

**COVID-19 WV IDD WAIVER  
REOPENING PLAN—JULY 16, 2020**

*On March 20, 2020, BMS forwarded a “Coronavirus Disease (COVID-19) Precautions” memo that advised on requirements for implementing preventative measures related to the current worldwide pandemic. The Centers for Medicare and Medicaid Services (CMS) approved those measures for West Virginia’s IDD Waiver program through June 30, 2020.*

*The following measures are effective until further notice, unless otherwise specified below.*

***Please note that BMS reserves the right to modify these precautionary measures as needed due to changes in rates of infection or guidance from state or federal authorities.***

*The Centers for Disease Control and Prevention (CDC) have published Guidance for Direct Service Providers, which can be found by going to: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/direct-service-providers.html>*

*Additionally, agencies are required to observe the following general precautions, as they apply to the circumstance, for any face-to-face activities:*

- *Physical distancing of at least six feet must occur when possible*
- *Cleaning, sanitizing, and disinfecting frequently touched surfaces and shared objects must be performed multiple times per day*
- *Items that are not easily sanitized must not be shared among members*
- *Disinfectants must be applied safely and correctly*
- *Proper hand-washing techniques must be taught, reinforced, and observed*
- *Proper cough/sneeze protocols must be taught, reinforced, and observed*
- *The use of cloth face-coverings is strongly encouraged*
- *Agencies should remind personnel and members frequently not to touch face-coverings or face*
- *Posting of informational flyers describing proper use of PPE, cough/sneeze protocols, hand-washing techniques, and other precautions is encouraged in common areas*
- *Health screens that include temperature checks and signs/symptoms questionnaires are encouraged*
- *Staff that are ill or report having been exposed to an infected person must not provide services*
- *Proper provision of services to members who exhibit signs/symptoms of CoVID-19 must be observed (please refer to CDC guidelines)*

## BACKGROUND CHECKS

Criminal Background check requirements have been changed to allow for candidates to begin work without being fingerprinted, as long as the pre-screening in WV CARES system yields a satisfactory result. This deadline has been extended to 9/1/20. For additional information, including further requirements, see the memo, dated 6/2/20 and forwarded to the IDDW Distribution List on 6/12/20.

## STAFF TRAINING

Effective 7/1/20, training requirements are no longer suspended. Agencies that did not conduct training for new hires or require active staff to complete annual training, due to the suspension that was available through 6/30/20, must begin to do so and have until 9/30/20 to come into compliance with requirements. The 9/30/20 date also applies to day service staff who are furloughed due to CoVID-19, but this requirement may be revised in the event that day programs remain closed past the current anticipated 8/1/20 reopening date.

Agencies are encouraged to conduct training via electronic means or by telephone (note that any electronic member-specific training must be conducted via a secure network), but are allowed to conduct them in-person as long as general precautions, described above, are observed as applicable to the circumstance.

Training of new BSPs must adhere to CoVID-19 Q/A #60 and use non face-to-face means when appropriate and available.

While training on Emergency Procedures is required according to policy, any portion of the curriculum that includes demonstration of physical hold techniques should not be completed. Agencies that use a Crisis Prevention Institute (CPI) curriculum can also request an extension via that organization if desired.

**TRANSPORTATION REQUIREMENTS:** The DMV has announced that expiration dates for vehicle registration and driver's licenses has been extended through 8/1/20. Additionally, per the West Virginia State Police, the motor vehicle inspection program is suspended from 4/1/20-7/1/20. More information on these announcements can be found here: <https://transportation.wv.gov/DMV/Pages/covid-info.aspx>. For purposes of staff files, agencies are required to maintain up-to-date information, according to these allowances. For example, if a staff person's driver's license expired on 3/15/20, a copy of that license should be maintained in the file until the renewal occurs on or before 8/1/20.

## **MEMBER ASSESSMENTS**

Effective 7/1/20, initial and annual assessments may not be postponed. While they are allowed to be conducted in-person, doing so via secure electronic means or via telephone is preferred and encouraged. Members whose assessments were originally postponed, as allowed per the 3/20/20 memo, must be completed by 9/30/20.

## **PROVIDER REVIEWS**

Effective 7/1/20, provider reviews will no longer be postponed. While they may be conducted in-person, doing so via secure electronic means is preferred and encouraged. Each agency will be contacted individually by the assigned KEPRO Provider Educator to make arrangements. If the agency and KEPRO determine that the review will occur onsite, additional precautions will be agreed upon.

## **IDT Meetings**

Effective 7/1/20, IDT meetings may occur in-person but are strongly encouraged to take place via telephone or secure electronic means.

## **ROUTINE MEETINGS**

The July 2020 QIA Council meeting will be conducted electronically rather than in person. Members will be provided with details. Information will also be provided on BMS' website for those who wish to offer Public Comment.

The August 2020 Quarterly Provider meeting will be conducted electronically rather than in person. Additional information will be provided.

The venue for the October 2020 QIA Council meeting will be announced at a later date.

The venue for the November 2020 Quarterly Provider meeting will be announced at a later date.

## **SKILLED NURSING AND BEHAVIOR SUPPORT (BSP) SERVICES**

Effective 7/1/20, while these services may be provided in-person, it is encouraged that they be provided via secure electronic means or telephone when circumstances allow.

## HOME VISITS

Effective 7/1/20, while home visits may be conducted in-person, it is encouraged that they continue to be done via secure electronic means or telephone unless member circumstances require face-to-face interaction.

## DD12s

DD12s will are not required for active members who will not receive a Direct Care Service as a result of the pandemic. These members will not be placed on hold in CareConnection© so as to allow for continued monitoring of health and welfare via monthly home visits.

DD12s are required for new members that have recently been assigned slots who approach the 180-day timeline without a Direct Care Service. While these new members will not be placed on hold, the DD12 will be used as a tracking mechanism.

## KEY POINTS TO CONSIDER FOR ISS AND GROUP HOMES

- Use of PPE (minimally cloth face-coverings) is required during all visits that take place in the home.
- Designated areas must be established that clearly delineate space for physical distancing during visits.
- Only one visitor may be present in the home at a time; if needed and weather permits, other visitation can occur outdoors on the property (porch, deck, yard, etc.) where physical distancing can be observed.
- All visitors must participate in a health screen that includes taking temperature and completion of a signs/symptoms questionnaire. If the health screen indicates any symptoms or risk factors, the visit cannot take place and that individual should follow up with his/her medical professional. *(Note, agencies may use their own health screening questionnaire or one will be provided by BMS.)*
- Offsite visits are strongly discouraged at this time.

## DAY PROGRAMS AND SERVICES

Day services, with the exception of Supported Employment for those whose places of employment have reopened, are suspended through 7/31/20. BMS continues to receive guidance from the WV Bureau for Public Health (WV BPH) and CMS and will keep stakeholders apprised of updates as they become available. Members that are authorized to receive day services will continue to be eligible to receive additional PCS and Respite services while the day programs remain closed. Day programs will continue to be eligible to receive retainer payments until day programs are allowed to reopen.

The guidelines below represent current guidance from the West Virginia Department of Health and Human Resources, Bureau for Public Health. They are premised upon guidelines issued by the Centers for Disease Control and Prevention (CDC) and experience with facility investigations in West Virginia.

### **Outbreak Definition**

Three or more laboratory-confirmed (PCR positive) COVID-19 cases at a facility with an onset within 14-day period, who are epidemiologically linked and do not share a household or listed as a close contact of each other outside of the outbreak setting during standard case investigation or contact tracing. Facilities are encouraged to notify the local health department when a single case of COVID-19 is detected so that recommendations can be made to prevent transmission within the facility.

### **Risk/Benefit Assessment**

- Prior to resuming operation of the day program, a risk/benefit assessment should be completed for each attendee.
- The attendee's situational, health related, and home-related risks should be weighed against the benefit of attending the program to determine if they should be permitted to attend the facility.
- An example of a risk/benefit assessment can be found below.

### **Require All Ill Staff to Stay Home**

- Ensure that employee sick leave policies are flexible to support staff staying home when sick.
- Any staff member with a fever (100.4°F or above), cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, or any of the other signs of illness associated with COVID-19 will not be permitted to enter the facility.
- If a staff member has signs of COVID-19 illness, they should stay home and away from other people and contact their healthcare provider to see if they should be tested for COVID-19.
- If a staff member tests positive for COVID-19, they should be excluded from the facility for a minimum of 10 days from symptom onset AND be fever free for 3 days (with no fever-reducing medications) AND had significant improvement in symptoms. Individuals who have not had any symptoms after at least 10 days have passed since the date of their first positive COVID-19 test and who have had no subsequent illness may be readmitted to the facility.
- If someone in a staff member's household tests positive for COVID-19, the staff member should be excluded from work for 14 days from the last exposure date.

## **Screen All Individuals Prior to Admittance into the Facility**

- All staff should be screened daily prior to starting their shift before they are permitted into the facility. **See Daily Screening Form.**
  - Facilities are encouraged to include temperature checks as part of their screening process whenever possible.
- There are several methods that facilities can use to protect their staff while conducting temperature screenings. See [screening guidance](#) from the CDC.
- Attendees should be screened prior to being picked up if the facility provides transportation.
- If anyone in an attendee's household (parent, housemate, caregiver, etc.) tests positive for COVID-19, the attendee will need to be kept home in quarantine for 14 days after the last time they could have been exposed to the family member with COVID-19.
- Arrange for deliveries including mail and food trucks to drop items outside of the building.

## **Screening for Symptoms When Someone is Sick**

- If an attendee or staff member develops a fever (100.4°F or above), cough, shortness of breath, gastrointestinal upset, new loss of taste/smell, muscle aches, or any of the other signs of illness associated with COVID-19, send them home as soon as possible. They should stay home and contact their healthcare provider to determine if they should be tested for COVID-19. The attendee can return to the facility with a physician's note that has an alternative diagnosis following infectious disease exclusion policies.
  - While waiting for a sick attendee to be picked up, the facility should remove the attendee from the classroom and stay with the attendee in a room isolated from others. The caregiver should continue to wear a face covering while in the room with the attendee and wash their hands immediately after the attendee is picked up. A paper gown can be worn to protect the caregiver's clothing but is not required.
  - For facilities who provide transportation, ill residents should not be transported in a vehicle that will be used to transport other attendees. Separate accommodations should be made.

## **Everyday Preventative Measures**

- Staff should wear [cloth face coverings](#). Attendees should be encouraged to wear face coverings when possible. If they are unable to wear face coverings for the full day, prioritize mask use for times when social distancing is not possible and while in public areas.
- Promote healthy hand hygiene behavior. All staff and attendees should engage in hand hygiene at the following times:
  - Arrival to the facility and after breaks

- Before and after preparing food or drinks
- Before and after eating or handling food or assisting with feeding
- Before and after administering medication or medical ointment
- After using the toilet or helping an attendee use the bathroom
- After coming in contact with bodily fluid
- After handling animals or cleaning up animal waste
- After handling garbage
- Increase the frequency of hand hygiene for attendees who frequently touch their mouths or have contact with saliva.
- Wash hands with soap and water for at least 20 seconds. If hands are not visibly dirty, alcohol-based hand sanitizers with at least 60% alcohol can be used if soap and water are not readily available.
  - Supervise attendees when they use hand sanitizer to prevent ingestion.
  - Assist attendees who cannot wash hands alone with handwashing.
  - After assisting attendees with handwashing, staff should also wash their hands.
- Intensify cleaning and disinfecting. Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially learning aids and games. (See additional guidance under **Cleaning Practices**.)
- Limit attendee movement within the facility. Attendees should remain in their assigned areas as much as possible.
- Avoid using shared spaces like lobbies or areas with cloth furniture.

### **Facilities who Provide Transportation**

- Mask use is strongly encouraged while in the vehicle.
- Efforts should be made to maintain social distancing.
  - Consider seating every other row if possible.
- Make additional trips to pick up attendees, if necessary, to limit the number of persons if distancing is not possible.

### **Drop-Off and Pick Up**

- Consider staggering arrival and drop off times, and plan to limit direct contact with caregivers dropping off attendees as much as possible or have care providers greet attendees outside as they arrive if possible.

- Hand hygiene stations should be set up at the entrance of the facility so that attendees can clean their hands before entering
- Ideally, the same designated person should drop off and pick up the attendee every day.
- Avoid using sign-in/out forms and establish alternative no touch methods to track attendees.
- Limit visitors and volunteers into the facility.

### **Cleaning Practices**

- Facilities should develop a schedule for cleaning and disinfecting. An example of a routine schedule may be found here: <https://nrckids.org/files/appendix/AppendixK.pdf>. While this example is for day care facilities, the document may be personalized for other individual facilities.
  - Routinely clean, sanitize, and disinfect surfaces and objects that are frequently touched, especially learning aids and games. This may also include doorknobs, light switches, classroom sink handles, countertops, desks, chairs, lockers, and recreation or sports equipment.
  - Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered, fragrance-free household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>.
  - When surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. Follow the manufacturer's instructions for concentration, application method, and contact time for all cleaning and disinfection products.
  - If possible, provide EPA-registered disposable wipes to care providers to wipe surfaces down frequently.
  - All cleaning materials should be used by attendees with supervision or kept out of reach of attendees.
  - Items that cannot be cleaned and sanitized should not be used or should be assigned to a specific attendee and not shared.
  - Objects that attendees have placed in their mouths or are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air dry. You may also clean in a mechanical dishwasher.
  - Do not share learning aids or games with other groups of attendees washed and sanitized before being moved from one group to the other.

- Set aside items that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for “soiled.”
- Books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.

### **Assisting with Toileting**

- When assisting with toileting, wash your hands and wash the attendee’s hands before you begin, and wear gloves.
- After providing assistance, wash your hands (even if you were wearing gloves) and disinfect the area with an EPA-registered sanitizing or disinfecting solution. When surfaces are dirty, clean with detergent or soap and water prior to disinfection.

### **Considerations for Ratio, Group Size, and Capacity**

- Consider limiting the total number of attendees if necessary, to support social distancing guidelines of 6 feet between staff and attendees where practical.
- Attendees should remain with consistent staff daily. Staff should not change from one group to another or one class space to another. Avoid floating staff, if possible.

### **Classroom Practices**

- Only staff necessary to maintain ratio compliance should be inside of classrooms.
- Ensure activities are in small groups or individual activities, whenever possible.
- Cancel or postpone field trips or outings to areas with large crowds.
- Staff lounges should be closed.
- Remove unnecessary plush items, including pillows or fabric covered chairs, from the classroom environment.
- Staff should not be permitted to use cell phones while in classrooms as they can be a source of transmission.

### **Food and Nutrition**

- For facilities who provide meals, only kitchen staff should be allowed in the kitchen.
- For facilities who do not provide food, a designated person should be available to use microwaves or retrieving food from refrigerators.
- If there is enough space for social distancing, meals may be eaten in a shared space. Staggering mealtimes may assist in ensuring appropriate distance can be maintained.

Attendees should remain in their classroom groups during mealtime. Tables should be cleaned between mealtimes.

- If there is not enough space, attendees should eat in classrooms.
- Staff should ensure attendees wash hands prior to and immediately after eating.
- Staff should wash their hands before preparing food and after helping attendees eat.
- Do not allow self-service by attendees. Staff should serve meals and snacks.

### **Communication**

- Stay informed about the COVID-19 outbreak by visiting: [www.coronavirus.wv.gov](http://www.coronavirus.wv.gov).
- Develop an informational sharing process with your local health department. Determine how the facility will communicate with staff and the attendee's home caregivers.

### **When a Confirmed Case of COVID-19 is in Your Facility**

- Notify your local health department immediately.
- Anyone identified as a close contact based on the local health department's investigation will be directed by the health department to self-quarantine (stay at home and away from people) and monitor for symptoms during the 14 days following the last day that they had contact with the positive case.
  - Be prepared to provide the local health department a complete list of everyone identified as exposed and their address and phone number. Note that exposure can occur when the person is sick and for 2 days before they start showing symptoms.
  - Exposed persons should not go to work and should avoid public places. Additional information can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>.
- A case contact is someone identified as:
  - A person having unprotected direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on, touching used paper tissues with a bare hand, etc.).
  - A person having had face-to-face contact with a COVID-19 case within 6 feet and for longer than 15 minutes.
  - A person who was in a closed environment (meeting room, activity room, bedroom, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 6 feet.
  - A person having had direct physical contact with a COVID-19 case (e.g., shaking hands).
- If subsequent illnesses are detected and there is evidence of transmission within the facility as determined by the local health department, it may be recommended that the facility

temporarily closes in order to stop transmission within the facility. During this time, individuals are encouraged to self-quarantine (stay at home and away from people).

### **Testing for COVID-19**

- Public health testing priorities indicate that symptomatic individuals who work at or attend congregate settings should be prioritized for testing.
- The need for testing when cases have been identified in the facility will be determined by the results of the epidemiologic investigation.
- Testing can be arranged through your local health department.

### **Readmit to Group Setting**

- Attendees who tested positive may return to the day program when the following criteria are met:
  - At least 10 days have passed since symptoms first appeared; AND
  - At least 3 days (72 hours) have passed since the attendee has recovered, which is defined as resolution of fever without the use of fever reducing medications; AND
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath, etc.).
- Attendees with laboratory-confirmed COVID-19 who have not had any symptoms may be readmitted to the facility when at least 10 days have passed since the date of their first positive COVID-19 test and if they have had no subsequent illness.

### **Staff Exposures**

- Any staff member who has had close contact with someone diagnosed with COVID-19 should not be permitted to enter the facility. Exposed individuals should stay home and away from other people and monitor for symptoms during the 14 days after the last day of contact with the person with COVID-19. Exposed persons should not go to work and should avoid public places for at least 14 days.
- Staff exposures as defined by the initial public health investigation should be evaluated on the type of exposure.
  - Exposed persons should not go to work and should avoid public places. Additional information can be found using the [Public Health Recommendations for Community Related Exposure](#).
  - Once the monitoring period is complete, the staff member can return to work with no further restrictions.
- A close contact is someone identified as:

- A person having unprotected direct contact with infectious secretions of a COVID-19 case (being coughed on, touching used paper tissues with a bare hand, etc.).
- A person having had face-to-face contact with a COVID-19 case within 6 feet and for longer than 15 minutes.
- A person who was in a closed environment (meeting room, activity room, bedroom, etc.) with a COVID-19 case for 15 minutes or more and at a distance of less than 6 feet.
- A person having had direct physical contact with a COVID-19 case (e.g., shaking hands).
- In times of crisis staffing shortages, exposed staff may be permitted to work during their monitoring period if they wear a face covering the entire time while in the facility and they remain without any signs or symptoms of disease, with close monitoring.

#### **Criteria for Return to Work for Staff for Confirmed Cases**

- Any staff who tests positive for COVID-19 should be excluded from the facility for a minimum of 10 days from symptom onset AND be fever free for 3 days (with no fever-reducing medications) AND have significant improvement in symptoms.
- Staff with laboratory confirmed COVID-19 who have not had any symptoms should be excluded from the facility until 10 days have passed since their positive test.

## Daily Screening Form

Instructions: Care providers should use this tool to screen attendees and staff daily upon arrival and prior to entering the facility. If the facility is providing transportation, the screening should be completed prior to transporting the attendee. The questions below should also be used to guide the ongoing monitoring throughout the day.

Facility name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of person being screened: \_\_\_\_\_

### Does the attendee or staff member have any of the following symptoms?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Temperature of 100.4°F or above  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New cough that cannot be attributed to another health condition  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New shortness of breath that cannot be attributed to another health condition  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New sore throat that cannot be attributed to another health condition  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Gastrointestinal symptoms (diarrhea, nausea, vomiting)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New nasal congestion or new runny nose   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New loss of smell/taste  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New muscle aches   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other sign of illness  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Contact with someone in the previous 14 days with confirmed diagnosis of COVID-19 or someone who is ill with a respiratory illness | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**If ALL of the above responses are NO, the attendee or staff member may attend the facility. If an attendee or staff member shows signs of any of the above symptoms during the day, the facility will call the parent/caregiver to come pick them up or the staff member will immediately leave the facility.**

**If ANY of the above responses are YES, the attendee or staff member SHOULD NOT BE ALLOWED to enter the facility. Individuals should be encouraged to consult with their healthcare provider for further guidance.**

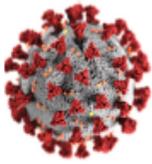
**The facility should strictly enforce the guidelines below with regard to attendee and/or staff re-entry following illness or exposure.**

- If an attendee or staff member has a **positive test for COVID-19** or their doctor tells them that they probably have COVID-19, they should stay home and away from others for a minimum of 10 days from the first day symptoms appeared AND be fever-free for 72 hours (with no fever-reducing medications) and have significant improvement in their other symptoms.
- If an attendee or staff member tests **negative for COVID-19** or their doctor tells them that they do not have COVID-19, they should stay home until at least 72 hours after the fever is gone (with no fever-reducing medications) and symptoms get better.
- If an attendee or staff member has had **close contact with someone with COVID-19** but is not currently sick, the attendee or staff member should stay home and monitor for fever, cough, and shortness of breath during the 14 days after the last day of contact with the person sick with COVID-19. They should NOT go to work or attend the day program facility and should avoid public places for at least 14 days.

Name of person completing screening: \_\_\_\_\_

Signature: \_\_\_\_\_

# What you should know about COVID-19 to protect yourself and others



## Know about COVID-19

- Coronavirus (COVID-19) is an illness caused by a virus that can spread from person to person.
- The virus that causes COVID-19 is a new coronavirus that has spread throughout the world.
- COVID-19 symptoms can range from mild (or no symptoms) to severe illness.



## Know how COVID-19 is spread

- You can become infected by coming into close contact (about 6 feet or two arm lengths) with a person who has COVID-19. COVID-19 is primarily spread from person to person.
- You can become infected from respiratory droplets when an infected person coughs, sneezes, or talks.
- You may also be able to get it by touching a surface or object that has the virus on it, and then by touching your mouth, nose, or eyes.



## Protect yourself and others from COVID-19

- There is currently no vaccine to protect against COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19.
- Stay home as much as possible and avoid close contact with others.
- Wear a cloth face covering that covers your nose and mouth in public settings.
- Clean and disinfect frequently touched surfaces.
- Wash your hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer that contains at least 60% alcohol.



## Practice social distancing

- Buy groceries and medicine, go to the doctor, and complete banking activities online when possible.
- If you must go in person, stay at least 6 feet away from others and disinfect items you must touch.
- Get deliveries and takeout, and limit in-person contact as much as possible.



## Prevent the spread of COVID-19 if you are sick

- Stay home if you are sick, except to get medical care.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people and pets in your home.
- There is no specific treatment for COVID-19, but you can seek medical care to help relieve your symptoms.
- If you need medical attention, call ahead.



## Know your risk for severe illness

- Everyone is at risk of getting COVID-19.
- Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe illness.



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[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

Participant Name/Record ID#:

## Addendum to Current IPP

Names of IDT Members Contacted (Please include team member's title/agency. Please ensure a representative from all I/DD Waiver provider agencies is contacted)	What was the date the team member was contacted? How was the team member contacted?	Did team member agree to Addendum?

### Services Requiring Modifications:

Service	Service Code	Provider Agency	Units Currently Authorized	Units Requested by IDT
Example: Service Coordination	Example: T1016HI	Example: KEPRO	Example: 300 units	Example: 450 units

### Reason for Addendum:

Addendum Submitted by: \_\_\_\_\_

Date of Addendum: \_\_\_\_\_

## Day Program and Transportation COVID-19 Risk/Benefit Discussion Guide

**Member's Name:** [Click or tap here to enter text.](#)

Situational Risks		Check if present
The member is not able to follow the social distancing protocol with 6 feet of distance (2); with minimal prompting/assistance (1)		1 <input type="checkbox"/> 2 <input type="checkbox"/>
The member is not able to use personal protective equipment (PPE) for extended periods (2); or with minimal prompting/assistance (1)		1 <input type="checkbox"/> 2 <input type="checkbox"/>
The member has one or more Direct Care Staff at their home/work		1 <input type="checkbox"/>
The member requires physical prompting/assistance to complete ADLs, such as toileting, hand hygiene, eating, or mobility (requires close contact with Direct Care Staff)		2 <input type="checkbox"/>
The member participates in services in multiple sites up to two sites (1); more than two sites (2)		1 <input type="checkbox"/> 2 <input type="checkbox"/>
Total Situational Risks above:		
Health Related Risks		Check if present
The member has diabetes		2 <input type="checkbox"/>
The member is severely obese		2 <input type="checkbox"/>
The member is older than 40 years old (1); older than 60 years old (2)		1 <input type="checkbox"/> 2 <input type="checkbox"/>
The member has known respiratory issues		2 <input type="checkbox"/>
The member has known cardiac disease, including hypertension		2 <input type="checkbox"/>
The member has immunocompromising conditions (ex. HIV, cancer, post-transplant, Prednisone treatment, etc.)		2 <input type="checkbox"/>
The member has a renal disease		2 <input type="checkbox"/>
The member has any other underlying health problems		2 <input type="checkbox"/>
Total Number of Health Related Risks above:		
Home Related Risks		Check if present
Risks to others who live with the member (if they are known)		
People with diabetes		2 <input type="checkbox"/>
People with obesity		2 <input type="checkbox"/>
People older than 40 years old (1); older than 60 years old (2)		1 <input type="checkbox"/> 2 <input type="checkbox"/>
People with respiratory issues		2 <input type="checkbox"/>
People who have known cardiac disease, including hypertension		2 <input type="checkbox"/>
People who have any known immunocompromising conditions (ex: HIV, cancer, post-transplant, Prednisone treatment, etc.)		2 <input type="checkbox"/>
People with renal disease		2 <input type="checkbox"/>
People with underlying health problems		2 <input type="checkbox"/>
Total Number of Home Related Risks above:		

Risk Summary			
Sum of Situational Related Risks:			If total Risk is <b>greater than 8, HIGH RISK</b> If total Risk is <b>between 3-7, MODERATE RISK</b> If total Risk is <b>less than 3, LOW RISK</b>
Sum of Health Related Risks:	+		
Sum of Home Related Risks:	+		
<b>Total Risk</b>	<b>=</b>		<b>RISK Level</b>

Benefits to Member	Check if present
Socialization is important to the member (1); lack of socialization has shown serious risks to known mental health conditions (2)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
A sense of normalcy/routine is important to the member (1); lack of routine has shown serious risks to known mental health conditions (2)	1 <input type="checkbox"/> 2 <input type="checkbox"/>
Daily activity outside the home is likely to reduce the frequency of behavioral issues	2 <input type="checkbox"/>
Income	2 <input type="checkbox"/>
Parents are employed and supervision is needed	2 <input type="checkbox"/>
No other supervision is available	2 <input type="checkbox"/>
Needs the medical support (i.e. med admin, medical check-in)	2 <input type="checkbox"/>
If not in a structured program, the member may wander in the community or engage in risky, non-social distancing activities	3 <input type="checkbox"/>
Other Benefit: <a href="#">Click or tap here to enter text.</a>	1 <input type="checkbox"/>
Sum of Benefits above:	

Benefit Summary	
If Benefits are <b>greater than 5, HIGH BENEFIT</b> If Benefits are <b>between 3-5, MODERATE BENEFIT</b> If Benefits are <b>less than 3, LOW BENEFIT</b>	
BENEFIT Level	

If any member of the IDT, including all agency providers, and the house-mate's IDT, disagree about the return to Facility-Based Day Program, recommend not returning at this time and reassess at a later time (for example, in one week) the team should consider alternative Day Program options, including virtual services.

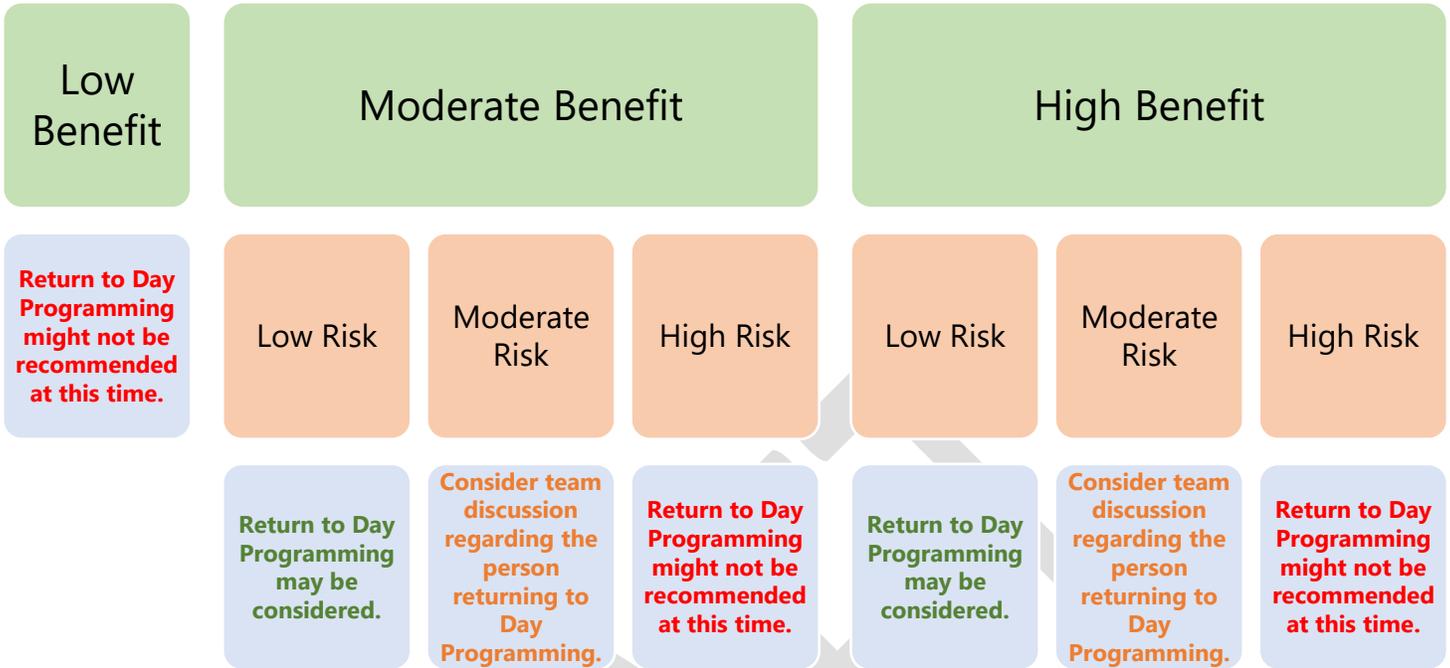
Higher total scores indicate a greater risk of poor health outcomes from COVID-19 infection. There is not a specifically designated score that qualifies or excludes a member. The score here is to gain data for planning purposes. Please consult with the member's primary healthcare providers for specific healthcare considerations related to person-centered planning.

Discuss with a healthcare professional to determine if there are any potential mitigation of risk if a member has had CoVID-19 and recovered.

Note: This is not a validated tool. The total score may be reported to facility/agency personnel for the estimation of stratified individual risk.

Outcome	
<input type="checkbox"/>	Will return to previous schedule, per IDT recommendation
<input type="checkbox"/>	Will return with modified schedule, per IDT recommendation
<input type="checkbox"/>	Will not return at this time, per IDT recommendation
<input type="checkbox"/>	Will participate in day service activities virtually or at home, per IDT recommendation

## Risk and Benefit Level Interpretation



DRAFT