



DDS-ADDP Day and Work Reopening Infectious Disease Control-Transportation-Technology Resources- Billing/Contracts Guidance October 8, 2020 [Amended 10/22/20 with one addition and one correction to the Billing/Contract section and two changes to the Screening at Program Site section¹.](#)

The Coordinating Council for the Department of Developmental Services (DDS) and the Association for Developmental Disability Providers (ADDP) have convened a Day Services Reopening Workgroup to coordinate a safe reopening of day services. Within that workgroup, six subcommittees (Service Delivery Models, Family/Individual, Infectious Disease, Transportation, Technology and Billing/Contracts) have created recommendations for DDS day services providers to assist in reopening planning. The Coordinating Council's recommendations do not include additional requirements of providers and are driven by guidance developed by Executive Office for Health and Human Services (EOHHS) for all EOHHS agencies: <https://www.mass.gov/doc/phase-3-eohhs-day-programming-guidance>.

Infectious Disease Control

Guiding Principles

By following procedures and communicating effectively, we can mitigate the risk of infection in day programs. The procedures include:

- Screening for participants, staff and others
- Monitoring the health of participants
- COVID-19 testing
- Protocols for returning to program after testing positive
- Communication and notification
- Cleaning and disinfecting the program site
- Promoting good personal hygiene for staff and participants
- Guidance for community engagement
- Training for staff and participants
- Monitoring compliance with safety procedures

Screening

Best practices for screening

¹ The only changes to the October 8 version of this document are in the Screening at Program Site section on page 2 and the Billing and Contracts section on page 31. All changes are in blue font. The rest of this document has not changed.

Participants are screened as they leave their home, prior to entering their transportation vehicles. This will prevent the contamination of the vehicle. It will also eliminate the issue of a participant who does not pass the screening and who has already been transported to the day program.

The screening can be done by family, by residential staff, or by the transportation provider, who would then provide an attestation to the day program that the screening has occurred and that the participant has passed the screening.

Screening at program site

According to the EOHHS Day Program Reopening Guidance, everyone entering the day program building must be screened for COVID-19 symptoms and there must be a single point of entry into the program site. All participants, staff, and anyone else who wants to enter the program site will be screened at the designated entrance to the program site. The screening will include the following:

- Screeners must wear a facemask or face covering when screening individuals arriving at the program.
- Hand hygiene stations must be set up at the entrance of the premises, so that participants can clean their hands before they enter. If a sink with soap and water is not available, provide hand sanitizer with at least 60% alcohol.
- Screeners will take temperatures with a touchless thermometer. The temperature threshold is 100 degrees.
- Individuals should be restricted from entering the program site if they present with a fever (100.0 F or over), cough, or difficulty breathing.
- Asking screening questions. If participant is not able to answer questions, there will be communication with caregiver (call, text message, email).
- If a staff person does not pass the screening, they will not be admitted to the program site. They will be instructed to seek medical attention regarding the need for testing and treating their COVID like symptoms before they can return to work.
- If a participant does not pass the screening, they should put on a face mask and move to an isolated space. Staff will contact the residential care giver or family as soon as possible, inform them of the screening issues, and urge them to seek attention regarding the need for testing and treating their COVID like symptoms. The participant will be supervised/monitored for safety during the time they are being isolated.
- Screening logs will be maintained at the program.

Sample Screening Questions (Please note that the questions will change as the CDC recommendations change.)

- (1) *Have you or anyone in your household had any of the following symptoms: Sore throat, cough, chills, body aches for unknown reasons, persistent headache, fatigue, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit, within the last two weeks?*
- (2) *Have you or anyone in your household been tested for COVID-19? When?*
- (3) *In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?*
- (4) *Have you traveled outside of Massachusetts or entered into Massachusetts in the past 14 days?*
 - *If NO, proceed with remaining screening protocol.*
 - *If YES, ask: From where have you traveled?*

Action: Facility screener to review to determine if the location is defined as a [lower-risk state by the Department of Public Health](#)? If individual is coming from a defined lower-risk state, proceed with the remaining screening protocol. Below is a link to an up to date listing of low risk states

<https://www.mass.gov/info-details/covid-19-travel-order#lower-risk-states->

If individual is coming from anywhere except a defined lower-risk area, the individual should be asked: “Please show the screener your proof of negative test result for COVID-19 from a test administered on a sample taken not longer than 72 hours before your arrival in Massachusetts.”

Action: If individual demonstrates proof, proceed with the remaining screening protocol.

If individual has travelled into Massachusetts within the past 14 days AND cannot demonstrate proof of negative test result for COVID-19 from a test administered on a sample taken not longer than 72 hours before arrival in Massachusetts OR does not meet any of the limited circumstance exceptions to quarantine, the individual is not allowed admittance to the facility. Here is a link to the Massachusetts out of state travel guidance, and the out of state travel form. It includes a list of limited circumstance exceptions to the quarantine requirements.

<https://www.mass.gov/forms/massachusetts-travel-form>

If a participant or staff come to the program site and begin to show symptoms, they should put on a face mask and move to an isolated space. Any participant moved to an isolated space should be supervised/monitored for safety. Staff should contact the caregiver at home, ask that they pick up the participant, and that they seek medical attention regarding the need for including COVID-19 testing for the participant. Staff will be asked to leave immediately and seek medical attention regarding the need for testing.

Monitoring

- Staff should assess all participants regularly (several times throughout the day) for symptoms of acute respiratory illness including cold or flu symptoms, fatigue, persistent headache, feeling feverish or alternating sweats and chills, new cough, or difficulty breathing.
- Remind staff and participants to self-assess and to report any new respiratory symptoms.
- Current symptoms have included mild to severe respiratory illness with:
 - Fever
 - Cough
 - Difficulty breathing
 - Other symptoms may include aches and pains, nasal congestion, runny nose, sore throat, diarrhea, loss of smell or taste, chills, headache, abdominal pain, or vomiting
- Staff should be trained to recognize the signs and symptoms of COVID 19.
- Periodic monitoring of participants’ health should be scheduled.

Testing

- In the event that a participant or staff tests positive for COVID-19, all staff and participants who have had close contact with them should be tested ASAP.
- Close contact is defined as being less than 6 feet from a confirmed or clinically diagnosed COVID-19 case for at least 10-15 minutes, while the case was symptomatic or within the 48 hours before symptom onset. Close contact can occur anywhere. Examples include caring for, living with, visiting, or sharing a healthcare waiting area or room with a confirmed or clinically diagnosed COVID-19 case, OR Having direct contact with infectious secretions of a confirmed or clinically diagnosed COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment or PPE (e.g., gown, gloves, facemask, eye protection). Notification of positive tests should be made to staff and participants who came into direct exposure to the person (s) who tested positive, and the DDS Area Office.

			YES	NO

** If you answer “yes” to any of the symptoms on the Screening Tool, please leave the building and contact your supervisor or Human Resources

If you answer “no” to all of the symptoms on the Screening Tool, you may proceed to work
Completed forms to be maintained in a secure location

Cleaning and Disinfecting Your Program Site

Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

Introduction

Frequent and thorough cleaning and disinfecting of program sites is an important element in limiting the transmission of the COVID-19 virus. By developing a cleaning and disinfecting plan, providers can enhance the safety of their program site.

Definitions

Cleaning refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

Disinfecting refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

Deep Cleaning refers to a comprehensive cleaning and disinfecting of the program site. It could be performed by professional cleaners or by cleaning staff.

Develop your cleaning plan - overview

Daily cleaning and disinfecting

- Regular cleaning should occur throughout the day.
- Assess your program site in terms of types of surfaces, equipment, furniture, and areas which need cleaning.
- Determine the suitable cleaning and disinfecting products required for specific areas, surfaces, equipment, etc.
- Create a cleaning, disinfecting checklist and schedule. Focus on surfaces and items that are frequently touched.
- Ensure staff are trained, and use proper personal protective equipment (PPE) when cleaning.
- Insure that there is monitoring of the cleaning and disinfecting.

Deep cleaning

- Deep cleaning will be required when a staff member or program participant has been determined to be positive for COVID-19.
- Deep cleaning should occur in areas in which the positive individual had contact.
- Determine if you will perform deep cleaning internally or if you will hire cleaning professionals.
- Create a deep cleaning procedure if you will be performing the task internally.
 - Assess potential areas in program site which are likely to need deep cleaning.
 - Identify the products and equipment needed.
 - Designate staff for deep cleaning.
 - Provide training, equipment, and PPE.
 - Designate staff to monitor quality and sufficiency of deep cleaning.

Daily cleaning detail

Evaluate your program site to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an [EPA-approved disinfectant](#).
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at CDC's website [Cleaning and Disinfecting Your Facility](#).

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the [Reopening Decision Tool](#).

- It is important to determine what needs to be cleaned.
 - Assess the areas of your program site that need regular cleaning.
- Determine what needs to be disinfected.
 - Consider the type of surface and how often the surface is touched. Prioritize disinfecting frequently touched surfaces.
- Consider the resources and equipment needed.
 - Keep in mind the availability of cleaning products and PPE appropriate for disinfectants and cleaners.

Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

Use the appropriate cleaning or disinfectant product

EPA approved disinfectants, when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time, and any other special considerations when applying.

Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, faucets, and durable medical equipment such as wheelchairs, walkers and canes should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use.

Reducing the risk of exposure to COVID-19 by cleaning and disinfecting is an important part of reopening public spaces that will require careful planning. Programs are encouraged to re-educate personnel on [proper use of personal protective equipment \(PPE\)](#) and when to use different types of PPE.

Cleaning Bathrooms

Bathrooms are a high-risk area for spreading the virus. Flushing toilets can aerosolize fecal waste, sending tiny particles air bound. A study conducted on hospital bathrooms found that the amount of those particles spiked after a toilet was flushed, and the concentration in the air remained high 30 minutes later.

Hot air hand dryers also present a risk by disrupting the environment. When high-velocity air hits the hands, they shed skin cells and beyond that, the dryer stirs up the air and is often located near the trash bin. We recommend disabling hot air hand dryers and utilizing paper towels.

We recommend a rigorous bathroom cleaning schedule. Recommended procedures are below.

- (1) Clean all surfaces in the bathroom first with soapy water and rinse thoroughly. Be sure to wash the toilet surfaces, sink, faucet, tub, handles and the door knob. Let the surfaces air dry. This removes large dirt particles that may reduce the efficacy of the disinfectant.
- (2) Spray down all surfaces in the bathroom with an even coating of a disinfectant such as a diluted bleach and let air-dry completely.
- (3) Flush the toilet and add a disinfectant such as 1 cup liquid bleach to the bowl when the water level is at the lowest.
- (4) Scrub the toilet bowl with a toilet brush. Soak the bowl with the bleach for 10 minutes before flushing again.
- (5) Disinfect the floors by mopping them with a disinfectant solution such as a same bleach dilution used for other surfaces – 1 tablespoon bleach per quart water. Let the floors air-dry.

An additional option would be the use of Ultra Violet lighting fixtures which are intended for disinfection purposes. These are commercially available in a variety of sizes.

Deep cleaning and disinfecting

- **Close off areas** used by the person who is sick.
- **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, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- Vacuum the space if needed. Use vacuum equipped with high-efficiency particulate air (HEPA) filter, if available.
 - Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
 - Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.
- Once area has been **appropriately disinfected**, it **can be opened for use**.
 - Continue routine cleaning and disinfecting.

Cleaning and disinfecting outdoor areas

- Outdoor areas, like **playgrounds in schools and parks** generally require **normal routine cleaning**, but **do not require disinfecting**.
 - Do not spray disinfectant on outdoor areas- it is not an efficient use of supplies and is not proven to reduce risk of COVID-19 to the public.
 - High touch surfaces made of plastic or metal, such as grab bars, railings, tables and chairs should be cleaned routinely.
 - Cleaning and disinfecting of wooden surfaces, benches, tables or groundcovers (mulch, sand) is not recommended.
- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
 - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.

List of EPA approved products to disinfect against COVID-19 and other corona viruses.

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>

Disinfectant products

- **Recommend use of [EPA-registered household disinfectant](#).**
Follow the instructions on the label to ensure safe and effective use of the product.
Many products recommend:
 - Keeping surface wet for a period of time (see product label).
 - Take precautions such as wearing gloves and making sure you have good ventilation during product use.
- **Always read and follow the directions on the label** to ensure safe and effective use.
- Wear skin protection and consider eye protection for potential splash hazards.
- Ensure adequate ventilation.
- Use no more than the amount recommended on the label.
- Use water at room temperature for dilution (unless stated otherwise on the label)
- Avoid mixing chemical products.
- Label diluted cleaning solutions.

Diluted household bleach solutions may also be used if appropriate for the surface.

- Check the label to see if your bleach is intended for disinfecting and has a sodium hypochlorite concentration of 5%–6%. Ensure the product is not past its expiration date. Some bleach, such as those designed for safe use on colored clothing or for whitening may not be suitable for disinfecting.
- Unexpired household bleach will be effective against coronaviruses when properly diluted.
Follow manufacturer’s instructions for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.
Leave solution on the surface for **at least 1 minute**.

To make a bleach solution, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of room temperature water
OR
 - 4 teaspoons bleach per quart of room temperature water.
- Bleach solutions will be effective for disinfection up to 24 hours.
 - **Alcohol solutions with at least 70% alcohol may also be used.**

Soft surfaces

For soft surfaces such as carpeted floor, rugs, and drapes:

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.
- **Launder items** (if possible) according to the manufacturer’s instructions. Use the warmest appropriate water setting and dry items completely. OR
- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA’s criteria for use against COVID-19.
- [Vacuum as usual](#).

Electronics

For electronics, such as tablets, touch screens, keyboards, remote controls, and ATM machines:

- Consider putting a **wipeable cover** on electronics.
- **Follow manufacturer’s instruction** for cleaning and disinfecting.
 - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol**. Dry surface thoroughly.

Additional considerations for employers

- **Educate staff on the importance of** cleaning and disinfecting the program area
- **Develop policies for worker protection and provide training** to all staff on site prior to providing cleaning tasks.
 - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA’s Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply with OSHA’s standards** on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

References:

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>

Programs are encouraged to re-educate personnel on the proper use of personal protective equipment (PPE) and when to use different types of PPE.

Sample Cleaning Checklist

Date _____ Time _____

Room _____ Staff _____

Doorbell, buzzer
Doorknobs, handles
Light switches
Tabletops
Chairs
Refrigerator handles
Coffee maker
Vending machine
Thermostat
Phones

Computers
Cabinet handles
Durable Medical Equipment such as wheelchairs, walkers and canes
Faucet handles
Toilet seat
Toilet handle

Personal Hygiene

Promoting good personal hygiene is a critical to creating a safe environment. This includes frequently cleaning and sanitizing your hands. It is important to remember that both of these processes are distinct and important, washing and sanitizing.

Providers are encouraged to develop a comprehensive hand hygiene program. This includes:

- The provision of an adequate supply of cleansers and sanitizers placed in locations which are easily accessible to program participants and staff. Wall mounted hand sanitizers, tabletop sanitizing stations, or bottles of hand sanitizer should be present and available in all rooms.
- Posting visual reminders throughout the program site with simple language and images that will be understood by participants and staff alike with reminders and instructions for hand washing and hand sanitizing
- Providing structural reminders to wash and sanitize hands by establishing schedules/routines for hand hygiene. For example, before and after meals/snacks, community outings, tabletop activities, etc

Coughing/sneezing Etiquette

Coughing and sneezing are two major ways in which the virus can be transmitted. The proper technique is to cough or sneeze into the inside of one's elbow. If a person covers their mouth with their hand when they cough or sneeze, they are likely to spread the droplets from their hand to whatever they are touching. This is much less of a risk with the inside of the elbow.

Staff and participants should be shown the correct way to cover their mouth when coughing or sneezing. This can be supported by posting signs with a simple image, like the one below.



Preparing for Reopening

Staffing:

- (1) Before building opens, bring all staff in for professional development days to review “new normal” and work through scheduling/new building layout.
- (2) Attempt to limit staff working at multiple sites. Try to limit staff to one agency.
- (3) Staff should be dedicated to individuals/rooms rather than moving from room to room.

Building entrance:

- (1) Buildings should have one method for entering and everyone should sign in for contact tracing (see attached).
- (2) Front desk areas should have a barrier of 6 feet, such as plexiglass.
- (3) Signage placed at the entrance which announces mandatory mask use for staff and individuals (where possible). Signage includes the requirement for screening and mask wearing, prior to entering the building. Samples can be found at <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>
- (4) Install hand washing, hand sanitizing and mouth covering posters throughout program site.
- (5) Everyone should be screened for symptoms using a checklist. Organizations may want to use a daily attestation or app, can set up a station at the entrance for the sign-in attestation screening questions and temporal temperature. It is recommended that anyone with symptoms should not be allowed in the building.
- (6) Providers should discuss contingency plans for transporting people who are not permitted to enter the building.
- (7) Where possible, deliveries should be left at front entrance. If essential visitors need to come into the building, they must go through the screening process and sign in, wear a mask, and use hand sanitizer.
- (8) Arrival and departure times will need to be staggered.

Bathroom requirements:

- (1) Due to the use of PPE, toileting will take more time to complete
- (2) Bathroom surfaces should be disinfected after each use
- (3) High utilization times will need to be spaced out and multiple bathrooms used (if available).
- (4) All staff and individuals will wash hands after each bathroom use
- (5) Bathroom use increases significantly, as does the time it takes to conduct each intervention (more pieces of PPE to check, sanitizing the area between persons served, hand hygiene for person served)
- (6) Some disinfecting agents require ten minutes on surfaces to be fully effective - this will be an issue during high-use times, particularly for changing tables / personal care areas

Ventilation/Other building modifications:

- (1) Ventilation systems should be cleaned and serviced to allow for optimal airflow.
- (2) If possible, open windows to allow for air flow
- (3) Additional precautions to consider include a UV light unit within the large HVAC modules (if necessary)
- (4) UV light machines (such as with CPAP) could be placed throughout programs to disinfect phones, masks, etc.
- (5) Identification of outdoor space where persons served can spread out and potentially take short breaks from their masks

Quarantine/Isolation area:

- (1) Isolation space should be near front entrance so staff or individuals can quickly be isolated if exhibiting COVID-19 like symptoms.
- (2) Isolation area will be labor intensive and would need staffing. Designated staff would be needed to keep persons served in this area until their transportation has arrived. This will be confusing and potentially challenging for the person to understand why they cannot enter the program. The staff monitoring persons served in this area must wear full PPE (mask, gloves, gowns, shoe covers, goggles or face shield) and should assume the person is COVID positive.
- (3) It often takes residential staff, shared living providers, and family members hours to pick up a sick person served, so be prepared for sick individuals needing to use the isolation room for those hours.
- (4) Need to identify a nearby restroom that is isolation only, whether it is locked, sign posted. If this is not possible, then cleaning and disinfecting needs to occur immediately after the symptomatic person uses the bathroom. No one, other than staff should use the bathroom at the same time as this person. If possible, increase natural ventilation in the bathroom.
- (5) The quarantine/isolation area is potentially stigmatizing, so effective communication with persons served will be important.

Community Engagement

Background

This section describes the goals, guiding principles, and strategies for community mitigation to reduce or prevent local COVID-19 transmission. Community mitigation activities are actions taken by people and communities to slow the spread of a new virus with pandemic potential. COVID-19 is an infectious disease caused by a new coronavirus. Community mitigation actions are especially important before a vaccine or therapeutic drug becomes widely available.

Because COVID-19 is highly transmissible and can be spread by people who do not know they have the disease, risk of transmission within a community can be difficult to determine. Until broad-scale testing is widely implemented, or we have a more comprehensive and precise measure of disease burden, states and communities should assume some community transmission or spread is occurring.

Individuals need to follow healthy hygiene practices, stay at home when sick, practice physical distancing to lower the risk of disease spread, and use a mask or cloth face covering (with some exceptions) in community settings when physical distancing cannot be maintained. These universal precautions are appropriate regardless of the extent of mitigation needed.

Guiding principles

- Community mitigation efforts aim to reduce the rate at which someone infected comes in contact with someone not infected or reduce the probability of infection if there is contact. The more a person interacts with different people, and the longer and closer the interaction, the higher the risk of COVID-19 spread.
- Each community is unique. Appropriate mitigation strategies should be based on the best available data. Decision making will vary based on the level of community transmission and local circumstances. Refer to “Level of mitigation needed” in [Table 1](#).
- Cross-cutting community mitigation strategies can be organized into the following categories: promoting behaviors that prevent spread; maintaining healthy environments; maintaining healthy operations; and preparing for when someone gets sick. Cross-cutting strategies under each rubric are outlined below and should be implemented to the extent possible, and in accordance with the amount of ongoing community transmission. Refer to “Overview of Possible Mitigation Strategies” in [Table 3](#).

Community Engagement

Activities, which promote community membership, are an essential component of day programs, such as Community-Based Day Services and Supported Employment. It is important to re-introduce these activities in a way which is careful, safe, and in accordance with guidance from the Governor and others in state government.

Goal – safety for self and others while enjoying community.

- Assess individual’s likelihood to comply with safety protocols.
 - Teach social distancing, avoid shaking hands, hugging, and other physical contact.
 - teach PPE use.
 - teach caution regarding touching things and touching face/mouth
 - encourage hand washing.
 - Provide staff support as needed.
- Provide PPE
 - Masks.
 - Hand wipes, hand sanitizer.
 - Gloves.
- Limit 4 participants to one staff at a time
 - Consistent cohorts of participants and staff will limit potential exposure to infection.
 - Research community destinations and activities which would mitigate risk and promote safety.

Goal – Safety for self, housemates, staff and others while working

- Employment – Assess/monitor compliance with safety recommendations – work with employer
 - Provide PPE, hand disinfectant if none are available at work location.
 - Establish Covid-19 communication protocol/agreement with employer or just promote good communications.
 - Track potential vectors of infection by keeping a record of people or places with whom participants have extended contact.

Training/Compliance Monitoring

In addition to the DDS mandated trainings, it is recommended that all staff receive training in the following areas:

- (1) Social distancing in a congregate setting
- (2) PPE-donning, doffing, PPE needed when providing personal care, disposal, and maintaining integrity of equipment
- (3) cleaning and disinfecting procedures including the correct products to use on various surfaces, as well as the agency's cleaning and disinfecting schedule
- (4) Signs and Symptoms of COVID-19
- (5) Transporting participants safely and vehicle disinfection protocols
- (6) Hand washing protocols, scheduling, and monitoring for staff and program participants

Note: It is a recommended best practice to have designated staff in the role of compliance monitoring to observe, monitor, and provide "real-time" support and training to staff and program participants. The agency should schedule periodic reminder trainings, perhaps quarterly.

In addition to the aforementioned trainings, it is recommended that staff receive training on:

- (1) Group management and staffing plan during each phase of the reopening
- (2) Agency Communication Plan for reporting symptomatic cases of both staff and participants
- (3) Human Resource policies regarding self-monitoring and not coming to work with symptoms
- (4) Agency policy on community access during phases of re-opening
- (5) On-going compliance to agency policies as the reopening phases change
- (6) Facility Infection Control Plan

To the extent possible, program participants should participate in these trainings as well. Each agency should aggregate all the COVID-19 related training materials, policies, procedures, and other relevant documents into a COVID binder which would be accessible to all staff and participants.

Worker Training:

<https://www.osha.gov/SLTC/covid-19/controlprevention.html>

Train all workers with reasonably anticipated occupational exposure to SARS-CoV-2 (as described in this document) about the sources of exposure to the virus, the hazards associated with that exposure, and appropriate workplace protocols in place to prevent or reduce the likelihood of exposure. Training should include information about how to isolate individuals with suspected or confirmed COVID-19 or other infectious diseases, and how to report possible cases. Training must be offered during scheduled work times and at no cost to the employee.

Workers required to use PPE must be trained. This training includes when to use PPE; what PPE is necessary; how to properly don (put on), use, and doff (take off) PPE; how to properly dispose of or disinfect, inspect for damage, and maintain PPE; and the limitations of PPE. Applicable standards include the PPE ([29 CFR 1910.132](#)), Eye and Face Protection ([29 CFR 1910.133](#)), Hand Protection ([29 CFR 1910.138](#)), and Respiratory Protection ([29 CFR 1910.134](#)) standards. The OSHA website offers a variety of [training videos](#) about respiratory protection.

When the potential exists for exposure to [human blood, certain body fluids, or other potentially infectious materials](#), workers must receive the training required by the Bloodborne Pathogens (BBP) standard ([29 CFR 1910.1030](#)), including information about how to recognize tasks that may involve exposure and the methods, such as engineering controls, work practices, and PPE, to reduce exposure. Further information on OSHA's BBP training regulations and policies is available for employers and workers on the OSHA [Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics](#) page.

OSHA's [Training and Reference Materials Library](#) contains training and reference materials developed by the OSHA Directorate of Training and Education as well as links to other related sites. The materials listed for Bloodborne Pathogens, PPE, Respiratory Protection, and SARS may provide additional material for employers to use in preparing training for their workers.

OSHA's [Personal Protective Equipment Safety and Health Topics](#) page also provides information on training in the use of PPE.

Resources:

<https://www.mass.gov/doc/phase-i-office-spaces-checklist/download>

<https://www.osha.gov/SLTC/covid-19/controlprevention.html>

Transportation Planning and Implementation

Introduction:

This document aims to supplement the EOHHS guidance and tailor it to day service providers. The Transportation Subcommittee assembled this document by consolidating various sources in the public domain into one accessible document. Day service providers will find recommendations and links throughout the document to resources to aid them in planning for transportation from private caregiver transport to the reinstatement of Human Service Transportation (HST). Guidance will change, so the subcommittee recommends that providers frequently check the resources for changes and updates.

Day Program providers, who contract with Regional Transit Authority brokerages must meet all the health and safety requirements and service standards and must coordinate with HST prior to starting any routes. For program-based transportation NOT provided through EOHHS Human Service Transportation (HST) brokerage system, providers must also meet all health and safety requirements and service standards established by EOHHS. All providers of transportation must also coordinate with the local DDS Area Offices prior to restarting transportation to day programs.

EOHHS Day Program Guidance (page 9) states that each provider must create a transportation plan prior to reopening day services. When developing those plans, providers must follow the EOHHS *Transportation Plan Checklist for Implementing the Minimum Health and Safety Requirements for Opening of DDS, Day Habilitation, DMH Clubhouse and Early Intervention Programs*. The checklist can be found at <https://www.mass.gov/doc/phase-3-eohhs-day-programming-transportation-planning-checklist>. The checklist will be helpful in identifying the requirements that providers need to meet in preparation for the start of transportation.

Providers should include how they will manage transportation provided by private vehicles and caregivers in their plans. Sharing an orientation guide, materials, videos, and social stories to support engagement in pre-activities prior to the startup of transportation will help prepare families, residences and passengers to successfully transition to changes to transportation.

EOHHS guidance requires that day and work providers poll individuals and families to assist in planning for reopening. If your agency has not assessed the readiness to return to day services with your families and individuals, a “Reopening Day and Work Programs Discussion Guide Packet” created by the Coordinating Council to assist providers to meet the EHS requirement can be found at <https://www.mass.gov/lists/dds-phase-3-reopening-information>. There are discussion questions included to help providers assess transportation needs in the Discussion Guide Packet. Providers should include additional transportation questions specific to their programs as needed.

There will be fiscal implications preparing for the return to day services whether individuals are transported by private vehicle or provider transportation. This may be due to additional costs, such as increased use of PPE; instituting screening procedures, additional vehicle cleaning and providers being asked to help provide transportation during the opening weeks to families/individuals who do not have access to private or accessible vehicles. Day service providers should work with the DDS Area Offices that hold contracts with the provider to discuss funding.

Pre-activities to Prepare Individuals and Families For Transportation – Private vehicles & Provider Transportation:

During initial startup of transportation, most individuals will likely arrive at their day programs via private vehicle. Some providers will work with HST Brokers and DDS Area Offices to arrange transportation for individuals using provider vans, but this will likely be less common in the early stages of reopening.

We recommend providers prepare individuals and families for the new reality of transportation by offering pre-activities. Pre-activities can include sharing videos, social stories, phone calls, etc. These pre-activities will help individuals and families learn safety standards for boarding, riding, and exiting private vehicles and provider vans. Ultimately, this preparation will enhance the individual’s ability to be successful and have a positive experience.

Develop an Orientation Guide to Help Individuals/Caregivers for All Phases of Transportation

We recommend developing an orientation guide and educational materials for individuals to prepare them for possible new and different transportation routines. Consider including pre-activities, such as videos or social stories. In this guide, we suggest you include the following elements:

Share your Commitment to Safe Operations

Share families/caregiver's role for pre-activities and prescreening protocols

Share a list of general skills that will benefit individuals in group settings and that you would like families to work on before transportation commences. These might include:

- Hand hygiene:
 - Handwashing <https://www.youtube.com/watch?v=d914EnpU4Fo>
 - Hand Sanitizer <https://www.youtube.com/watch?v=ZnSjFr6J9H>
- Wearing a face mask:
 - Social Story video: https://www.youtube.com/watch?v=lnP-uMn6q_U
- CDC pdf: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>
- Cover coughs/sneezes:
 - <https://www.youtube.com/watch?v=J2jbEetZ8G4>
- Social distancing:
 - <https://www.youtube.com/watch?v=8O53Fd3vFec>
- DPH Playlist of shareable videos related to COVID-19:
 - <https://www.youtube.com/playlist?list=PL54knlBH64ACt7IFFgE8laWRs-TQ9b-rs>

Communicate travel plans, cleaning, screening and social distancing procedures and schedules with families or residences.

- Ensure families can conduct in-home daily screenings and have thermometers and PPE
- Train families and individuals/residential providers how to conduct self-assessment.
- Some resources/apps to help families identify symptoms.
 - <https://apps.apple.com/us/app/protectwell/id1506489711>
 - <https://apps.apple.com/us/app/checkcovid/id1504328584>
 - <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Describe what will be expected of the individual prior to boarding
- Consider various modes of communication with families/individuals, including languages other than English and other modalities.

Explain what will be needed from families and passengers and what to expect upon arrival and departure at program

- Consider sharing a social story, with or without pictorial cues, to assist individuals.
- Collection of social stories, videos and graphics (school age to adult)
 - <https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf>
 - <https://www.smore.com/udqm2-covid-19-preparedness>
- Social Story creation software (free and purchase)
 - <https://www.friendshipcircle.org/blog/2013/02/11/12-computer-programs-websites-and-apps-for-making-social-stories/>

Include Information Specific to Riding on Provider Vans that Caregivers will Need to Know

Precautionary behavior or adjustments that might be asked of individuals include:

- Hand washing and/or use of hand sanitizer prior to, during and after transportation
- Prolonged and correct use of PPE such as a face mask, unless exceptions

- Variations from established routines (different schedule, different van seating position, different transportation staff etc.)
- Maintaining appropriate social distance on the van

Share tools that will be used to help individuals on the van like seat markers, pictorial social stories, and social stories to reinforce the importance of social distancing, etc.

Explain what will happen when the van arrives at program, including details such as:

- Whether disembarkation will be staggered to avoid congregation
- How the individual will safely transition into the program, such as using hand sanitizer prior to entering building
- How transportation provider will proceed if a passenger becomes sick during transportation or while they are attending program.

Family/Caregiver Vehicle Transportation:

Providers should develop processes to ensure training, screening and other infection control measures are adhered to if individual arrives by private vehicle to attend day services.

Review arrival and departure process at site; Revise if necessary

Ensure that traffic flow plans for personal vehicles are shared with families/care providers and are well-marked.

Consider staggered drop-off and pick-up plans for individuals arriving and departing via private vehicles and non-HST transportation vans. These plans may include:

- Staggered arrival and/or departure times to minimize congestion,
- Staggered disembarkation of clients from the same or adjacent vans, to minimize congestion
- Use visuals such as lines for queuing on sidewalk to maintain 6' between individuals
- Assigning staff to accompany/assist individuals during these transitions.

Anticipate and plan for queuing at end-of-day

Determine how families/caregivers will attest that screening was completed

- Develop a process that families can attest that screening was completed
- Ensure that staff are trained on how to safely accept and deliver individuals to their private vehicles
- Visual Communication Tool <https://www.mass.gov/doc/covid-19-visual-communication-tool/download>
- Visual Communication Tool (Spanish) <https://www.mass.gov/service-details/informacion-sobre-coronavirus-para-las-personas-sordas-y-con-dificultades-auditivas>

Determine how you will manage PPE/ Sanitizer upon arrival and individuals and disposing PPE prior to entering private vehicles.

Provider / HST Van Transportation:

Organizational Preparations to Resume Provider-based Transportation

As a reminder, providers should work with their local area offices to determine which individuals will need transportation throughout the reopening process. Funding considerations for transportation to DDS

Community Based Day Services not covered in the existing contracts should be discussed with the DDS Area Office responsible for that contract.

This section is intended to help providers complete the *Transportation Plan Checklist for Implementing the Minimum Health and Safety Requirements for Opening of DDS, Day Habilitation, DMH Clubhouse and Early Intervention Programs* and the sections align with the sections of the checklist.

<https://www.mass.gov/doc/phase-3-eohhs-day-programming-transportation-planning-checklist>.

Transportation Plan

Modify vehicle to improve infection control. **Where possible, vehicles will be equipped with clear, impermeable barriers between operators and the rest of the cabin. Options may include Plexiglas or flexible plastic sheeting and must be used only according to manufacturer and vehicle safety guidelines.** The plan must state which method will be used. See Section 5 for a list of companies that provide shield protection.

Here are links to help providers create signs for vehicles and day sites.

- Free printable COVID-19 signs <https://www.signs.com/coronavirus-signage/>
- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

Seating plan is prepared in advance by vendor. EXCEPTION FOR SAME RESIDENCE BELOW

- If multiple individuals (cohort) living at the same residence are travelling to the same program in the same building or to different sites, they can travel together without adhering to the 6 ft. rule, and they still must wear face masks unless there has been an exception granted. PLEASE NOTE: The van may NOT pick up any other passengers from any other site. The cohort must remain the only passengers on the vehicle for the duration of the ride. THIS WOULD APPLY IF THE PROGRAM SITE HAS BOTH A DDS AND DAY HAB COMPONENT, OR THE PROGRAM HAS MULTIPLE BUILDINGS.
- If two residences each have one or more individuals (cohort) travelling to the same program, they can be transported on one vehicle. One cohort should be seated in the rear of the vehicle (loaded first, unloaded last) and the other cohort should be seated in the front (loaded last and unloaded first) socially distanced from the other cohort. This will allow maximum vehicle capacity and keep the individuals safely distanced.

State minimum requirements are listed in the EOHS Guidance beginning on page 23

Plan for sick passengers (See examples Section 5)

Driver and Transportation Staff: Training and Personnel Policies

Develop training program and train staff to follow the steps outlined on page 2 of the EHS checklist prior to commencing services and any relevant supplemental resources from The Infection Control Section of this guidance document.

- CDC posters for the workplace <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>
- DPH Playlist of shareable videos related to COVID-19 <https://www.youtube.com/playlist?list=PL54knIBH64ACt7IFFgE8laWRs-TQ9b-rs>
- CDC Guidance <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/bus-transit-operator.html>

Ensure adequate PPE on hand and reliable supply chain. Calculate burn rate and plan associated costs.

- PPE Burn rate calculator : <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
- Requesting PPE <https://www.mass.gov/info-details/personal-protective-equipment-ppe-during-covid-19#requesting-ppe->
- Order all required cleaning and disinfection supplies following CDC guidance per attached link, <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

Vehicle Cleaning

Complete van cleaning protocol following the guidelines in the EOHS guidance Section 10 Transportation.

- <https://www.mass.gov/doc/phase-3-eohhs-day-programming-guidance>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>
- <https://espanol.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html> (Spanish)

Use products that meet criteria use against COVID-19:

- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/disinfecting-transport-vehicles.html>

Driver, Monitor and Participant Health Screening

Staff should be aware that if they are sick per the terms of the assessment tool, they should NOT report to work, should self-isolate, seek medical help, and notify their employer. **EOHS Guidance on page 12**

The Coordinating Council Infectious Disease Subcommittee has created supplemental guidance for DDS providers to accompany the EOHS Guidance.

More general guidelines for screening tool can be found at

- <https://www.mass.gov/info-details/covid-19-employee-health-protection-guidance-and-prevention#self-certify-prior-to-shift->

Procedures for Boarding the Vehicle – at the Participant’s Home

For individuals who DO require a physical assist to board, (including all people who utilize wheelchairs)

Wheel chair securement https://ctaa.org/wp-content/uploads/2020/03/Wheelchair_Securement.pdf

Staff must verify that the boarding individual is wearing a face mask, unless an exception applies. Identify the seat that the individual will sit in. The seat may be identified with a brightly colored object to assist in identifying it.

During the Ride – Social Distancing/ Face Coverings

During all remaining travel

- Open as many windows as possible. Ventilation set to MAXIMUM circulation of FRESH (NOT Recirculated) air.
- If AC or heating required, close windows, ventilation set to maximum volume, required temperature, FRESH (NOT_recirculated) air
- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/rideshare-drivers-for-hire.html>

Procedures for Boarding and Unloading the Vehicle – at the Program

- Examples of strategies used for waiting, boarding and unloading vehicles <https://128bc.org/covid-19/>

Using Employee Vehicles

Follow all the above recommendations in guidance referenced above. Review guidelines for safe transportation with each staff person who will be using their personal vehicle to transport individuals. Maintain 6 feet of distance between driver and individual. Exceptions may be considered for individuals within the same household.

Shield Protection Companies (from CTA website):

Queen City

Transportation Driver Shields

<https://www.queencityeng.com/copy-of-product-development>

Schetky Bus and Van

Transit Shields

<https://www.schetkynw.com/inventory/>

Creative Bus Sales

Driver Protection System

https://info.creativebussales.com/hubfs/_NEW%20STRUCTURE/Projects/Driver%20Protection/CreativeBusSales_DriverProtection_External2.pdf?utm_campaign=Bus%20News&utm_medium=email&hsmi=88251560&hse_nc=p2ANqtz--FYk4GhE7pgV42XpcOi8aCq9GKESq-kc3RidITHsaLFbVLnrD55GHYOhM-6C8QeGSJeAIM2f-POcg193O7D7fEg0rtNyvyhbUVXZCZBOcLVuirUnU&utm_content=88251560&utm_source=hs_email

Barber Packaging Company

Protective Face Shield

<https://shieldsourceusa.com/>

- Special pricing for CTA members by lumping orders together for higher volumes. If there is interest in such a program please reach out to us directly at 800.554.9213.

Vapor Bus International

Vapor vShield® Door

<https://files.constantcontact.com/73717850101/40a2efda-67c0-4f33-8374-afe80aed07b0.pdf>

Fleet Maintenance Specialists Inc.

DryVGard

<https://www.fleetms.org/DryVGard>

Graffiti Shield Inc

Face Shields (Cleanable/Reusable used by bus and train operators and any transit person working with the public. These were designed in conjunction with Kiser Hospital)

<https://www.graffiti-shield.com/face-shields/>

Professional Plastics

Pexiglass Sheet

https://www.professionalplastics.com/PLEXIGLASS-ACRYLICSHHEET-EXTRUDED?gclid=EAIaIQobChMIImagZ1oT96AIVSr3ACh0CvAxyEAAAYASAAEgK9n_D_BwE

PLASTiCare

Plexiglass Sheets

<https://www.plasticareinc.com/>

Sneeze guardian

<https://sneezeguardian.com/>

Examples – Plans for Managing Employees & Passengers who are Suspected Ill:

Employees Who Become Sick with Suspected COVID-19 While at Work

1. If an employee becomes sick while at work:
 - The person will be supported to isolate themselves from all employees and passengers as soon as possible, via an identified isolation room.
 - The employee will leave work as soon as possible and self-isolate at home.
 - Ensure that the employee has needed supports at home.
 - Help from the employer in going home or even emergency medical intervention may be required in some cases. <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
2. Areas of the workplace where the employee spent time will be disinfected following CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Passengers Who Become Sick with Suspected COVID-19 While In Program or on Transportation

1. Passengers who become sick while on transportation will be transported home as soon as possible, provided that required care providers are present. If this is not possible, they must be transported to program and remain in a designated isolation room until they can go home.
2. If passengers become sick while at the program:
 - For individuals receiving 24/7 residential supports, Program will attempt first to have residential supports transport sick individual home.
 - Only if this is impossible or not applicable will the HST transportation provider transport them.
 - If HST provider transportation is necessary, staff should wear additional PPE including gloves, gowns and face shield and take additional precautions to minimize close contact.

- Vehicles should be deep-cleaned and, if possible, removed from service for several days after transporting someone suspected of having COVID-19.

Technology

As a result of the state of emergency due to COVID-19, changes were made to allow for the provision of **Remote Service Delivery**. This change provided greater flexibility in service delivery options but also created challenges in ensuring that individuals served have the necessary technology, education and training to successfully receive services remotely.

Remote Service Delivery:

Remote services are commonly referred to as *telehealth*, *tele-psychiatry*, or *telecare*. As a result of the state of emergency the remote service model has become a primary service delivery option for day services.

In general, remote services involve the provision of service through the use of technology including; the use of video communication technology, two-way communication systems, and other technologies that allow a remotely located caregiver to monitor the safety and well-being of individuals, provide instruction to individuals or facilitate virtual social gatherings. Remote service staff can engage in one-on-one or group communication, using a video chat format, telephone calls/texting to remediate situations, provide live instruction, or conduct a wellness-check.

Type of Interaction	One on One Service Delivery	Group Service Delivery
Providing information only (One-way flow)	Phone call • FaceTime phone call • Microsoft Teams • Skype for Business • Email	<ul style="list-style-type: none"> • Email using 'BCC' • Closed private Facebook Group
Interactive (Two-way flow)	Phone call • FaceTime phone call • Microsoft Teams • Skype for Business • Email	<ul style="list-style-type: none"> • Microsoft Teams • Skype for Business • Group phone calls • Closed private Facebook Group

*****Remote services as these are being delivered now, should not be confused with remote supports which focus on using technology to enable individuals to live and work more independently. (see definition below)**

Particularly with the use of remote services, some form of assistive technology (AT) would most likely be needed for the person to successfully use the technology to receive remote services, since staff is not physically present. Thus it is essential that robust processes related to education, outreach, and access to AT and AT services are consistently developed.

In addition to talking about the assistive technology devices and remote services, there should be a discussion about assistive technology services within the provider organization. Specific technology services may include: an evaluation of the individual's need for assistive technology and appropriateness for remote services;

training of the individual, members of the family, or staff on how to use the assistive technology and/or remote services; technical assistance about its operation or use; modification or customization of assistive technology.

Refer to “**Interim CBDS and Supported Employment Service Delivery Approaches**” for guidance on remote service delivery options and resources.

Technology Recommendations for In-Person Services:

For individuals that choose to receive in-person services, it is an opportunity to assess and address their technology needs in both areas: Remote Supports and Assistive Technology. The following are recommendations for assessing assistive technology and remote support readiness and needs while receiving in-person services.

Technology Assessment and Use:

Assessment: It is recommended that staff who are technology savvy and knowledgeable of both hardware (devices and operating systems) and the platform the provider is or is planning to use (Web-ex, Zoom, Skype, etc), perform this role.

- While on-site, use an [established assessment tool](#) to determine the individual’s and staff’s access to technology, knowledge of and ability to use different devices (tablet, laptop, smartphone) and the ability to access on-line websites to determine what training is needed.
 - Technology Needs include:
 - A device
 - Internet access for the device they are using
 - Assistive Technology (AT) that might be beneficial, such as a stand, switch, voice activation, Google home to schedule dates and reminders, etc.
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Use:

- Practice with the individual logging into the video conferencing platform that is being used by the provider. Ensure that the individual is using the device that they would be using at home/workplace when teaching them to log into or participate in a virtual meeting.
- Support individuals to use technology to connect with others who are not on-site.
- Support individuals to log into websites used for employment skill development/readiness.
- Support individuals to log into website used for enrichment activities. (e.g. virtual tours, on-line exercise classes, etc.)

Use of Provider Equipment and Devices:

- Computers/laptops/tablets can be distributed to several rooms if equipment has Wi-Fi/Blue tooth capacity to allow for several small groups to use the technology.
- If provider has equipment or existing computer labs set up, can redeploy.
- If provider does not have computers/laptops or tablets, an emphasis should be placed on obtaining at least tablets and stands that can be used for technology readiness assessment and training.

Technology Recommendations for Remote Services:

If unable to assess the individual in person, it is recommended that efforts are made to use video conferencing with a family member or staff present with the person to view the individual’s available technology, ability to use technology and access video conferencing. This will allow for a visual assessment of their abilities and needs. It also provides an opportunity to collaborate and provide education and training to family/staff regarding the platforms to be used in the provision of remote service delivery.

While on-line, use an [established assessment tool](#) to determine individuals’ access to technology, knowledge of and ability to use different devices (tablet, laptop, smartphone) and the ability to access on-line websites to determine what training is needed. Technology Needs include:

- A device
- Internet access for the device they are using
- Assistive Technology (AT) that might be beneficial, such as a stand, switch, voice activation, Google home to schedule dates and reminders, etc.

The following identifies technology needed based on the remote service to be delivered, funding options, training and IT capacity needs:

Remote Services

Remote Services (RS)	Type of Remote Service	Assessment of Individual Ability to use Technology	Technology Needed	How to Procure/ Fund for Individual	Training of Individual/ Family and Staff	Potential Increase in IT capacity of Provider	How to fund RS
	Check-in, review of tasks the person has to complete for the day. (Employ.)	Does the individual have a cell phone? Is the individual able to follow instruction/ ask questions via a phone conversation ?	Data/ Internet Access: Via cellular service Device: Cell Phone	Life Line Program – ** Mass Health	Minimal if the individual already has been using a cell phone. If new, would need in person or virtual training	None	Allowable & billable form of service for DDS & Fed. Waiver Appendix K (until 2/21)
	Virtual Instruction (Employ, CBDS)	Individual would do better with touch screen. Individual cannot use	Internet Access: Cell service providers – (Verizon, AT&T, etc. dropped 15G data a month)	Classify the device as Assistive Tech. Use self-direction funds or personal funds or state funds/family support	Need to develop a universal training that includes visual, pictorial, and verbal	Need IT support to set-up devices, create training, and trouble shoot software	Allowable & billable form of service for DDS & Fed. Waiver Appendix K (until

		mouse.	Or WI-FI Device Kindle Fire HD - \$150.00, IPAD - \$499 Cell Phone	Life Line Program – ** MassHealth	instruction	issues and user support needs	2/21 or longer if extension is granted)
Assistive Tech to enable access to remote services	Assistive Tech to maximize independence in virtual instruction	Individual may need support such as a Google home/calendar in phone to set up for reminders with links to log-in Other AT ideas from ICI	Alexa dot, Google home check which has best accessibility features Other AT ideas from ICI	Use self-direction funds or personal funds or state funds, or family support	Need individualized instruction for staff/family and individual	Need IT support to trouble shoot, repair and set-up	N/A
Augmentative Communication on Devices (AAC)				MassHealth for communication			N/A

Funding remote service delivery technology and assistive technology

1. State plan funds with waiver reimbursement
2. State plan funds
3. Individual funds (personal funds, ABLE account, Stimulus funds)
4. [Life Line Program](#) offers 3G cellular data that can be used as a hotspot. Also offers WI-FI but not installing during COVID-19. 2.4 GB/hr. Your **Zoom data usage** jumps up with more people on the call. Group **Zoom** meetings take up somewhere between 810 MB and 2.4 GB per **hour**. **At this time, if you can demonstrate that each person living in the location does have shared income/resources each person is eligible for a phone.**
5. [Everyone On](#) – Information on getting low-cost computers and internet, and other help with technology.
6. [Guide to low-income internet options and affordable internet plans \(AllConnect\)](#)
7. [Tech Goes Home](#) – Information on getting low-cost technology, and lots of other information on using technology.
8. If you are on Social Security, there are [work incentives](#) like PASS plans that can help pay for technology.

Training and Technology use Resources:

1. [How to Join a Zoom Meeting](#) (Video): (Basic)
2. [How to Use Zoom](#)
3. [How to Use Microsoft Teams:](#)
4. [How to use Go To meeting](#)

HIPPA Compliance

Importantly, some technology tools are not approved because they may risk individuals’ privacy of data. To ensure we keep our individuals safe and that we are compliant with privacy and contractual obligations, it is important that you use technology platforms/tools that are approved.

At this time, virtual services may be arranged using remote communication tools, including Skype, Zoom, Apple FaceTime, Facebook Portal or related streaming service.

However, once the Appendix K waiver expires in February 2021, providers want to ensure that if remote service delivery is a continued option that platforms used are compliant.

<https://www.hhs.gov/sites/default/files/telehealth-fags-508.pdf>

*[CMS Enforcement Notice](#), however, indicates that Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should **not** be used in the provision of telehealth by covered health care providers.*

The [CMS Enforcement Notice](#) includes platforms that companies have self-disclosed were HIPPA compliant. However, if a provider wants to use remote communication technology, consultation with its privacy experts is recommended to assess what platform best works for them and what protections need to be in-place to ensure compliance with HIPAA.

AREAS OF NEED AND STRATEGIES TO ADDRESS:	
1. Assessment – Tech readiness (Individual, Staff and Agency IT capacity)	<ul style="list-style-type: none"> • Hardware: providers need to develop resources and expertise to assist with assessment of individual needs, procurement and deployment of needed equipment. • Ensure all options and materials used meet language needs and DHH & visual disabilities. (ADA) • ADDP/DDS initiative to provide training modules to be used statewide in basic use of computer/tablets, accessing links/software for virtual meeting/instruction, and Security/HIPPA compliance. (English, Spanish, DHH and Visually Impaired) • Internet Safety – (Digital Citizenship)
2. Support to Day and Work providers/staff to procure technology	
3. Address inequity of families/staff/individuals access to technology	
4. Training and technical support for individuals/family being served and service coordinators.	
5. Training and technical support for staff to provide remote supports	

<p>6. Agency/Provider ability to support necessary IT infrastructure</p>	<p>Providers need to assess IT capacity to determine if can assist with the assessment and procurement of devices and research platforms and train staff. Increased capacity may be needed.</p> <p>Recommend contracting with a vendor if do not have capacity internally. Noted above: Collaborative effort with DDS/ADDP for universal training options.</p>
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DEFINITIONS:

Remote Support Technologies for Community Livingⁱ

Remote support services and technologies sometimes encompassed in the term *telehealth*, *tele-psychiatry*, or *telecare*, is a newly emerging service model for individuals receiving long-term supports and services. In general, remote support technologies involve the use of home-based sensors, two-way communication systems that monitor activity, and other technologies that allow a remotely located caregiver to monitor the safety and well-being of individuals living independently. The remote caregiver can respond to identified problems via video chat, phone calls, use of a digital avatar or if needed, dispatch a backup staff member to provide hands-on assistance. In this role, someone who works for a remote support vendor fulfills many of the responsibilities of an in-home direct support professional. The main difference is they provide this monitoring at a distance. The responsibilities of remote support staff may vary, but will generally involve monitoring conditions in an individual’s home by tracking sensor data or video footage on a remote computer screen and engaging in individualized responses, in accordance with the person’s individual service plan (ISP).

For example, a bed sensor indicates that the individual has not gotten out of bed as scheduled and the remote staff places a phone call to check-in on the individual; if the phone is not answered, the remote staff would then dispatch someone to the home to address the issue, per the individual’s ISP. Another example might be a remote support staff being alerted that sensors indicate that neither the refrigerator nor pantry doors have been opened since the individual arrived home, and the stove and microwave have not been used, and that it is past 7:00pm—indicating the individual has not eaten dinner yet.

Other examples might include:

- remote support staff detecting falls;
- frequent bathroom trips at night;
- open doors or windows;
- appliances being left on; or
- more complex sequences involving multiple sensors and inputs.

Remote support staff can also engage in one-on-one communication, using a video chat format or avatar to remediate situations, provide prompts, or conduct a wellness-check. These sessions may be initiated either by the caregiver or the individual. In each situation, specific instructions are available through the ISP to guide the remote support staff to provide a personalized and appropriate response depending on the situation in the home.

Assistive Technology (*Assistive Technology Act of 2004, P.L. 108-364*)

The term ‘assistive technology device’ means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional

capabilities of individuals with disabilities. Examples can include automatic door openers, medication dispensers and seizure monitors with alert systems, and apps that provide step by step instruction. Regardless of a person’s preferred living arrangement, assistive technology should be considered for every person to maximize their self-sufficiency and ability to interact and participate in activities with others.

Particularly with the use remote supports, some form of assistive technology would be most likely be needed for the person to complete various day to day functions since staff are not physically present. Thus it is essential that robust processes related to education, outreach, and access to AT and AT services are consistently in place across the service system.

Toward this end, every ISP Team should be required to “consider” the individual’s need for assistive technology. When the team “considers” assistive technology, that process should involve some discussion and examination of potential assistive technology. An AT plan should be developed.

In addition to talking about the assistive technology device, there should be a discussion about assistive technology services. Specific assistive technology services may include: an evaluation of the individual’s need for assistive technology; training of the individual, members of the family, or staff on how to use the assistive technology; technical assistance about its operation or use; modification or customization of the assistive technology.

Assistive Technology Professional (ATP) is a service provider who analyzes the **technology** needs of people with disabilities and helps them select and use adaptive devices. These professionals work with clients of all ages with every type of cognitive, physical and sensory disability. These professionals analyze the needs of individual with disabilities, assist in the selection of appropriate assistive technology for the consumers' needs, and provide training in the use of the selected devices.

Assistive Technology Service (*Assistive Technology Act of 2004, P.L. 108-364*)

The term ‘assistive technology service’ means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device. Such term includes—

- The evaluation of the assistive technology needs of an individual with a disability, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the individual in the customary environment of the individual;
- A service consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by individuals with disabilities;
- A service consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, replacing, or donating assistive technology devices;
- Coordination and use of necessary therapies, interventions, or services with assistive technology devices, such as therapies, interventions, or services associated with education and rehabilitation plans and programs;
- Training or technical assistance for an individual with a disability or, where appropriate, the family members, guardians, advocates, or authorized representatives of such an individual;
- Training or technical assistance for professionals (including individuals providing education and rehabilitation services and entities that manufacture or sell assistive technology devices), employers, providers of employment and training services, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of individuals with disabilities;
- A service consisting of expanding the availability of access to technology, including electronic and information technology, to individuals with disabilities.

Billing/Contracts Recommendation

The following two paragraphs are a new addition to the October 8 version of this document.

The Interim CBDS and Supported Employment Service Delivery Approaches document noted that CBDS 1:1 (one staff to one individual) may work best for individuals who are unable or reluctant to access community based day supports, have health needs that put them at risk to attend a site based program, or behavioral issues that prohibit site based and mobile services participation. As any 1:1 service is a very resource intensive service, DDS anticipates this type of 1:1 support would be offered in a limited capacity for a limited time and that costs should not exceed the DDS funds assigned to the individual.

Community Based Day Supports (3163):

- 1) If remote activities align with current CBDS support definitions, and the Area Office approves, reallocate a portion of current units authorized for individual to Level A. This would result in reduction of overall units as costs should not exceed the DDS funds authorized for the individual.

In Home Supports (3798) and Individualized Home Supports (3703):

These supports are procured through either the In Home Supports RFR (3798) or SSQUAL RFR (Individualized Home Supports 3703). In Home Supports are targeted to individuals who live independently in the community and 3703 for individuals who live with their families.

In Home Supports can access all rate levels (A-K) as stated in regulations while Individualized Home Supports are paid at the Level C rate per DDS policy. Providers have found that the Level C rate is not sufficient, and they need more flexibility and/or staff with higher levels of training/education to address the needs of individuals living at home with their families.

- 1) DDS make available the In Home Supports rates of F (\$41.48ⁱⁱ per hour) or G (\$46.28 per hour) in addition to Level C for providers qualified for 3703. If units are reallocated to Levels F and G, overall costs should not exceed DDS funds authorized for the individual.
- 2) This option may necessitate providers responding to the SSQUAL RFR in order to become qualified for this level of care. This RFR is being amended to allow for electronic submission of proposals through COMMBUYS.

ⁱ Ohio State University Nisonger Center (2018). *White Paper: Use of Remote Supports in Ohio and Emerging Technologies on the Horizon*

ⁱⁱ This is the corrected rate. The rate in the October 8 version of this document was incorrect.