“Back to Different” in Day Programs
Creating Sensible and Sustainable Solutions for DD Day Programming During the Transition Between Closure and Back to Normal Due to COVID 19

Step 2: Implementing a New Normal in New Jersey’s Day Programming
June 1, 2020

There is a light at the end of the tunnel that is the COVID 19 crisis. It is therefore incumbent on the Division of Developmental Disabilities and providers to ensure community agencies are as prepared as possible for the challenges that the near future will bring. We believe the following proposal, if enacted in and for our Day Programs for individuals with developmental disabilities, will help enable a future of growth, opportunity and hope.

Health and Safety

1. Follow CDC/DDD Guidelines
   • PPE
     a. PPE is required for all staff who have direct contact with individuals and other staff in day program.
     b. Individuals are not required to wear PPE but strongly recommended to optimize universal precautions, including education of the overall benefits of PPE.
   • COVID 19 diagnostic and antibody testing of individuals and staff for the virus per DDD guidelines.
   • It is highly recommended that all meetings be done virtually to observe universal precautions to prevent transmission of COVID 19
   • Regulations for modified/abbreviated programming due to increasing levels of COVID 19
     a. Expand and incorporate COVID 19 plan of action into Communicable Disease Policy and Procedures.
     b. Plan must include requirement to contact and communicate action plan to those impacted.
     c. Plan must include stipulation that there can be no return to the program without physician clearance. Additionally, mutual agreement between families and provider to communicate exposure of COVID 19
2. Re-Opening. Program Clearance Protocols
   • Standardized Risk-Assessment, admission/readmission tool to assess and protect individual’s level of compliance with program COVID 19 safety precautions.
   • Guidance/Policy for families and residential staff.
     a. Include release form for families and staff of participation and risk.
     b. Include requirements for readmission for families and residential staff.
     c. Antibody testing is recommended before admission
   • Physician consultation.

3. Containing Illness
   • Require temperature screening of individuals before boarding vans/entering buildings.
   • Consider measuring employees body temperature. CDC and state/local health authorities have acknowledged community spread of COVID 19 and issued precautions as of March 2020. Whereas, employers may measure employees’ body temperature and with all medical information, the fact that an employee had a fever or other symptoms would not be subject to HIPAA confidentiality requirements.
   • Require a process for self-reporting of household exposure.
   • Require a process for returning to program/work after illness.
   • Restrict and limit staff and participant mobility/rotation in order to reduce exposure.
   • Determine a designated area to quarantine staff/individuals who become ill or symptomatic while in the day program.
   • Physician consultation.

Facility

Encourage the observation and adherence of best practices.

1. Physical modifications or updates.
   • HVAC filter upgrades.
   • Consider touch free bathroom and kitchen faucets and dispensers.
   • Consider onsite laundry.
   • DDD must allow flexibility for programs to design setting(s) as needed, in order to ensure health and safety requirements as well as universal precautions.

2. Operational layout and supplies.
   • Restrict and prohibit visitors onsite.
   • Mark program space based on square footage for required social distancing and hang large reminder signs throughout building.
   • Utilize space not typically used for programming to optimize activity space and social distancing.
   • Assess need for additional tables, desk corrals or space dividers.
   • Prop open doors if possible, to reduce door-handle touching.
   • Provide some form of barrier, i.e. clear shower curtain for receptionist area.
   • Individual activity supplies should be individualized.
3. Cleaning and Sanitizing.
   • Clean and sterilize protocols at least twice per day, at end of day and as needed in high-
     touched areas, including individual’s activity supplies/items.
   • Deep cleaning and sterilizing prior to opening and on a regularly scheduled basis and
     after a confirmed positive case.
   • Ensure cleaning supplies are stocked.
   • Install additional hand sanitizer stations throughout the building.

   **Transportation**

   • Clean and sanitize vehicles at the start and end of every shift.
   • Encourage the prioritization of caregivers (e.g., family, group-home, etc.) providing
     transportation to and from programs to optimize universal precautions.
   • Limit the amount of people transported in the day program vehicle.

   **Programming/Logistics**

   1. Conduct Risk/Benefit assessment for all individuals prior to opening.
      • Consider interpretation for determining individuals:
        a. Safe return to program
           i. Assessing the number of people that may return
           ii. Smaller groups and individualizing program supplies where possible.
           iii. Staggering program times and/or shortening program days to
                accommodate more people
                -AM groups 9-12pm; PM groups 1-4pm (Leaving time between for
                 preparation
                -Alternating days: M, W, F and T, Th groups
        b. Further discussions that may be needed with the IDT to determine safe
           engagement.

   2. If returning to program is not recommended, offering nontraditional day program services.
      • Virtual
        a. Ensuring safe access to virtual technology and maintain HIPAA compliance.
        b. Ensuring families access to resources and technology.
        c. May include phone sessions, group and individual video sessions, instructional
           videos, virtual tours, games, music, dance, exercise.
        d. Providing staff with the appropriate resources to maintain professional
           boundaries and comply with HIPAA if using personal devises.
      • Community Based. May include staff working with an individual in the community,
        providing transportation to and from work, assisting with shopping needs, volunteering
        in the community, taking walks and exercising. (Staff intensive)
      • In Home. May include staff working in an individual’s home to provide personal care,
        assistance with tasks around the house, personal interests, medical appointments, etc.
        (Staff intensive.)
Financial

All day programs must have the ability to recoup 100% as is the case in PA and NY. For the health of the system and the individuals we serve, day providers must have the opportunity to follow their mission and achieve important goals with the individuals they serve as well as the opportunity to become whole.

1. Payment
   - Retainer payment of 75% guaranteed to providers for all individuals on roster.
     a. Based on consideration of pre-closure typical day plus or minus based on new enrollments, those who have left.
     b. Based on what is offered, not who participates.
   - Additional revenue of 25%. Programs can be provided from the options listed below to get to 100%. All options paid at not less than the current day Hab rate.
     a. On-site day Hab
     b. Virtual day Hab
     c. In-home Supports
     d. Community Based.

Example: Agency A is authorized to provide 1000 units of total services per week. Agency received a 75% retainer payment based on those units (750 units guaranteed). Agency A serves 20 people during that week and provides another 250+ units that week and bills for them. Billing can be capped at 100% or higher as a way to help agencies make up for additional training costs, additional time to train staff on virtual learning, the need to buy devices, changes to environment necessitated by COVID 19/Social Distancing (See Programming Logistics)

2. Payment During Phased Re-Opening. As more are able/willing to attend on-site, retainer is reduced and Medicaid billing is increased. The provider would bill for services provided but any billing over 30% would either be taken back by the state, not remitted to the provider or a reduction of the retainer by the corresponding percentage. This would last until providers are essentially billing at capacity.

3. Consideration to include Day Program in the current $3.00 increase to DSP’s wages per the Governor’s orders if in place at the time of day programs’ reopening.

4. Additional Expenses related to COVID 19. If agency is unable to bill above 100%, should be able to charge for these items separate from claims:
   - Cleaning supplies and staff
   - PPE
   - Facility modifications
   - Material/furniture/devices
   - Transportation (over and above pre-closure)
   - Training costs
   - DSPs moving back from residential to day program
Regulations

1. State Level. Division of Developmental Disabilities. All changes to be temporary in nature and reviewable following the end of the pandemic.
   - Revision of SP/CCP Manual to include;
     a. Clarify how the current situation may affect certification/re-certification requirements and timelines.
     b. Clarify how the current situation may affect auditing and PPMU interaction. Suggest greater flexibility and access to any documentation used to evaluate programs. Allow PPMU and individual agencies to assess critical situation on a case by case basis.
     c. Acknowledge environmental changes made to Social Distance and based on best practice recommendations (CDC, DOH, etc.) may impact current audit/review requirements.
     d. Revision of service definition to become more flexible to alternate timeframes and locations for service delivery.
     e. Alternate means of delivering services/expansion of program service definitions.
     f. Documentation Guidelines. Modification to documentation of program outcomes. (For example, the expectation for virtual should be different than for on-site).
     g. Development of parameters for virtual programming services delivery and billing (possible adjustment to Waiver).
     h. Reimbursement Guidelines.
     i. Change in expectations on training/CEU amounts and timelines based on current situation (minimized or waived for 2020 at least).
     j. Continued flexibility in hiring procedure timelines.
     k. Approval for phased in return.
     l. Use of risk assessment.
     m. Amended visitor’s policy.
     n. Transportation requirements.
     o. Guidelines for program modifications/closure due to COVID 19 cases.
     p. Review and possible suspension of Manual Standard 14.3 on Sustainability for programs hit hard by 75% payment structure.
   - Review of all Division Circulars and other standardized documentation to ensure agencies are not in violation of DDD regulations due to current situation.
   - Review and approval of agency plans and amended policies/procedures specific to COVID 19 related modifications.

   - Addendum to Policies/Procedures to reflect COVID 19-Related changes.
   - Suspension/Discharge
   - Delivery of services
   - Health/Safety
   - Screening
   - Communicable disease policy
• Communication between agency and families
• Staff training
• Modifications of employee policies/procedures
• Use of PPE, especially masks.
• Guidelines for employees who become ill, refuse to work, have childcare issues, etc.
• Outcome Documentation
• Use of risk assessment
• Compliance with attempts at social distancing
• Transportation
• Visitor’s policy
NJ DDD Day Program COVID 19 Risk Assessment

Name: 
Date: 
Completed by: 
PCP: 
Has this person been tested for COVID 19? Date(s)? Results?

Residential location (and agency if applicable):

<table>
<thead>
<tr>
<th>SITUATIONAL AND BEHAVIORAL RISK FACTORS</th>
<th>Score 0-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the person able to follow Social Distancing protocols?</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>Is the person able to tolerate wearing an appropriate face covering if needed?</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>Does the person require close personal care to complete ADL needs?</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>Does the person’s hygienic habits put them or those around them at risk?</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>Does the person engage in Self-injurious behavior?</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>Does the person generally comply with rules during transportation?</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>Does the person engage in any other behavior as documented that may put him/her or others at risk for infection? (Ex. ISP, BSP, Social History, Psychological Evaluation, etc.)</td>
<td>0-1-2-3</td>
</tr>
<tr>
<td>Will the person allow him/herself to be screened for illness?</td>
<td>0-1-2-3</td>
</tr>
</tbody>
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Score: 

0-No Impact on health and safety
1-Minimal impact on health and safety/Low intensity
2. Above average impact on health and safety/moderate intensity
3. High impact on health and safety/significant intensity

0-8 = Low Risk for Infection, 9-16=Moderate Risk of Infection, 17-24 = High Risk of Infection

<table>
<thead>
<tr>
<th>Health Risks/Factors</th>
<th>Yes or No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the person Diagnosed as diabetic?</td>
<td></td>
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<tr>
<td>Does the person suffer from a chronic respiratory illness?</td>
<td></td>
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<tr>
<td>Is the person diagnosed with an immunodeficiency or in recovery? (ex: HIV, cancer, post-transplant, Prednisone treatment, etc.)</td>
<td></td>
</tr>
<tr>
<td>Is the person diagnosed with any known cardiac condition including hypertension?</td>
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<tr>
<td>Does the person have renal disease? Known kidney failure?</td>
<td></td>
</tr>
<tr>
<td>Is the person of an age group that the CDC has defined as “at risk”?</td>
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<tr>
<td>Does the person have any other underlying health conditions?</td>
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<tr>
<td>Has the person exhibited any symptoms which may be related to Covid 19 during the last 14 days?</td>
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<tr>
<td>Is the person a smoker?</td>
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<tr>
<td>Does the person use aerosol medications, have respiratory a condition, including using an inhaler and/or nebulizer?</td>
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A score of “Yes” for any of the above noted issues may delay the person from taking part in day program at this time or may require the submission of a physician’s clearance along with a waiver signed by the person’s guardian (if applicable)

- A score of 3 in any of these areas will require a review by administrative personnel prior to re-admission. A total score of 17 or above may delay the admission of the person at this time.

- Health Risks at home: If the above-named service recipient is known to live with any person who is at risk based on the health factors noted above; a signed waiver must be presented by that person’s guardian acknowledging the shared risk which may be created by the service recipient attending at NJ DDD Day Program.

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