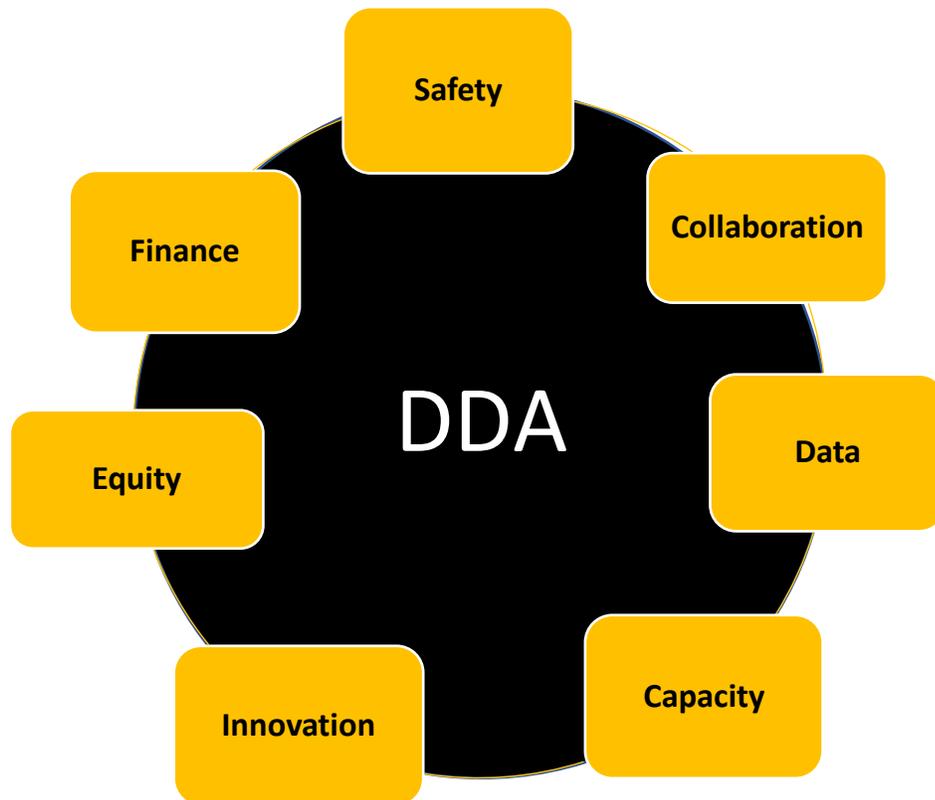




The Developmental Disabilities Administration

MEANINGFUL DAY SERVICES REOPENING FRAMEWORK



August 2020

The Developmental Disabilities Administration (DDA) has created a Meaningful Day Services Reopening Framework in collaboration with DDA stakeholders including participants, families, providers, Coordinators of Community Services, and other local, State, and national partners for a gradual and safe reopening.

The DDA licensed meaningful day programs may only reopen if they at a minimum the Governors' orders, federal safety requirements as outlined by the Centers for Disease Control and Prevention (CDC), Environmental Protection Agency (EPA), United States Department of Labor's Occupational Safety and Health Administration (OSHA), and Maryland Department of Health (MDH), while also meeting the minimum standards of the Americans with Disabilities Act (ADA).

All DDA meaningful day providers must develop a Safety Plan for reopening that addresses the considerations contained in this framework and provide the plan to the DDA Regional Directors via the DDA.Reopeningplan@Maryland.gov. Safety Plans should be submitted prior to the reopening of the day program and must include a statement that you are agreeing to implementing all required safety precautions and guidelines within your submitted plan.

Decisions regarding the reopening of meaningful day programs should be influenced by four guiding factors:

1. The specific needs, health considerations, and risk factors of the participants utilizing day services and staff
2. The ability of the meaningful day program setting to institute necessary environmental allowances for social distancing and infection control procedures
3. Guidelines from federal, State, and local authorities
4. Availability and access to appropriate Personal Protective Equipment (PPE) and necessary sanitation supplies, including the capacity to adequately train staff on the proper use, handling, and disposal of PPE and sanitation supplies.

The DDA encourages providers to reflect on how service delivery is changing and what innovations are needed, including exploring new ways to support people using technology; as well as the impact on traditional services and transportation. Also, the DDA encourages providers to look at your reopening plans through a capacity lens, in order, to ensure the health and safety of the participants, staff and families.

SAFETY



As we begin to move our communities forward and reopen society, safety shall be at the forefront of the decisions we make and actions we take. The Maryland DDA is committed to the health and safety of people with developmental disabilities and their families, providers, and the community at large. Provider plans must have a strong emphasis on process and procedures addressing safety.

Considerations:

- Plans should outline how your agency will implement and update, as applicable, the most current recommendations from the State of Maryland, local jurisdiction(s), Maryland Department of Health (MDH), and the Centers for Disease Control and Prevention (CDC), related to slowing the spread of COVID-19 and reopening phases including but not limited to:
 - **Use of Personal Protective Equipment (PPE)**
 - All program staff must wear a cloth face covering or mask at all times.
 - All program participants who can tolerate a cloth face covering or mask must wear one or the other at all times.
 - Staff providing direct care to participants, or who will have exposure to participants (for example, within six feet more than fifteen minutes; direct touching; or sharing an indoor environment for an extended period of time) should wear a facemask *and* eye protection such as a face shield or goggles *and* disposable gloves if contact is anticipated.
 - Program participants and staff must perform hand hygiene before and after donning and doffing personal protective equipment.
 - All appropriate personal PPE and hygiene must be utilized.
 - Staff who are unable to medically tolerate wearing a mask must be temporarily reassigned to work duties which do not require close contact with others.
 - The program should create guidance and training on correct use of PPE for staff and participants or identify an appropriate existing program or tool for training on use of PPE.
 - The program should use the [CDC's burn rate calculator](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html) to determine whether your program has an adequate supply of PPE on hand. Your agency must have an adequate supply of PPE to abide by your own reopening plan. Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

- **Screening**

- Develop a protocol for all staff and participants, as well as any essential visitors, to be screened prior to entry into the day program site and monitored for signs and symptoms of COVID-19 thereafter. The protocol must, at minimum, require that any staff or participant be excluded from the program if, in the past 10 hours, they experienced:
 - Fever (temperature over 100.4)
 - Cough
 - Congestion
 - Trouble breathing, shortness of breath, or severe wheezing
 - Muscle aches
 - Sore throat
 - Nausea or vomiting
 - Diarrhea
 - Loss of smell or taste, or change of taste
 - Headache
 - For participants, any other signs of distress or discomfort that might be indicative of one of the signs or symptoms above
- In addition, participants or staff must be excluded regardless of symptoms if:
 - They have been ordered to stay home by their local department of health because they are suspected to have COVID-19 or may have been exposed to COVID-19.
 - They have a positive COVID-19 RT-PCR test in the past 10 days. (Note that exclusion is *not* required for a positive antibody test alone.)
 - They are a resident of a group home experiencing an active outbreak of COVID-19.

- **Staff**

- Create a policy and protocol to ensure staff have the proper training to support the participants they are serving.
- Update personnel policies as needed regarding staffing, training, allowance of remote supports, payroll, leave time, and essential workers.

- Assess staffing capacity, including retention rates, new hires, length of stay, exposed and positive staff, on-site daily screening activities, and documentation.
 - Create a policy that requires staff to stay home if they are sick and does not penalize them for doing so.
 - Isolate any worker who begins to exhibit symptoms until they can either go home or leave to seek medical care.
 - Have an emergency staffing plan in the event that staff exposure to or illness with COVID-19 could lead to staffing shortages and follow the CDC guidance on “[Strategies to Mitigate Healthcare Personnel Staffing Shortages](https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html)”. Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html>.
- **Environmental Cleaning and Precautions**
- Establish a cleaning plan using [CDC guidance and approved cleaning solutions](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html). Provide clear guidelines and staff training on PPE use along with continuous ongoing communication and updates. Reference: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>.
 - Always clean surfaces prior to use of disinfectants in order to reduce soil and remove germs. Dirt and other materials on surfaces can reduce the effectiveness of disinfectants. Clean surfaces using water and soap or detergent to reduce soil and remove germs. For combination products that can both clean and disinfect, always follow the instructions on the specific product label to ensure effective use. In particular, make sure to leave the product on the surface for the recommended amount of contact time, to ensure it kills any virus, before wiping it off.
 - Cleaning of soiled areas must be completed prior to disinfection to ensure the effectiveness of the disinfectant product. Reference: <https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>
 - Provide and maintain easily accessible hand hygiene stations wherever possible throughout your program. Hygiene stations should include either:
 - Handwashing: soap, running warm water, and disposable paper towels; or
 - Hand sanitizing: alcohol-based hand sanitizer containing at least 60% alcohol for areas.
 - Follow CDC guidelines on “[Cleaning and Disinfecting Your Facility](https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html)” (Reference: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>)

[ncov/community/disinfecting-building-facility.html](https://www.ncov/community/disinfecting-building-facility.html)) if someone is suspected or confirmed to have COVID-19 infection including:

- Close off areas used by the person who is sick. The provider does not have to necessarily close operations if they can close off the affected areas.
 - Open outside doors and windows to increase air circulation in the area.
 - Wait 24 hours before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
 - Clean and disinfect all areas used by the person who is sick such as offices, classrooms, bathrooms, common areas, and shared equipment.
 - Once the area has been appropriately disinfected, it can be opened for use. Employees and participants without close contact with the person who is sick can return to the area immediately after disinfection.
- **People receiving services in various service settings** (e.g. day program building, in vehicles, at their jobs, in community settings)
- Establish guidelines that staff or other agency personnel in the high-risk category (over 65 or with an underlying health condition) to include but not limited to: asthma, cancer, immunocompromised state, obesity, serious heart conditions, sickle cell disease, type 2 diabetes mellitus, etc. should not be providing care and that participants in the high-risk category should not participate. See the CDC link for additional information https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronaviruses%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html.
 - Emphasize respiratory etiquette, hand hygiene and other precautions for everyone:
 - Cover your nose and mouth when coughing or sneezing with either a tissue or your inner elbow;
 - Ask everyone (staff, participants, volunteers, etc.) to wash their hands often with soap and water for at least 20 second or clean their hands with an alcohol-based hand sanitizer;
 - Provide assistance to participants who may have difficulty washing hands or using hand sanitizer; and
 - Advise everyone to avoid touching their eyes, nose, and mouth with unwashed hands.

○ **Transportation**

- Only participants and staff traveling to and from the same day program should be transported together;
 - Participants or staff from other day programs should not be intermingled for purposes of transportation at this time;
 - Participants transported together are encouraged to be cohorted for purposes for day programming also, in order to further reduce intermingling.;
- Capacity on buses, vans, and other vehicles transporting participants from multiple residences should be reduced to 50% of total capacity to maximize social distancing and reduce COVID-19 transmission risks.
- Participants and staff who reside/work together in the same home may be transported together to day program(s) in the same vehicle without a vehicle capacity reduction.
- Staff, and the driver must wear face coverings at all times in the vehicle, and program participants who can tolerate one should as well.
- Social distancing must be maintained for participants who cannot tolerate wearing a mask and, when possible, such participants should be transported alone or with members of the same household.
- Staff who cannot medically tolerate the use of a face covering should not be assigned to transport participants at this time.
- After each trip is completed, the interior of the vehicle should be thoroughly cleaned before additional participants are transported. See the link to the CDC instructions for vehicle cleaning <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html#PersonalVehicles>
- Where safe, windows should be rolled down to permit airflow.

○ **Social distancing**

- Create a policy that ensures at least six feet of physical distance is maintained among participants and staff, unless safety of the core activity requires a shorter distance or a participant's person-centered plan, behavior plan, or nursing care plan requires that closer contact be maintained with a staff member.
- Mark six-foot distances with floor tape in areas where lines form and sitting arrangements.
- Mark off areas that will assist staff and the participant to keep good social distancing, and limit the number of participants allowed at one time.
- Signage must be posted throughout the site addressing critical COVID-19 transmission prevention and containment. Programs can use the MDH

issued signage or develop customized signage specific to their day program needs and location. Signage must include guidance regarding:

- Social distancing requirements.
 - Use of mask or cloth face-covering requirements.
 - Proper storage, usage and disposal of PPE.
 - Symptom monitoring and COVID-19 exposure reporting requirements.
 - Proper hand washing and appropriate use of hand sanitizer.
- **Visitors to your programs**
 - Restrict visitors to essential visitors. The fewer visitors permitted; the less likely COVID-19 will be introduced into your program.
 - Establish clear guidelines on the procedures of infection control practices, including visitor policies, cleaning of frequently touched areas, frequent handwashing, wearing masks, and social distancing.
 - Day programs must maintain a log of every person, including staff and essential visitors, who may have close contact with other participants at the program site; excluding deliveries that are performed with appropriate PPE or through contactless means. Log should contain contact information, such that all contacts may be identified, traced, and notified in the event someone is diagnosed with COVID-19.
- **Emergency planning and closure**
 - Update your agency's emergency safety plan to include COVID-19.
 - Your plan must address how you will respond to a COVID-19 incident, including:
 - How you will safely isolate any participant who becomes ill or whose positive COVID-19 status becomes known to you while participating in a program.
 - How you will transport any participant who becomes ill while or whose positive COVID-19 status becomes known to you while participating in a program.
 - How you will notify participants, family members, staff, and other affected programs in the event that a participant or staff in your program is exposed, confirmed, or suspected to have COVID-19.
 - How you will notify your DDA Regional Director **and** your local health department of the incident.

- Your plan must specify the circumstances under which your program would close following a COVID-19 event.
 - At minimum, your program must close when at least one person has been diagnosed with COVID-19 and at least one other person has either been diagnosed with COVID-19 or has an illness with symptoms compatible with COVID-19.
 - In the event of closure, a program should remain closed until 14 days after the last time a person with COVID-19 participated in the program.
- **Return from Isolation and Quarantine**
 - Any program participant or staff person who has COVID-19 must remain out of the program until at least **10 days** have passed since the onset of symptoms (or specimen collection in the event that there are no symptoms) **and** fever has been resolved at least 24 hours (without fever-reducing medicine) **and** any other symptoms have improved.
 - In the event that a program participant or staff person has “severe or critical COVID-19,” they must remain out of the program until at least **20 days** have passed since the onset of symptoms (or specimen collection in the event that there are no symptoms) **and** fever has been resolved at least 24 hours **and** any other symptoms have improved. “Severe or critical” means any illness requiring hospitalization or any other illness specified to be severe or critical by a health provider or health department.
 - Any program participant or staff who is “exposed” to someone with COVID-19 must remain at home and out of the program for **14 days** following the exposure. “Exposed” means being within 6 feet of someone with COVID-19 for more than 15 minutes, or any other event deemed to be an exposure by a local department of health. In the event someone should become ill with COVID-19 during this 14-day exclusion period, they would then follow the isolation guidance above.
 - These standards are based on CDC guidance. Any change to CDC guidance about release from isolation or quarantine would immediately supersede this guidance.
- **Inclusiveness**
 - Collaborate with participants, families, and CCSs to better understand the health and safety needs of the people you support and use that information to create your agency’s reopening plans as well as any individual considerations, as appropriate.

- **Employment and Day Programs Congregate Settings**

- All congregate supports for employment and meaningful day settings continue to cease operation until a safety reopening plan is established to ensure social distance, proper sanitation, and opening phases.
- Develop a protocol for when a participant may not return to or attend the day program while a member of their household or their residence are being quarantined or isolated.
- Providers can utilize their staff whenever they can to provide in-home/remote support to participants who live in their own home or with a caregiver or a residential provider.
- All staff must receive training on the person-centered plans for each participant they are supporting.
- If a participant and/or their family chooses to not participate in services or is only in agreement of weekly contact, the Provider needs to document the conversation, the rationale for not participating, and the frequency of contact moving forward. This documentation should also be shared with the Coordinator of Community Supports.
- Programs should take additional measures to prevent congregation in lobbies, hallways, and in elevator waiting areas, and limit density in elevators to no more than two people, such as enabling the use of stairs.
- If one does not already exist, develop an infectious disease preparedness and response plan that can help guide protective actions against COVID-19.
Reference: [OSHA's Guidance on Preparing Workplaces for COVID-19.](#)

- **Using Technology to Provide Virtual Supports**

- Explore various forms of electronic supports to connect with participants via WhatsApp, FaceTime, Zoom, Group Me, Skype, Facebook and other virtual platforms to keep participants, families and staff engaged.
- Consider offering virtual learning of life skills, employment skills, safety skills on the coronavirus, and recreation and leisure activities. Note: Providers report that many of the participants and families supported look forward to these interactions.
- Create virtual supports including hourly to half-day programs that people participate in starting with a morning virtual log-in and continued interactive programming throughout the morning or afternoon based on the person's preference. Programming examples include but not limited to lessons on creating a schedule, making lunch, doing laundry, show and tell (e.g. favorite

item, recipe, family trip, etc.) activities, how to interview for a job, and even a dance party.

- **Local Rates and Trends**

- Consult continuously with State and local health departments regarding local infection rates, trends, and any specific considerations for reopening.

- **Facility Adjustments**

- Review the facility-based program for physical distancing, such as rearranging tables, limiting meetings and gathering places, placing tape on floors, modifying storage areas for people's meals and snacks, etc.

- **Safety Plan**

- All DDA providers must develop a Safety Plan to implement measures and institute safeguards to ensure a safe environment and provide that plan to each employee or staff and post it publicly. This plan shall address, at minimum, the following points:
 - Instituting an employee health screening process.
 - Employing enhanced cleaning and disinfecting protocols for the workplace, including regularly cleaning high-touch surfaces.
 - Enhancing the ability of employees and participants to wash hands or utilize other personal hygiene measures, such as use of hand sanitizer.
 - Complying with social distancing requirements established by the CDC, including maintaining six feet of distance between employees and participants whenever possible and/or employing other separation measures, such as face coverings or environmental barriers.
 - Addressing the needs of employees and participants who are determined to be at high risk of significant health issues such as immunocompromised, etc. related to COVID-19
 - Ensuring all staff, participants, and families have access to up-to-date information regarding the public health emergency and its impact on delivery of services.

Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/community/group-homes.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/developmental-behavioral-disorders.html>

<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html>

[CDC's guidance on potential mitigation activities according to level of community transmission or impact of COVID-19 by setting](#)

COLLABORATION



As a person driven system, the DDA encourages agencies, people in services, their families, and Coordinators of Community Services (CCS) to come together as teams to discuss what services may look like for each individual person moving forward. The DDA remains committed to continued collaboration with our stakeholders to ensure the most current information is available. This collaboration includes work with local CDC representatives, further Appendix K guidance, and continued regional discussions as we navigate a path forward.

Considerations:

- Identify who will be key partners in your agency’s reopening decisions.
- Include people in services and their families in decision-making moving forward.
- Consider individualized support team meetings to discuss and determine the person’s desire, anticipated needs, and capacity of the day program as it relates to the return to the day service setting.
 - If the team determines that a return to the day service setting is optimal, the team should develop an appropriate transition plan that includes any necessary accommodations, individualized safety concerns, and/or specialized support needs as well as an anticipated timeline for the transition to occur.
 - As part of this planning, the team should determine whether and to what extent the individual needs education and practice with infection control practices, like more frequent handwashing, wearing masks, and social distancing.
 - If a need is determined, the plan should reflect how the day service provider, residential provider, and/or family will support the participant in building these skills.
 - If the team determines that a return to the day program setting is not optimal, the team should work to identify appropriate supports that assist the participant in living their vision of a good life as identified in their Person-Centered Plan.
- Utilize your agency primary health care professionals or other subject matter expert’s recommendations as you create your reopening plans.
- Consider and explore ways to collaborate with other partner agencies in your area.
- Utilize recognized best practices when designing or redesigning your service delivery moving forward including the National Association of State Directors of Developmental Disabilities Services “[Re-opening Information for Employment and Day Service](#)”

Providers” at <https://www.nasddds.org/news/re-opening-information-for-employment-and-day-service-providers>

- Establish clear communication strategies to inform and educate participants, families, and caregivers on the established PPE guidelines, health screening requirements, new policies/procedures, and expectations of staff, participants , families, and visitors upon return to a day service setting.
- Share all policy, procedures, and practices with participants, families, visitors, and staff in a manner that is accessible to individuals with disabilities and persons with limited English proficiency.

Resources:

- <https://www.nasddds.org/news/re-opening-information-for-employment-and-day-service-providers>
- [Administration for Community Living \(ACL\) Guidance for Older Adults and People with Disabilities](#)
- [Association of People Supporting Employment First \(APSE\) COVID Resources](#)
- [APSE Presentation on Remote Supports](#)
- [Virtual Discovery Service Delivery Guidance Griffin-Hammis Associates](#)
- [State Employment Leadership Network \(SELN\) COVID resource page](#)
 - <http://www.selnhub.org/COVID>
- [Institute for Community Inclusion](#)

DATA



In this public health emergency, data has been the key driver for most local jurisdictions when making decisions. As your agency creates a plan for reopening, it will be important to have the right data in order to make appropriate decisions. The DDA is also committed to utilizing data and facts to drive decisions as it relates to COVID-19 guidance and recommendations.

Considerations:

- Make data-informed decisions, incorporating data collection methods for one time use and ongoing data needs.
 - Assess what data your agency currently tracks and determine what additional data you might need to begin tracking to create a comprehensive reopening plan.
 - Explore what kinds of data other agencies and partners are using to make decisions.
 - Plan how you will use data to continually improve your service delivery, including in the event of a surge or resurgence of COVID cases among people you support.
 - Remember that the standard protection of participants' information still applies.
- Continue to collaborate with the DDA by sharing data when appropriate.
- Develop a tracking data log of every person, including staff and essential visitors, who may have close contact with other participants at the facility; excluding deliveries that are performed with appropriate PPE or through contactless means. Log should contain contact information, such that all contacts may be identified, traced and notified in the event someone is diagnosed with COVID-19.
- Notify the local health department and DDA immediately upon being informed of any positive COVID-19 test result by a participant or staff at their site.
- Reminder: In the case of a staff or visitor testing positive, the day program service provider must cooperate with the local health department to trace all contacts in the workplace and notify the health department of all staff, participants and visitors who entered the facility dating back to 48 hours before the staff began experiencing COVID-19 symptoms or tested positive, whichever is earlier, but maintain confidentiality as required by federal and state law and regulations.

CAPACITY



As you create your reopening plan, it will be important for your agency to assess capacity as it relates to health and safety considerations, your staffing workforce, fiscal, technology, etc. The DDA is committed to supporting agencies as they build their capacity through the flexibilities provided currently in the Appendix K and by exploring more long-term flexibilities in future waiver amendments.

Considerations:

- Assess your agency's current staffing capacity and determine whether it is adequate to meet the needs of people in your services.
- Develop provider readiness assessment and/or an approval process for reopening strategies.
- Determine whether services will be offered all day, part-time, in shifts, and the number of people supported at once according to local, State, and CDC guidelines.
- Consider developing a phased approach of reopening that allows for a slow re-entry, enhanced communication, and analysis of best practices while reducing risk.
- Assess the fiscal impact of your reopening plans.
- Determine when your agency has the proper and adequate equipment to provide the services outlined in your reopening plan (e.g. PPE, technology, cleaning supplies).
- Assess your agency's capacity to reopen all programs/services vs. rolling reopenings or use of split schedules.
- Assess the needs of people and families you support related to reopening.
- Determine whether your agency has the proper resources and systems in place to respond to a surge or resurgence of COVID-19 cases among people you support.
- Poll participants and families who were previously attending the day program for their preferences in how to receive services.
- Identify the community resources and supports your agency will leverage to help meet the needs of the people you support.
- Ensure that groupings of staff/ participants receiving services are as static as possible by having the same group of participants work with the same staff whenever and wherever possible.
- Limit group size to no more than 4 to 10 people including participants and the support staff.
- Ensure that different groups have no or minimal contact with one another and do not utilize common spaces at the same time, to the greatest extent possible.

- Maintain a staffing plan that does not require employees to “float” between different rooms or groups of participants, unless such rotation is critical to the safety of staff and participants due to unforeseen circumstances. However, it is not recommended so checking your staff capacity is critical.
- Utilize a phased-in approach, first resuming day services for those participants who are identified as low-risk in consultation with the person-centered planning team; further consider starting with smaller groups and staggering days and hours or an altered schedule, with supports in the home and/or via telehealth.
- Consider developing a sustainability plan and use the resources from the CDC to [designated healthcare facilities](#), or [alternate care sites](#) with adequate staffing.
- Implement plans to allow asymptomatic staff who have had an [unprotected exposure to](#) but are not known to be infected to continue to work if staffing shortages cannot be resolved in another way. The preference is always to have staff who have been exposed to COVID-19 to quarantine at home, to protect others from the possibility of asymptomatic transmission.
 - If a staff is tested and found to be infected, they should be excluded from work until they meet all [Return to Work Criteria](#) (unless they are allowed to work as described below).
- If shortages continue despite other mitigation strategies, consider implementing criteria to allow staff with suspected or confirmed COVID-19 who are well enough and willing to work but have not met all [Return to Work Criteria](#) to work. If staff are allowed to work before meeting all criteria, they should be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) and providers should consider prioritizing their duties in the following order:
 1. If not already done, allow staff with suspected or confirmed COVID-19 to perform job duties where they do not interact with others (e.g., participants or other staff), such as in remote services.
 2. Allow staff with confirmed COVID-19 to provide direct care only for participants with confirmed COVID-19, preferably in a cohort setting.
 3. Allow staff with confirmed COVID-19 to provide direct support for participants with suspected COVID-19.
 4. As a last resort, allow staff with confirmed COVID-19 to provide direct support for participants *without* suspected or confirmed COVID-19.

INNOVATION



As we all look for a path forward, innovation is key to ensuring we can meet the challenges of the current health crisis, and into the future. Opportunities currently exist to infuse best practices and forward thinking into the changing service delivery system. The DDA is committed to supporting creative and innovative ideas that are in alignment with our mission and values in order to support people and families to live their good lives.

Considerations:

- Explore and assess what people will need to continue to work, participate in their communities and build relationships while staying safe.
- Consider potential alternative service delivery models for participants with significant support needs.
- Identify how you will promote the use of remote supports and technology to support people, families, and staff.
- Build on technology successes and advances for alternative and complementary service delivery part- or full-time.
- Determine if there is a group interested in on-line discovery and exploration, either as part of a learning community or community of practice.
- Determine how to improve and expand the use of telehealth/remote support options, through different hardware and software needs as well as internet access.
- Explore how you will collaborate in new ways with local partners and DDA moving forward.
- Establish peer to peer social connections through virtual media with other providers, participants, and families to brainstorm and support new ideas and each other.
- Support creative combinations of part-time day program, employment services and in-home supports by publishing success stories on your website, DDA's website, etc.
- Share successes that create jobs and further align the agency's mission, including services and/or employment closer to an participant's home and neighborhood.
- Engage in peer-to-peer sharing of alternative service models, approaches to staggered schedules, and virtual services offerings; share these strategies statewide.
- Analyze changes in service delivery that were both highly valued and cost-effective;
- Bring ideas to other providers and the State to discuss the possibility of increasing employment, smaller settings, remote technology, and flexible models for potential replication, scalability, and service specification changes.

EQUITY



As your agency begins looking at reopening we encourage you to think about equity. How can your agency meet the needs of its participants in a way that is unique and tailored to individual circumstances? It is important to consider themes such as Purpose, Outcomes, People, Flexibility, Power, Barriers, Collaboration and how those affect the lives of people. We are all committed to person first principles which have been a tenant of the I/DD community for many years. As we think about those principles, how do they coexist with the principles of equity?

Considerations:

PURPOSE

- What is the purpose of your agency's reopening plan?
- Is the purpose in alignment with your agency's mission, values, and goals?
- Is the purpose in alignment with our person first system?

OUTCOME

- What are the desired outcomes of your agency's reopening plan?
- Is the outcome in alignment with your agency's mission, values, and goals?
- Is the outcome in alignment with our person first system?
- How will your agency measure outcome post implementation?

PEOPLE

- Who will be affected by your agencies reopening plans?
- Will your agency's reopening plan negatively affect people?
- How can your agency mitigate any adverse effects towards people and communities?

FLEXIBILITY

- Does your agency's reopening plan allow for flexible implementation?
- What are the barriers to flexible implementation?
- How can your agency support flexible implementation?

POWER

- How does your agency's reopening plan build up people and communities?
- Does your agency have the resources available to support implementation of the reopening plan?

Resources:

[National Association of State Directors of Developmental Disabilities Services \(NASDDDS\) Reopening Packet](#)

[Institute for Community Inclusion COVID-19 Publications and Resources](#)

[Providing Quality Services Remotely and Online](#)

[Working During the COVID-19 Pandemic: A Guide for Informed Decision-Making](#)

[Dealing with the Economic Impact of COVID-19 and Getting Financial Supports](#)

[Providing Employment Services for Job Seekers Remotely](#)

[Using Technology to Provide Quality Services Remotely](#)

[Program Management During COVID-19](#)

[Supporting Individuals Who are Working](#)

[Easy to Access Assistive Technology and Apps for Individual Success](#)

[Using Technology for Remote Support, Self-Management, and Success in Employment and Community](#)

[Virtual Community Life Engagement](#)

[Employer Engagement and Job Development During Challenging Times](#)

[Participation of People with Disabilities in Online Groups and Activities](#)

Finances



As your agency begins looking at reopening it is important to track your finances including expenses and new funding streams for reporting. The following considerations were adapted from the National Association of State Directors of Developmental Disabilities Services

Considerations:

- Track funding received from Medicaid and/or State DD agency, including retainer payments, State only general fund dollars, and enhanced rates for specific purposes.
- Track funding from other entities, including CARES Act, Paycheck Protection Program (PPP); share this information with board members (as appropriate), business staff, and auditors including the different documentation and auditing expectations
- Conduct overall financial reporting on the use of retainer payments, provider payments from the Centers for Medicare & Medicaid Services (CMS), and/or Small Business Administration (SBA) payroll loans.
- Project income and expenses as participants return to services at each “phase” of reopening in conjunction with any anticipated phase-out of any one-time enhanced funding received during the pandemic.
- Establish ongoing communication with the State on any changes regarding funding, rates, etc.
- Complete financial planning, including fixed and variable costs, using scenarios to anticipate budget needs.
- Track efficacy of different services, including those that were most effective during the time of increased flexibilities.