion of the facility. ○ Compassionate care visitors are screened upon entry and additional precautions are taken, including masking, social distancing and hand hygiene. • Outdoor visits under controlled conditions with all precautions taken including use of face masks, appropriate hand hygiene, and social distancing. Facility will review and follow Outdoor Visitation Guidance Document (insert link) • If a resident is unable to participate in outdoor visits, and is unable to utilize remote visitation through technology, they may have one essential support

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
	<p>person** who visits in the facility up to once daily :</p> <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control; ○ Essential support persons are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. <ul style="list-style-type: none"> ● Window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. <p>Visitors must sign in, including contact information, in a visitor’s log 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 facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control.</p> <p>Facilities 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. ● Access to the Ombudsman. 	<p>person** who visits in the facility up to once daily:</p> <ul style="list-style-type: none"> ○ Under limited and controlled conditions, coordinated by the facility, in consideration of social distancing and universal source control; ○ Essential support persons are screened upon entry and additional precautions are taken, including social distancing and hand hygiene. <ul style="list-style-type: none"> ● Window visits depending on grounds safety, resident privacy and choice, and facility capacity, case mix, and staffing. <p>Visitors must sign in, including contact information, in a visitor’s log 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 facility must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control.</p> <p>Facilities 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. ● Access to the Ombudsman.

Phase	Assisted Living/ESF Mitigation Steps	Adult Family Home Mitigation Steps
<u>Phase 3</u>	<ul style="list-style-type: none"> • All residents have the ability to have limited visitation. • The facility policy will describe visitation schedule, hours and locations, number of visitors and visits. • Infection control practices including hand hygiene, universal source control for the resident and visitor, and overall facility supervision of safe practices related to visitors and social distancing. • Facilities may limit the number of visitors for each resident. • Preference should be given to outdoor visitation opportunities. • Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.* <p>After visits, all areas must be disinfected.</p>	<ul style="list-style-type: none"> • All residents have the ability to have limited visitation. • The home policy will describe visitation schedule, hours and locations, number of visitors and visits. • Infection control practices including hand hygiene, universal source control for the resident and visitor, and overall facility supervision of safe practices related to visitors and social distancing. • Homes may limit the number of visitors for each resident. • Preference should be given to outdoor visitation opportunities • Visitors must sign in, including contact information, and the log of visitors must be kept for 30 days.* <p>After visits, all areas must be disinfected.</p>
<u>Phase 4</u>	Resume Regular Visitation	Resume Regular Visitation

***Visitor Log Information**

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.

**** Essential Support Person Requirements**

Recognizing the critical role family members and other close, outside caregivers have in the care and support of residents, and recognizing how they advocate for the resident, it is strongly recommended LTC facilities develop a process to designate an essential support person (ESP) where

appropriate. An ESP could be an individual who was previously actively engaged with the resident or is committed to providing companionship and/or assistance with activities of daily living.

1. Facilities must establish policies and procedures for how to designate and utilize an ESP.
2. The resident must be consulted about their wishes to determine whom to designate as the ESP. Consider persons such as a family member, outside caregiver, friend, or volunteer who provided regular care and support to the resident prior to the pandemic.
3. Ensure scheduling of ESP visits considers numbers of ESP in the building at the same time. The facility may establish time limits as needed to keep residents safe.
4. The ESP must wear all necessary personal protective equipment (PPE) while in the building (minimally eye protection and face mask), and must perform frequent hand hygiene. The facility should ensure hand sanitizing stations and alcohol-based hand rubs are accessible. For additional guidance, see Contingency Standards of Care for COVID-19: Personal Protective Equipment for Congregate Care Settings (<https://www.health.state.mn.us/communities/ep/surge/crisis/ppegrid.pdf>).
5. The ESP must not be allowed to visit a resident during a resident's 14-day quarantine, and must not visit when a resident is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.

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

Introduction

Safe Start for Long-Term Care 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 (Supported Living, Group Training Homes, Group Homes, State Operated Living Alternatives or SOLA) 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 reopening and adjust the Washington reopening 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 reopening plan based on the Governor's phased plan.*

4. *Providers/agencies/programs must also follow the “Washington Phased Approach for Modifying Physical Distancing” and Governor Proclamations: [Safe Start Plan](#).*
5. *The LHM or DOH have the authority to return a facility, agency or program to more restrictive operations in response to any infectious disease and/or COVID-19 outbreak by imposing non-essential visitor restrictions and services.*
6. *The facility, agency or program cannot move into the next LTC re-opening phase until the Secretary of the Department of Health approves the next Safe Start county phase for the respective county. For example, facility, agency or program located in counties in Safe Start Phase 1, cannot move beyond phase 1 of the LTC-reopening plan until the county enters Safe Start Phase 2 or greater. The facility, agency or program must then meet the LTC-reopening phase criteria included in this document before moving forward.*

Examples that may require a facility, agency or program to return to a more restrictive phase of reopening include new outbreaks of COVID-19 in their facility or agency or program or the county returning to a more restrictive phase of reopening, as determined by the LHM or DOH. The LHM and DOH under WAC 246-101-505 and WAC 246-101-605 have the authority to conduct public health investigations and institute control measures. The definition of an outbreak in a LTC facility is the presence of one positive case of COVID-19.

Providers have statute or rule that require a provider to impose actions to protect the clients by activating their infection control plan if applicable.

All facilities, agencies and programs must be prepared for an outbreak and must make assurances they have:

1. Access to adequate testing: The facility, agency or program must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory;
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 facility, agency or program 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.

- 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.

Section I – Safe Start of Agencies and Programs

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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home 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. • Essential health care personnel such as Nurse Delegators will follow DOH guidance for nurse delegation. • Provider or program will make sure essential health care personnel will 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. • Essential health care personnel such as Nurse Delegators will follow DOH guidance for nurse delegation. • Provider or facility will make sure essential health care personnel will 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.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
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 wear a cloth face covering or facemask unless medically contraindicated. • The provider or program, 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. • Transportation equipment shall be sanitized between transports. • Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status. • https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html. 	<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 wear a cloth face covering or facemask unless medically contraindicated. • The provider or facility 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. • Transportation equipment shall be sanitized between transports. • Quarantine for 14 days upon return if asymptomatic and not in a positive COVID-19 status. • https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html.
Communal Dining	<ul style="list-style-type: none"> • Prohibit COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates. • Communal dining is not recommended. 	<ul style="list-style-type: none"> • Prohibit COVID-19 positive or suspected COVID-19 positive clients from eating meals with housemates. • Communal dining is not recommended.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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.
Screening	<ul style="list-style-type: none"> • Actively screen clients daily by checking temperatures and 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 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. 	<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.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • 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"> • 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 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.).

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
		possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<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.

Phase 2

Entry Criteria:

*If the Supported Living (SL) agency/provider, Group Home, Group Training Home or SOLA is located in a county that has entered Phase 2, the SL agency, Group Home, Group Training Home or SOLA program, may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The facility 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 home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, or Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home 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 will make sure essential health care personnel wear appropriate PPE as needed. • Essential health care personnel such as Nurse Delegators 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 facility or provider will make sure essential health care personnel wear appropriate PPE as needed. • Essential health care personnel such as Nurse Delegators 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. 	<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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • 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 after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after client returns from medical and non- medical visits that are determined to be at medium or high risk. 	<ul style="list-style-type: none"> • 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 after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after client returns from medical and non- medical visits that are determined to be at medium or high risk.
Communal Dining	<ul style="list-style-type: none"> • Prohibit 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"> • Prohibit 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.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
Screening	<ul style="list-style-type: none"> • Actively screen clients daily by checking temperatures and 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 and 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.
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. • 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. • 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"> • Plans must be in place to monitor:

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<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"> ○ 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 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 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 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 means, where possible, that improve quality of life (e.g. church service, art classes, concerts, etc.).
Testing	<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. 	<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.

Phase 3

Entry Criteria:

*If the Supported Living (SL) agency/provider, Group Home, Group Training Home or SOLA is located in a county that has entered Phase 3 the SL agency, Group Home, or Group Training Home or SOLA program may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The facility 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 home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home 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 agency or program will make sure essential and non-essential health care personnel wear appropriate PPE, as needed. • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan agencies or programs are permitted to allow essential and non-essential healthcare personnel. • The agency or program 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 facility or provider will make sure essential and non-essential health care personnel wear appropriate PPE, as needed. • Within the allowable boundaries of phase 3 of the Governor’s Safe Start Plan the facilities or providers are permitted to allow essential and non-essential healthcare personnel. • The facility or 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. • Please see Dear Administrator letter CCRSS 2020-019 for details regarding clients

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • Please see Dear Administrator 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 after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits. 	<p>leaving the home for non-medically necessary trips.</p> <ul style="list-style-type: none"> • Use the Risk Assessment Template to Assess COVID-19 Exposure Risk for Residents and Clients after Community Visits and the Letter to Families when residents/clients are preparing for community activities. • Consult with LHJ on need for 14-day quarantine period after resident returns from medical and non-medical visits.
Communal Dining	<ul style="list-style-type: none"> • Prohibit 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. 	<ul style="list-style-type: none"> • Prohibit 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.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> 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"> 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 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. 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 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. 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. 	<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.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • Follow the LHJ guidelines for when a client returns home from a hospital setting. 	<ul style="list-style-type: none"> • 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.
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	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance. 	<ul style="list-style-type: none"> • Testing will occur based on CDC, DOH, and LHJ guidance.

Consideration	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> The provider and program must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory. 	<ul style="list-style-type: none"> The facility or provider must maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory.

Phase 4

Entry Criteria:

*If the Supported Living (SL) agency/provider, Group Home, Group Training Home or SOLA is located in a county that has entered Phase 4 the SL agency, Group Home, Group Training Home or SOLA program may begin implementing the criteria outlined in the grid below after meeting **all** of the following:*

- The facility 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 home **OR** any timeline required by the LHJ, whichever is greater;
- Adequate staffing levels are in place;
- The SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 SL agency, Group Home, Group Training Home or SOLA program 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 facilities/agencies 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;
- Universally mask;
- Maintain access to COVID-19 testing for all clients and staff at an established commercial laboratory.

Section II – Visitation

All facilities and agencies 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 facility. 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 facility/agency. Any equipment shared among residents should be cleaned and disinfected between uses according to manufacturer guidelines.

Once a provider has met the entry criteria outlined for a phase in Section I the provider may then follow the visitation criteria for each corresponding phase below:

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
<u>Phase 1</u>	Clients (Supported Living) are asked to limit people visiting their homes in cooperation with	Indoor visitation is prohibited (Group Home), except for:

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<p>the Stay Home Stay Healthy Premise of decreasing the spread of COVID-19.</p> <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. • 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 program must provide a face mask to the visitor, in the event they do not have one, to ensure universal source control. 	<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. • 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: <ul style="list-style-type: none"> • Access to communication with friends, family, and their spiritual community. • Access to Ombuds.

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<ul style="list-style-type: none"> • Providers or programs 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 Document (insert link) <p>Window visits are not restricted or prohibited. Providers or programs will permit window visits depending on grounds safety, client privacy and choice, home capacity, layout of the home, and staffing.</p>	<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 Document (insert link) <p>Window visits are not restricted or prohibited. Providers or facilities will permit window visits depending on grounds safety, client privacy and choice, home capacity, layout of the home, and staffing.</p>
<u>Phase 2</u>	<p>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.</p>	<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

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
		<p>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.</p> <ul style="list-style-type: none"> • 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 and facilities should have policies in place for remote visitation, whenever possible, to include: <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. Agency will review and</p>

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
		<p>follow Outdoor Visitation Guidance Document (insert link)</p> <p>Window visits are not restricted or prohibited. Providers and facilities 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"> • 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. • Visitors must sign in, including contact information, in a visitor’s log and the log of visitors must be kept for 30 days.* • The provider or program may permit family members to congregate in a common area as long as the home 	<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 facility or 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.* • The provider or facility may permit family members to congregate in a common area as long as the home

Phase	Supported Living Agency and SOLA Mitigation Steps	Group Home and Group Training Home Mitigation Steps
	<p>follows social distancing, universal masking, entrance screening and hand hygiene.</p> <ul style="list-style-type: none"> • After visits, all areas must be disinfected. <p>When appropriate, visitation may occur in areas outside of the home.</p>	<p>follows social distancing, universal masking, entrance screening and hand hygiene.</p> <ul style="list-style-type: none"> • After visits, all areas must be disinfected. • When appropriate, visitation may occur in areas outside of the home.
<u>Phase 4</u>	Resume Regular Visitation	Resume Regular Visitation

*** 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

**** Essential Support Person Requirements**

Recognizing the critical role family members and other close, outside caregivers have in the care and support of clients, and recognizing how they advocate for the client, it is strongly recommended Supported Living (SL) agencies, Group Homes (GH), Group Training Homes (GTH) or SOLA Programs develop a process to designate an essential support person (ESP) where appropriate. An ESP could be an individual who was previously actively engaged with the-client or is committed to providing companionship and/or assistance with activities of daily living.

1. Supported Living agency, Group Home, Group Training Home or SOLA program must establish policies and procedures for how to designate and utilize an ESP.
2. The client must be consulted about their wishes to determine whom to designate as the ESP. Consider persons such as a family member, outside caregiver, friend, or volunteer who provided regular care and support to the client prior to the pandemic.
3. Ensure scheduling of ESP visits considers numbers of ESP in the home at the same time. The SL agency, Group Home, Group Training Home or SOLA program may establish time limits as needed to keep clients safe.
4. The ESP must wear all necessary personal protective equipment (PPE) while in the client’s home (minimally eye protection and face mask), and must perform frequent hand hygiene. The SL agency, Group Home, Group Training Home, or SOLA Program should ensure hand sanitizing stations and alcohol-based hand rubs are accessible.

5. The ESP must not be allowed to visit a client during a client's 14-day quarantine, and must not visit when a client is positive for COVID-19 or symptomatic, unless the visit is for compassionate care.



SAVE THE DATE!!!
Title VI ITU Virtual Training
September 29 – October 7, 2020

The Centers for Medicare & Medicaid Services (CMS) is committed to helping the Indian Health Service (IHS), Tribal Health Programs, and Urban Indian Programs (ITU) to maximize their ability to access third party resources. To meet this objective, CMS, in partnership with the States, the Social Security Administration and IHS, provides training on the programs and benefits available through Medicare, Medicaid, and the Health Insurance Marketplace.

The target audience for the CMS ITU trainings is:

- Title VI Grantees and Program Staff
- Tribal Leadership
- I/T/U Third Party Billers
- I/T/U Health Directors
- State Units on Aging
- Area Agencies on Aging

Topics at a glance:

- CMS Tribal Affairs Updates
- Medicare, Medicaid, Social Security
- Coding, PRC, and much more.

Schedule At A Glance:

<i>Tuesday, September 29, 2020</i>	
• 1:30 PM (ET) – How CMS, ACL and IHS Coordinate Elder Work (Cynthia LaCounte - ACL, Bruce Finke – HIS and Judy Goforth Parker - Chickasaw Nation)	
• 4:00 PM (ET) – CMS LTSS Technical Assistance Center Website Walk-Through (Kim Blessing - Kauffman & Associates (KAI), and LTSS Resource Center , Cynthia LaCounte – ACL and Larry Curley – NICOA)	
<i>Wednesday September 30, 2020</i>	
• 1:30 PM (ET) – Division of Tribal Affairs Updates (Rachel Ryan Pedersen – CMS Division of Tribal Affairs) and Outreach and Enrollment (Kristen Bitsuie – National Indian Health Board)	
• 4:00 PM (ET) – Medicare 101 (Mary Munoz - CMS)	
<i>Thursday, October 1, 2020</i>	
• 1:30 PM (ET) – Fraud, Waste & Abuse (Mike Oberlin and James Ortmann - Office of Inspector General (OIG))	
• 4:00 PM (ET) – Money Follows the Person Tribal Initiative (Thomas Brown - CMS, John Anderson - State of Minnesota and Sarah Reynolds - Red Lake Nation)	
<i>Friday, October 2, 2020</i>	
• 1:30 PM (ET) – Relationships with States and how the Tribes Work Best with States (Best Practices) (Leslie Green – ACL)	
• 4:00 PM (ET) - Medicaid Billing: The Basics of Getting Started (Elaina Seep - Aniwahya Consulting)	



Monday, October 5, 2020

- 1:30 PM (ET) – **Tribal Benefits of Medicaid Billing in the Title VI Program** (Wendell Holt - Greater Lakes Inter-Tribal Council)
- 4:00 PM (ET) – **Health Equity Through the Tribal Experience: From Assimilation Through Sovereignty** (Mary Wolf - Greater Lakes Inter-Tribal Council and Elaina Seep - Aniwahya Consulting)

Tuesday, October 6, 2020

- 1:30 PM (ET) – **Social Security Benefits 101** (Rhonda Whitenack - Social Security Administration (SSA))
- 4:00 PM (ET) – **Supplemental Programs** (Maggie Flowers – ACL)

Wednesday, October 7, 2020

- 1:30 PM (ET) – **UND Indian Country Demographic Information** (Collette Adamsen - University of North Dakota, Leslie Green - ACL)
- 4:00 PM (ET) – **Home Community Based Service (HCBS) Waivers 101** (Ralph Lollar – CMS)

CEUs

You will receive 1 CEU from AAPC (American Academy of Professional Coders) for each webinar you attend for up to a maximum of 14 CEU's for the virtual training series.

PLEASE NOTE: You will need to participate in the full webinar and not log off early to receive the CEU certificate. On October 9th, you will be sent an online evaluation form to complete. Your feedback is important to help us improve. After completing the evaluation, you will receive your CEU's for the Billings Area CMS Outreach and Education virtual training. You will receive your CEU certificate(s) by October 16th. Evaluations have to be completed by October 15th in order to receive CEUs by October 16th.

Please register at: <https://regionalcmsitutraining.com/>

How to join a Webex:

Please [click here](#) for details on how to join a Webex. **Please download and test application a minimum of 48 hours prior to the webinar.**

Program contact information:

Vennetta Harrison
CMS Division of Program Operations-East
212-616-2214
Vennetta.Harrison@cms.hhs.gov

Bonnie Hillsberg
CMS Division of Tribal Affairs/CAHPG/CMCS
410-786-2612
Bonnie.Hillsberg@cms.hhs.gov

Dr. Susan Karol
CMS Division of Tribal Affairs/CAHPG/CMCS
443-934-2740
susan.karol@cms.hhs.gov

[Cynthia LaCounte](#)
Administration for Community Living
202-795-7380
Cynthia.lacounte@acl.hhs.gov

Registration contact information:

cmsitutraining@octanepublicrelations.com