NASDDDS

National Association of State Directors of Developmental Disabilities Services

NASDDDS: COVID-19 Response

Assuring Health and Welfare During the COVID-19 Pandemic: State Agency Actions

Background

State I/DD agencies, along with public and private service providers and service/support coordination agencies, share the important responsibility to assure health and welfare for all people served through the state's I/DD system. Health and welfare assurances include identification and prevention of incidents of abuse, neglect, exploitation, and unexplained death, at a minimum. Additional assurances reflect the responsibilities for implementing an incident management system, prohibitions on restrictive interventions, and establishing overall health care standards, and monitoring activities. Accomplishing these tasks during the COVID-19 pandemic requires close collaboration between service coordination entities, direct service providers, and the state administrative agency. States and service coordination agencies, both public and private, have worked together in recent weeks to identify what needs to remain the same, what needs to change and what (if anything) can temporarily stop in terms of health and wellness activities. For example, many physician offices currently recommend annual physical exams or routine blood testing be delayed until after the serious threat of acquiring COVID-19 has passed. The COVID-19 pandemic has presented a real need for individual support around the tradeoffs between health risks posed by exposure to the virus, and health, welfare and rights issues typically seen as pillars of the service system. Based on discussions with state and local agencies seeking to assure prevention of the spread of the virus, NASDDDS has curated a summary of activities underway across states.

Establish clear and unambiguous goals

Instruct all leadership roles to use the goals to drive decision making.

For example:

- Prevent the spread of COVID-19 among people supported and the people who support them.
- Swiftly and fully respond to both single and multiple occurrences of the virus.

Consider distinct roles

Provide guidance specific to health and welfare activities for each distinct role in your statewide system.

For example:

- State agency central office and regional representative offices
- Service coordination agencies and individual service coordinators
- Provider agencies and direct support professional staff
- Quality management monitoring and oversight agencies, including incident management roles

Identify activities for each role

Many activities will require explicit instruction, and clear descriptions of what must change, what must be maintained, and what will pause temporarily.

This list below includes specific activities identified by states as effective and/or helpful. *(each bullet point is linked to examples in the document)*

Monitoring individual health and safety

- Service coordination agencies are conducting specific outreach and close monitoring for anyone with a high risk of death such as a history of pneumonia, asthma, heavy smoking and other respiratory diseases.
- Case management monitoring adapts to the sudden and potentially unexpected needs of people as a result of physical and social isolation, limited access to the basic essentials, and the need for continuous reassurance.

Wellness and safety check-ins of individuals living alone or with families

- States and service coordination agencies have developed a series of questions to ask people who live alone, with a roommate, or with family members, to assure access to medical providers, food and other supplies, and to assure other health/wellness areas.

Coordinated hospital admissions and discharge planning

- States have developed triage checklists for use by local service coordination agencies when someone is discharged from the hospital.
- Service coordination agencies have established direct contact information with local hospitals and emergency departments to assure swift and coordinated services for inpatient care and at discharge. Some agencies have created on-call 24 hour/7 day access to resource coordinators for evening and weekend admission/discharge activity.
- Local administrative agencies, working closely with states, implemented communication strategies for key person-centered information when people require hospitalization.

Isolation and quarantine requirements when the virus is presumed or confirmed

- The nursing staff at state regional offices are available to triage decisions to move people to a new location when someone is identified as positive. The nursing staff responsibilities include assuring universal precaution training and assessing the ability to isolate including bathroom and meals/eating options that are separate from others.
- Providers are identifying people who are asymptomatic and positive who can be supported by staff who are also asymptomatic and positive, so as not to contribute further to the staffing shortage as well as not contributing to the spread of the virus.

Temporarily defer visitors from physical presence at homes

- Following guidance distributed by state agencies, providers have instituted CDC recommendations that long term care residences limit access to visitors to reduce the risk of exposure for highly compromised individuals.
- States have worked with providers to identify compassionate care visits, such as end of life, or when people's needs for comfort and reassurance require additional support to avoid unexpected hospitalization.

Screening of all staff upon arrival, and limiting locations of staff assignments

- Following updated CDC guidance on staff screening, providers are also asking if Tylenol or other fever-reducing medications have been taken in the past 24 hours and taking temperatures of all staff as they arrive.
- Providers are limiting the locations in which staff work, and keeping track of all locations—including for multiple provider agencies—so that contract tracing can occur, and to limit the spread of the virus when people may be carrying the virus while asymptomatic.

Reporting data on virus activity – presumed, confirmed, hospitalized, deceased

- Providers and service coordination agencies are asked to report details of virus activity to both the local health department and to regional DD offices. Aggregate data across the state are used to determine if adjustments in practice or policy and redeployment of resources are necessary.
- States have instituted policies to use incident management electronic databases to capture information with new coding to allow for alternative follow-up requirements from usual incident procedures.

Reporting data on staffing availability, including the capacity to meet basic care requirements

- Providers report staff capacity data to state agency regional staff, and the statewide data are aggregated and shared with the Department of Labor to identify geographic or other trends where job seekers can be directly linked to providers needing staff.
- States require providers to report staffing reductions prior to reaching levels which results in the provider's failure to provide care.

Pause or temporarily suspend compliance and quality monitoring of provider agency performance

- State office guidance on carrying out provider quality monitoring includes a discussion of support for people to maintain contact with friends and family during social/physical isolation, and instructions on maintaining incident management reporting for suspected abuse, neglect or exploitation. Some states have instituted COVID-19 reporting mechanisms using incident management systems.
- Some states are reviewing all ICF/IID agencies with a prior history of low scores on infection control procedures and/or universal precautions, as well as with a prior history of immediate jeopardy.

Identification and stand up of expanded settings for temporary housing to accommodate isolation

- Central and/or regional state administrative staff are working with state licensing agency staff to ramp up temporary licensing for homes already in the queue.
- Providers are establishing temporary treatment and transition locations, with medical staffing available. For example, some are converting adult day habilitation locations with existing kitchen and bathroom facilities for temporary treatment and medical staff support through a statewide medical volunteer pool.
- State agency nursing staff are available to review all requests for institutional ICF/IID placements to

assure isolation and/or quarantine capabilities of providers.

Wellness Check-In and other Health and Safety Monitoring: Additional Questions in use by Service Coordination/Case Management Agencies During the COVID-19 Pandemic

NASDDDS has compiled a synopsis of questions used by some case management/service coordination agencies developed intentionally to focus on health, wellness and safety while people are physically and socially isolated. The questions expand beyond the commonly used health and safety monitoring activity routinely implemented before the COVID-19 pandemic.

Reassurance calls may focus on people living alone or who may have expressed loneliness, fear, or anxiety during a wellness check-in. These calls are usually coordinated by case managers and provider staff to provide reassurance, encouragement, and assistance with locating resources or others to call.

Assuring Health

- How have you been feeling?
- Has anyone you live with been sick lately, or gone to the hospital?
- Do you need or want to talk with your doctor?
- How is it going with hand washing and keeping your doorknobs, handles and light switches clean?
- Do you have enough of your medications? Do you need any help with contacting the pharmacy for medication renewals?
- Do you have a thermometer at home?
- What would you do if you started to feel like you might have a fever, or start coughing a lot?

Assuring Wellness

- How are you staying in touch with other people – what options do you have?
- Do you feel lonely or anxious? When you do feel lonely, what do you do?
- Have you started any new routines?
- Is there someone you would like to talk with on the phone or through a video chat?

Assuring Safety

- Is there anything that is making you feel scared right now? If yes, do you have someone to talk with about it that helps you feel safe? Who do you talk with?
- How are you keeping busy during the day? How does it feel to stay home all day? (If person indicates they are going out for more than food/basic supplies, identify alternatives and encourage stay home requirements issued by the state and CDC.)
- Do you have enough food and supplies such as soap, laundry and dish detergent, and personal care supplies?
- Do you understand why you can't visit with friends/family or neighbors right now?
- If you do your own shopping, do you have a face cover, understand why it is important to wear it, and how to clean the shopping cart before you touch it?