

COVID-19 RE-ENTRY PLAN

DESCRIPTION

This plan provides guidance and procedures for California's developmental services to safely operate and for consumers and families to make informed decisions about how and when to re-enter services during the COVID-19 pandemic.

To date, what is known about COVID-19 continues to develop and therefore guidance for risk mitigation is evolving. This plan is considered a living document and may be revised as research progresses, and all partners should continuously monitor credible sources for new and changing guidance on federal, state, and local levels.

KEY PRIORITIES

Collaboration and Partnership

- *Aligning plans with the State of California Resilience Roadmap and associated industry guidelines for reopening amid the pandemic*
- *Resourcing partners in the developmental disability services community for expertise and input, with a focus on person-centered planning and cultural and linguistic competent services*
- *Working with partnering federal, state and local agencies to align guidance and develop solutions*
- *Establishing systems for ongoing communication and support among the Department, regional centers, providers, consumers, advocates, and other stakeholders*

Redesigning and Adapting Services

- *Redesigning and adapting services to meet current and evolving needs amid this pandemic and shelter-in-place orders*
- *Reinventing adult day programs to lessen the health risks associated with congregate settings and increase opportunities for individualized supports*
- *Modernizing services with the use of technology for remote supports and telecommunication during and after this pandemic*

Sound Decision-Making and Accountability

- *Keeping informed on the evolving guidance from credible sources*
- *Monitoring and using data to make informed decisions*
- *Pursuing and using consumer and family input and recommendations*
- *Communicating data transparently and frequently*

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SERVICE AREAS FOR RE-ENTRY

SERVICE AREA	GENERAL DESCRIPTION OF RE-ENTRY
RESIDENTIAL: ARFPSHN, ICF/DD-N, ICF/DD-CN, ICF/DD-H	Visitors return to the home and residents resume integration in the surrounding community
RESIDENTIAL: LICENSED	Visitors return to the home and residents resume integration in the surrounding community
RESIDENTIAL: UNLICENSED	Visitors return to the home and residents resume integration in the surrounding community
DAY SERVICES: SITE BASED (REINVENTED)	In-person services are reinvented and resume on-site and in other settings
DAY SERVICES: UNLICENSED COMMUNITY-BASED	In-person services resume in community settings
DAY SERVICES: EMPLOYMENT	In-person supports resume in consumer work settings
TRANSPORTATION SERVICES	Services resume in all settings
EARLY START	In-person services resume including evaluations and planning meetings
IN HOME SERVICES	In-person services resume including evaluations and planning meetings
ELIGIBILITY & INTAKE	In-person services resume including evaluations and planning meetings
RC & DDS MONITORING	In-person monitoring visits resume in facilities and other settings

WILL ADD A DETAILED LIST OF WHAT IS INCLUDED IN EACH AREA (Appendix)

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PHASES OF RE-ENTRY

Assessment and planning must be done prior to Limited Re-Entry for each service area. During this phase:

- Providers conduct site-specific risk assessments and prepare site protection plans
- Providers conduct individual readiness assessments and prepare individual protection plans
- Consumers and families are supported to evaluate the options and decide what to do

Phase 1 Limited Re-Entry involves the initial return to previously suspended and/or modified in-person activities for a small number of individuals while limiting the duration of activities, maximizing physical distancing and protective measures, and monitoring health and safety. Each provider will designate the maximum number of people to be served in this phase in the site-specific protection plan that must be verified by the regional center. This will begin incrementally as indicated in the summary for each service area and is contingent upon the California Resilience Roadmap stage; county directives; and Regional Center evaluation and confirmation for each provider's services.

Phase 2 Partial Re-Entry involves a gradually increasing the number of individuals returning to previously suspended and/or modified in-person activities while continuing physical distancing and protective measures, and monitoring health and safety. Each provider will designate the maximum number of people to be served in this phase in the site-specific protection plan that must be verified by the regional center. This proceeds incrementally as indicated in the summary for each service area and is contingent upon the California Resilience Roadmap stage; county directives; and Regional Center evaluation and confirmation for each provider's services.

Phase 3 Full Re-Entry involves maximizing in-person activities while monitoring critical indicators and altering the scope of re-entry, if necessary, to protect health and safety. This proceeds incrementally as indicated in the summary for each service area and is contingent upon the California Resilience Roadmap stage; county directives; and Regional Center evaluation and confirmation for each provider's services. Permanent and long-term changes may be warranted to sustain improved systems for individualization, adaptation, oversight and accountability.

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SERVICE AREA	INDICATORS ALSO SUBJECT TO COUNTY DIRECTIVES			
	CA STAGE 1	CA STAGE 2	CA STAGE 3	CA STAGE 4
RESIDENTIAL: ARFPSHN, ICF/DD-N & ICF/DD-CN, ICF/DD-H			LIMITED	PARTIAL
RESIDENTIAL: LICENSED		LIMITED	PARTIAL	FULL
RESIDENTIAL: UNLICENSED		LIMITED	PARTIAL	FULL
DAY SERVICES: SITE-BASED (REINVENTED)		LIMITED & REINVENTING	PARTIALLY REINVENTED	FULLY REINVENTED
DAY SERVICES: UNLICENSED COMMUNITY-BASED		LIMITED	PARTIAL	FULL
DAY SERVICES: EMPLOYMENT	LIMITED	PARTIAL		FULL
TRANSPORTATION SERVICES		LIMITED	PARTIAL	FULL
EARLY START		LIMITED	PARTIAL	FULL
IN HOME SERVICES	LIMITED	PARTIAL		FULL
ELIGIBILITY & INTAKE		LIMITED	PARTIAL	FULL
RC & DDS MONITORING	LIMITED	PARTIAL		FULL

Refer to page 2 for a general description of re-entry for each service area and page 3 for a description of the Limited, Partial and Full Re-Entry phases

NOTE: In most service areas, permanent and long-term changes will be necessary, therefore Full Re-Entry may be notably different from before the COVID-19 pandemic.

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GUIDANCE

IN ALL SERVICE AREAS

- 1) Phases of re-entry:
 - Phase 1 Limited Re-Entry
 - Phase 2 Partial Re-Entry
 - Phase 3 Full Re-Entry
- 2) Specific considerations are detailed for phase for each service area. These considerations are intended to guide proactive and rigorous management of the risks associated with COVID-19 and promote ample communication among all stakeholders.
- 3) Posting of the COVID-19 PREPAREDNESS PLEDGE made by each Provider communicates its commitment to consumers, stakeholders and the general public.
- 4) The beginning of each phase is marked by indicators for each service area, aligned with the California Resilience Roadmap and local public health orders. The Regional Center is to track each Provider's move forward with the next Phase of re-entry.
 - Unless in-person services were never suspended, Providers should begin with Limited Re-Entry even if the county has already progressed to the Resilience Roadmap Stage associated with Partial or Full Re-Entry.
 - In the event a county has not officially progressed to the Resilience Roadmap Stage but has issued a directive allows that for the activities associated with a Provider's services, the Provider may move forward to the next Phase of re-entry.
- 5) Permanent or long-term changes to practices and procedures may be necessary.
- 6) Regional Centers and Providers may be more restrictive in directing each phase based on
 - County directives
 - Local Public Health guidance
 - Local COVID-19 impact
 - Individual consumer needs
- 7) Confirmed or uncontained cases, or a widespread resurgence of COVID-19, may require adaptation or reversal of re-entry plans.
- 8) Alternate and remote services continue to be available for consumers and families who are not prepared or able to leave home. Services may be delivered in portions, based on the needs and goals of the person, and may be a combination of in-person and remote supports.

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- 9) Regional Centers and Providers will be proactive and transparent in communications with consumers and families about temporary and permanent measures and limitations that impact participation.
- 10) The internal process to check for compliance and to document and correct deficiencies must be established.
- 11) The process to report and track COVID-cases, to include alerting the local health department, and identifying and isolating close workplace contacts of infected employees or consumers until they are tested must be established.
- 12) Consumers, care givers and staff must be provided contact information to report any safety concerns.
- 13) Regional Centers and Providers will be collaborative in monitoring re-entry plan implementation and adapt plans as needed.

ALL VENDORED SERVICES

RESIDENTIAL SERVICES: ARFPSHN, ICF/DD-N, ICF/DD-CN, ICF/DD-H
RESIDENTIAL SERVICES: LICENSED
RESIDENTIAL SERVICES: UNLICENSED
DAY SERVICES: SITE-BASED
DAY SERVICES: UNLICENSED COMMUNITY-BASED
DAY SERVICES: EMPLOYMENT
TRANSPORTATION SERVICES
EARLY START
IN-HOME SUPPORT SERVICES

- 1) Before Limited Re-Entry each Provider must
 - **Conduct a site-specific risk assessment**
 - **Develop a Protection Plan for each phase and obtain Regional Center verification.**
 - The COVID-19 PROTECTION PLAN VERIFICATION should be used to document verification. It is to be maintained on site and made available to anyone upon request.
 - This verification focuses on *in-person* services in various settings and the strategies to manage exposure to COVID-19.
 - Implement the plan
 - Monitor and revise the plan as needed
- 2) Providers will assess consumers for readiness to return to services with consideration of:
 - Risks versus benefits of delaying re-entry
 - Ability to cope with the at-home routine
 - Ability to participate in precautionary measures for infection control
 - Any alterations to the expected routine and the consumers ability to adapt

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- 3) Individuals and families will be supported to do a self-assessment of readiness and skills related to minimizing the spread of COVID-19, evaluate the option to re-enter services, and determine a plan.
- 4) Individualized training must be provided to consumers in advance of re-entering services to prepare the person for changed procedures including but not limited to screenings, hand-washing, and social distancing.

DAY SERVICES: LICENSED SITE BASED (REINVENTED)

- 1) Given the likelihood that the health risks associated with congregate settings will persist indefinitely, Providers of site-based day programs will be supported to reinvent their services with the following principles in mind:
 - Opportunities for individualized wrap-around services in various settings
 - Enhancing the principles of independence and self-determination
 - Maximizing recent innovations for remote services
 - Maximizing opportunities to facilitate remote community engagement
- 2) Providers will develop a **Program Design Reinvention Addendum** to describe the adaptations to the service model as well as a site-protection plan to mitigate the risks of exposure and spread of COVID-19 for each phase.
 - Regional Center approval is required.
 - Regional Centers will work with Providers to update the vendorization and service authorizations as needed.
 - Regional Centers will work with Providers to work with Community Care Licensing as needed.
- 3) Regional Centers and Providers will assess consumers for engagement in the reinvented services with consideration of:
 - Interests, goals and objectives for participation in the reinvented services
 - Flexible schedules for tailored services and various settings
 - Ability to cope with the at-home routine
 - Ability to participate in precautionary measures for infection control
 - Any alterations to the expected routine and the consumer's ability to adapt
- 4) Consumers will be informed of the reinvented service options and will be supported to make choices about those services through the interdisciplinary team process.
- 5) Regional Centers and Providers will work collaboratively to support consumers' transitions to chosen services.

ELIGIBILITY / INTAKE

- 1) In-person eligibility meetings and assessments resume where possible, with Regional Center responsibility for in-person meeting protocols.
 - Risk versus benefits of in-person meetings

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- Alternate locations
 - Health screenings for participants by trained individuals
 - Physical distancing
 - Face coverings to the extent possible
- 2) Regional Centers are responsible for outreach and education to their communities about the availability of eligibility/intake evaluations and procedures for in-person and telecommunication opportunities.

RC AND DDS MONITORING VISITS

- 1) DDS and RC monitoring via telecommunication methods must be reviewed and determined to be secure, effective, and equally or more cost-effective and efficient than in-person monitoring.
- 2) In-person monitoring visits require:
- DDS and RCs responsibility for prioritizing and managing the frequency of visits and rotation of personnel among multiple facilities.
 - Knowledge of and training on established guidance and protocols.
 - Compliance with the facility's visitor screening and precautions.

RESOURCES

- Centers for Disease Control (CDC)
- State of California Resilience Roadmap
- State of California Department of Developmental Services (DDS)
- State of California Department of Public Health (CDPH)
- State of California Department of Social Services (DSS)
- State of California Department of Aging
- Division of Occupational Safety and Health (better known as Cal/OSHA)
- Stakeholder focus groups and workgroups
- Regional Center Executive Directors
- National Association of State Directors of Developmental Disabilities Services (NASDDDS) and members