



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

## MEMORANDUM

**To:** DDA Providers

**From:** Bernard Simons, Deputy Secretary  
Developmental Disabilities Administration 

**Subject:** COVID-19 - DDA Licensed Residential Settings Suspected Outbreak Provider Checklist and Individuals Returning to DDA Licensed Residential Settings Guidance

**Date:** April 8, 2020

**cc:** DDA Staff

### Background

On March 5, 2020, Governor Lawrence J. Hogan, Jr., declared a State of Emergency due to disease (“COVID-19”) caused by the novel coronavirus. COVID-19 is a severe respiratory disease, resulting in illness or death, caused by person-to-person spread of the novel coronavirus. Based on State and federal guidance and to protect individuals with intellectual and developmental disabilities, the Developmental Disabilities Administration (DDA) recommends DDA licensed residential providers (each a “provider” and, collectively, “providers”) use the attached checklists of actions to take when there is a suspected or confirmed COVID-19 outbreak. In addition, within this guidance is a screening tool for providers to use in order to ensure overall health and safety when participants are returning to a provider’s home, while still following recommendations as it pertains to COVID-19 precautions.

### Suspected/Confirmed COVID-19 Outbreak

The Maryland Department of Health (MDH) issued “[INTERIM GUIDANCE ON PROCEDURES TO PREVENT AND RESPOND TO COVID-19 IN SMALL GROUP HOME OR CONGREGATE FACILITY SETTINGS](#)” This guidance is intended for smaller congregate living facilities such as residential treatment centers and group homes. It provides guidance for the operation of group homes to prevent transmission of COVID-19 based on recommendations from the U.S. Centers for Disease Control and Prevention (CDC) and MDH.

**An outbreak is defined as one or more residents/staff with suspected or confirmed COVID-19 diagnosis.** In the event of an outbreak in a congregate living setting immediate action is needed to address health needs of the residents and staff and to prevent the spread of the virus. In addition to implementing emergency disaster plans, providers must also notify physicians, family members, DDA, and the local health department, provided that such notification, if any, must be in compliance with applicable laws governing privacy of protected health information. To assist with the various actions that will need to be taken, we have developed a “DDA Licensing Residential Settings Suspected/Confirmed COVID-19 Outbreak Checklist” that providers can use or edit to ensure all required follow up actions are taken. Use of checklist is not required, rather another tool for agencies to utilize, as applicable.

The DDA has also developed an infographic applicable to suspected and positive COVID-19 cases in DDA licensed residential settings.

Important: In the event of an outbreak in a congregate living setting the local health department can send a test kit to the residential setting. Once received, the agency nurse can obtain a specimen which can be submitted to the MDH testing lab for rapid results (24-48hrs).

### **Individuals Returning to DDA Licensed Residential Settings**

As COVID-19 related cases begin to increase across the State of Maryland, caution around people with developmental disabilities returning from hospitals and/or their family homes is understandable and necessary to ensure the overall health and safety of the other housemates and staff. While these two scenarios pose a risk, DDA residential agencies are responsible for the continued care of the people they support, unless otherwise instructed by local public health entities. Abandonment of provider responsibilities can result in loss of payment and eligibility for applicable retainers.

It is important to mitigate risk and, in addition to requirements outlined in the Code of Maryland Regulations (COMAR) including, but not limited to, 10.22.02.10B(1)(a)<sup>1</sup>; 10.22.02.10B(2)<sup>2</sup>; 10.22.02.10B(4)<sup>3</sup>, we strongly encourage Person-Centered Planning (PCP) teams, as the need arises, to discuss risks, need for social distancing, and if applicable, develop a safety and

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<sup>1</sup> B. A licensed community residential service provider offering services in alternative living units or group homes shall develop an emergency plan for all types of emergencies and disasters that shall include:

(1) Procedures that will be followed before, during, and after an emergency to address the following:

(a) The evacuation, transportation, or 72-hour shelter-in-place of individuals and staff served;

<sup>2</sup>(2) The notification to families, staff, and the respective DDA regional office (licensing authority) regarding the action that will be taken concerning the safety and well-being of the individuals served;

<sup>3</sup>(4) The continuity of operations, including, but not limited to, redundant communications systems, preservation of records and electronic data, the procurement of essential goods, equipment, and services, plans to secure vacated facilities, and the relocation to alternate facilities;

contingency plan for people who are being discharged from the hospital or are wanting to be with their family during this time.

**DDA recommends the following screening of the people who will be returning to a home:**

#	Questions	Yes	No
1	Have you had any of the following <b>new</b> symptoms in the last seven days: fever or chills, cough ( <b>either new, or different than your usual cough</b> ), sore throat, shortness of breath, or any other flu-like symptoms?		
2	<b>In the past week</b> , do you know if you have been in close (less than 6 feet), prolonged contact (more than 2-3 minutes) with someone with fever, cough, shortness of breath, flu-like symptoms, or a diagnosis of COVID-19?		
3	Is your Temperature 100.4°F [38°C] or above?		
4	Have you received medicine to reduce fever, cough, or shortness of breath in the last 72 hours?		

**If the person answers NO to the above questions** coordinate with the agencies delegating nurse to plan for safe return to the provider’s residential home.

**If the person answers YES to the above questions, work with your organization’s delegating nurse to determine the following:**

- A safe hospital/nursing facility discharge plan that balances risk and support needs;
- Whether or not the individual can be quarantined at the residential home or another location until they can answer **NO** to the above questions; or
- Whether the individual can safely stay with their family until they can answer **NO** to the above questions

For up-to-date information and resources about COVID-19 for DDA Providers visit [https://dda.health.maryland.gov/Pages/Information\\_for\\_Providers.aspx](https://dda.health.maryland.gov/Pages/Information_for_Providers.aspx).

For up-to-date information and resources about COVID-19 in Maryland, visit <https://health.maryland.gov/coronavirus> .

# DDA Licensing Residential Settings Suspected/Confirmed COVID-19 Outbreak Checklist<sup>4</sup>

Notify the local health department of an outbreak <sup>5</sup> immediately. <b>Ensure they know you are operating a congregate living setting in order to prioritize testing/PPE<sup>6</sup>.</b>	<input type="checkbox"/>
Notify DDA regional office of COVID-19 results for applicable residents.	<input type="checkbox"/>
Create a plan, in collaboration with entities such as the local health department, for quarantining residents with symptoms of respiratory infection, including dedicating staff to work only with ill or well residents and/or dedicating space for suspected or confirmed COVID-19 residents. See <a href="#">DDA FAQ</a> guidance on quarantine	<input type="checkbox"/>
Use recommended PPE (i.e., gown, gloves, face mask, and face shield or goggles) for residents with undiagnosed respiratory illness or suspected or confirmed COVID-19 for 7 days after illness onset or until 72 hours after the resolution of fever and improvement respiratory symptoms, whichever is longer.	<input type="checkbox"/>
Ensure residential site has adequate supplies for hand washing, hand sanitizer (if available), cleaning supplies, and recommended PPE.	<input type="checkbox"/>
For additional PPE needs complete this <a href="#">form</a> and submit to your local Emergency Management Agency <sup>7</sup>	<input type="checkbox"/>
If possible, exclude employees who have had an exposure to a patient with COVID-19 without wearing appropriate PPE as they should be excluded from work for 14 days after the last exposure. <b>If this is not possible, they may continue to work if they remain asymptomatic and use appropriate PPE while working, including a facemask.</b>	<input type="checkbox"/>
As recommended and available, staff should wear a mask while they are inside of the home. If PPE supplies allow, consider having staff wear all recommended PPE (gowns, gloves, eye protection) for the care of all residents, regardless of the presence of symptoms.	<input type="checkbox"/>

<sup>4</sup> See accompanying [congregate living guidance](#) from Maryland Department of Health

<sup>5</sup> One or more resident/staff with suspected or confirmed COVID-19 diagnosis

<sup>6</sup> In the event of an outbreak in a congregate living setting the local health department can send a test kit to the residential setting. Once received, the agency nurse can obtain a specimen which can be submitted to the MDH testing lab for rapid results (24-48hrs).

<sup>7</sup> See DDA specific [provider alert](#) regarding PPE

Remind staff and residents to use respiratory hygiene and cough etiquette as well as following universal precautions found on <a href="#">CDC website</a> .	<input type="checkbox"/>
Visitation should be restricted except for end-of-life situations. For these visits, visitors should be screened for fever/respiratory symptoms prior to entry and given instructions on hand hygiene and the use of PPE. See <a href="#">DDA guidance on visitors</a>	<input type="checkbox"/>
Create a dedicated observation area (this could be dedicated rooms in one area) to house residents who have not tested positive for COVID-19 being admitted or re-admitted from an outside facility. Ideally, this area would have private rooms with private bathrooms.	<input type="checkbox"/>
Residents can be discharged home if stable and after consultation with your organization’s delegating nurse but should not be transferred to other facilities unless they need a level of care that the current home cannot provide.	<input type="checkbox"/>
Cohort residents and staff. Staff should not float between cohorts. Assign employees to care for the same group of residents each shift, if possible.	<input type="checkbox"/>
To extent possible, do not allow movement of residents between cohorts. Additionally, to extent possible, residents should not travel around the house for activities, dining, etc. Residents should comply with the Stay-at-Home order issued by Governor Hogan on March 30, 2020. <a href="https://governor.maryland.gov/wp-content/uploads/2020/03/Gatherings-FOURTH-AMENDED-3.30.20.pdf">https://governor.maryland.gov/wp-content/uploads/2020/03/Gatherings-FOURTH-AMENDED-3.30.20.pdf</a>	<input type="checkbox"/>
Ensure families, teams and the DDA are aware of what is going on, subject to applicable laws governing privacy of protected health information, and how your organization is ensuring the health and safety of its residents.	<input type="checkbox"/>
Please review DDA’s infographic that accompanies this checklist list as well as posted guidance on the <a href="#">DDA COVID 19 resource page</a> . If you cannot find an answer to your question, submit to <a href="mailto:dda.toolkitinfo@maryland.gov">dda.toolkitinfo@maryland.gov</a>	<input type="checkbox"/>
Please review CDC <a href="#">community resources</a>	<input type="checkbox"/>

# DDA Infographic – Suspected and Confirmed COVID-19 Cases



## DEVELOPMENTAL DISABILITY ADMINISTRATION

### A Quick Guide For Suspected/Confirmed COVID-19 Cases

#### MONITORING AND REPORTING

Contact primary care doctor at the onset of COVID-19 related symptoms.

Immediately notify the local health department and DDA regional office of resident/staff with a positive COVID-19.

Ensure your local health department knows you are operating a congregate living setting in order to prioritize testing/access to PPE.



#### PPE

Ensure your agency has recommended PPE .

If additional PPE is needed, fill out the applicable request form and submit to your local emergency management agency.

#### STAFF

If possible, exclude staff who had exposure to a resident with COVID-19 without wearing recommended PPE.

If this is not possible, staff may continue to work if they remain asymptomatic and utilize recommended PPE.



#### QUARANTINE

Follow Local Health Department, DDA, & CDC applicable guidance around congregate living settings and quarantine .

#### REMINDERS

Follow universal precautions, engage in enhanced environmental cleaning of all touched surfaces, and follow cough etiquette.

FOR ACCOMPANYING CHECKLIST & ADDITIONAL GUIDANCE PLEASE VISIT THE DDA WEBSITE AND CLICK ON OUR COVID-19 PAGE.