

DEVELOPMENTAL DISABILITIES DIVISION
Services Reopening Guidance
October 12, 2020

Introduction

The purpose of this document is to update the DDD guidance for providers for reopening and/or resuming services, with a special focus on group day services. This guidance is based on review of State, county and Centers for Disease Control and Prevention (CDC) guidelines.

The DDD continues to follow the Department of Health “Public Health Framework for Reopening”, which is based on the following three principles:

- 1) Evaluation of environmental conditions
- 2) Risk Stratification
- 3) Phased Approach

Under this framework, conditions for a successful phased approach include:

- Everyone follows safe practices
- Following higher levels of safety precautions for certain people: individuals at higher risk must continue to minimize time and contact outside the home

The State of Hawaii is currently in Phase 2: “Act with Care” of the Governor’s Reopening Hawaii Strategy. Additional guidance and restrictions may apply to specific counties. The City and County of Honolulu (Honolulu County) issued new framework for reducing the spread of COVID-19 on O’ahu, which includes mitigation measures for sectors and businesses to follow as they plan to reopen and resume activities.

Honolulu County is currently following Tier 1 of its COVID-19 Recovery Framework, which began on September 24, 2020. The neighbor islands, including Kaua’i, Maui County and Hawai’i island, should continue to follow orders and guidance from their specific counties.

Please note: Phases and tiers can move back to previous levels if incidence of COVID-19 rise, which can impact the status of allowable businesses and activities in each county. It is critical that providers monitor county orders and guidance, as well as any incidence of COVID-19 in your programs, and adjust operations as required.

See Appendix A, at the end of this document, for list of resources.

General Guidance for Services

When asked if there is one important piece of advice to share with Hawaii residents to help prevent the spread of the coronavirus:

“Wear a mask. I’m serious. That’s it. There’s no doubt that that works. Wear a mask and try to avoid congregate settings – a whole bunch of people together, some of whom don’t have masks, crowded, indoors, is really bad news.” – Dr. Anthony Fauci
Director, National Institute of Allergy and Infectious Diseases – October 7, 2020

The safe provision of services for DDD participants depends on a number of variables, including the type and size of the setting where services will be provided, the type of activities, as well as the risk, capacities and choices of each participant.

Under the DOH “Public Health Framework for Reopening”, individuals at higher risk of severe illness are advised to continue to minimize time and contact outside of their homes. In addition, the CDC identifies that people with certain types of disabilities, described below, may be at increased risk of becoming infected or having unrecognized illness:

- People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
- People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
- People who may not be able to communicate symptoms of illness

More information about people who are at higher risk can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

The DDD remains committed to protecting the health and safety of each participant and provider. Participants/families and providers are encouraged to use the flexibilities allowed in the 1915(C) Appendix K whenever possible. As a reminder, these flexibilities will end on February 28, 2021 unless the Centers for Medicare and Medicaid Services (CMS) permits an additional amendment or application. The current Public Health Emergency for COVID-19 was recently renewed for an additional 90 days past October 23, 2020 to January 23, 2021.

More information can be found at:

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-2Oct2020.aspx>

Guidance for Services Provided in Participants' Home Settings

The Appendix K flexibilities are provided for the expressed purpose of ensuring health and safety during the COVID-19 Pandemic and supporting people who choose to continue to have their services provided in their homes rather than in community settings.

Services that may continue to be provided in the participants' home settings include:

- Adult Day Health (ADH)
Appendix K flexibility allows ADH to be provided in the participant's home or through telehealth
- Personal Assistance/Habilitation (PAB)
- Private Duty Nursing (PDN)
- Respite
- Chore
- Residential Habilitation (ResHab)
- Additional Residential Supports (ARS)

Participants, families, caregivers and providers should continue to practice every day preventative actions and follow CDC, State and county guidance for protecting health and safety at all times in home and community settings.

Refer to CDC website for full details:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

Guidance for Services Provided in Both Community and Center-Based Settings

The guidance below applies to the following services:

- Community Learning Services-Individual (CLS-Ind),
- Employment Services,
- Community-Learning Services-Group (CLS-G) and
- Adult Day Health (ADH)

Services provided in the community and center-based settings, particularly ADH and CLS, involve a range of activities that are provided in various locations. In addition, participants who attend ADH and CLS programs have different needs and levels of risk that must be taken into consideration.

Please note, all services provided in community and center-based settings are required to:

- ✓ **Requirement 1:** Have a DDD-accepted Provider Self-Assessment
- ✓ **Requirement 2:** Assess Health and Risk Criteria for each setting and participant, in partnership with DDD Case Managers
- ✓ **Requirement 3:** Integrate safe practices into services and settings as reflected in CDC and State guidance

More detailed guidance about these three requirements are provided on pages 4-10.

Statewide:

- **Community Learning Services – Individual (CLS-Ind)**
- **Employment Services**
 - CLS-Ind and Employment Services provided in the community, may resume in all counties based on Governor’s order and specific county orders.
 - Must meet all Requirements 1-3 above in alignment with all guidelines provided in this document.

Neighbor Islands:

- **Community Learning Services – Group (CLS-G)**
- **Adult Day Health (ADH)**
 - CLS-G and ADH programs may reopen on Kaua’i, Maui County and Hawai’i island as long as they adhere to county-specific orders.
 - Must follow Requirements 1-3 above in alignment with all guidelines provided in this document.

O’ahu:

- **Community Learning Services – Group (CLS-G)**
- **Adult Day Health (ADH)**
 - CLS-G and ADH programs on O’ahu may start to phase in reopening when Honolulu County advances to Tier 2, and based on Governor orders.
 - Must follow Requirements 1-3 above in alignment with all guidelines provided in this document.

Detailed Guidance for Requirements

As described above, prior to reopening ADH settings and resuming services in the community, providers must have completed the following:

- ✓ **Requirement 1:** Have a DDD-accepted Provider Self-Assessment
- ✓ **Requirement 2:** Assess Health and Risk Criteria for each setting and participant, in partnership with DDD Case Managers
- ✓ **Requirement 3:** Integrate safe practices into services and settings as reflected in CDC and State guidance

The guidance below applies to services and service settings:

- 1) **Accepted Provider Self-Assessment:** The DDD provided guidance through a self-assessment approach to assist providers in planning and implementing day services. Self-Assessments were emailed to providers on June 19, 2020. Self-Assessments must be

submitted, reviewed and accepted by the DDD prior to the provider's planned reopening date. Listed below is a review of the core element areas and guidance.

A. Emergency Preparedness

- Include detailed Emergency Preparedness Plan (EPP) protocols for when someone at the ADH setting or CLS program confirms a COVID-19 related diagnosis.
- Have a rapid response system for identifying staff and participants who may be close contacts through exposure and notifying the Department of Health (DOH) Disease Outbreak Control Division; policy for close contacts to self-quarantine or isolate; and suspending operations, if necessary, for thorough disinfecting and cleaning.
- Update EPP to address changes in community conditions (e.g. change in Honolulu's Tier status, new orders from the Governor or county, etc.) and include protocols for adjusting operations accordingly and communicating changes to all affected individuals in a timely manner.
- Have Quality Assurance processes in place to ensure written policies and procedures are followed, evaluated and modified as needed.

B. Transportation

- Continue to carefully assess the changes needed to ensure transportation can be delivered/received in ways that keep participants, staff and the community safe and minimize the potential spread of infection.
- Continue to work with participants and families/caregivers to ensure transportation needs are met.

C. Preventing the Spread of Infection

- Continue to assess the setting(s) and changes needed to implement proper screening, staying home when sick, social distancing, hand hygiene, face coverings, cleaning and disinfecting to reduce the risk of exposure and limit the spread of infection.

D. Person-Centered Planning

- Have a plan for having on-going, individualized discussions with participants, guardians, families/caregivers and case managers; especially as community conditions may change and impact service delivery.
- Consider other modes to complete planning meetings, if in-person is not an option.

E. Training and Support

- Continue to monitor for quality assurance and provide on-going training and support to staff and participants, to ensure continued implementation of policies and procedures.

F. Community-Based Services

- Ensure that community-based services are delivered in accordance with the specific safety precautions, requirements and restrictions for sectors and businesses, as described in State and county orders. For example, a CLS group in Honolulu considering going to a restaurant in Tier 1 must all be from the same household. It is

important that participants and providers review the specific requirements for sectors and businesses when planning CLS outings.

- Continue to work with each participant who receives Employment Services.

2) Health and Risk Criteria: Congregate settings, such as ADH, in shared indoor spaces pose a heightened risk of spreading COVID-19. It is critical that providers assess their settings, programs and participants' levels of risk and plan a phased-in approach that will ensure the safety of the participants, staff and community. Important considerations to remember are that not all participants will return to ADH and CLS programs at the same time; and not all participants will want to return to ADH and CLS programs.

A. Risk Criteria for Provider Settings and Programs:

The risk criteria listed below was used in Honolulu's COVID-19 Recovery Framework. Providers should use the criteria to determine their settings and program's risk level to help identify and implement mitigation measures needed to ensure services are delivered safely.

Risk Criteria - Ability to:

- Accommodate wearing face coverings at all times
- Physically distance between individuals from different households
- Limit the number of people per square foot
- Limit duration of exposure
- Limit amount of mixing of people from differing households and communities
- Limit amount of physical interactions of visitors/patrons
- Optimize ventilation (e.g. indoor vs outdoor, air exchange and filtration)
- Limit activities that are known to cause increased spread (e.g. singing, shouting, heavy breathing; loud environs that cause people to raise voice)
- Enforce restrictions and required mitigations measures

B. Health Risk Criteria for Participants:

The decision to return to ADH programs, or resume CLS or Employment supports should be made on a case-by-case basis, with careful thought and planning to ensure the participant's safety. A person's age and health status may place them at higher risk of severe illness from COVID-19. It is important for providers and case managers to refer to the guidance from the Centers for Disease Control (CDC) to help participants assess their health status and risk level.

Participants over the age of 65 years should not be in ADH programs at this time because of their congregate nature. In this population there is a high risk of severe illness from COVID-19. We recommend participants in this age group be considered last to resume services when phasing in operations.

According to the CDC, risk of getting severely ill from COVID-19 increases as you get older. In fact, 8 out of 10 COVID-19-related deaths reported in the United States have been among adults aged 65 years and older.

CDC Has Information For Older Adults at Higher Risk

8 out of **10** COVID-19 deaths reported in the U.S. have been in adults 65 years old and older. Visit [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus) for steps to reduce your risk of getting sick.

The infographic features a grid of 10 human silhouettes. The top row contains 5 dark blue silhouettes. The bottom row contains 5 silhouettes: the first three are dark blue, and the last two are light grey. A yellow banner at the bottom right of the grid contains the text [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus). The CDC logo is in the bottom left corner.

Refer to the CDC website for full details:

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

Participants with any of the following conditions are likely not appropriate for congregate settings such as ADH programs at this time due to the increased risk of severe illness from COVID-19. Discussion between the participant and their primary care physician should be conducted prior to making a decision to resume services.

According to the CDC, people with the following conditions **might be at an increased risk** for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Refer to the CDC website for full details: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Participants with any of the following conditions should not be in ADH programs at this time because of their congregate nature. In this population there is a high risk of severe illness from COVID-19. We recommend participants in this group be considered last when phasing in. Discussion between the participant and their primary care physician should be conducted prior to making a decision to resume services.

According to the CDC, people of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (Chronic Obstructive Pulmonary Disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (Body Mass Index of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

Refer to the CDC website for full details: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

The participant's ability to wear a face covering and follow physical distancing guidelines with minimal assistance and redirection is important to protect the participant and others.



3) Integrate Safe Practices

A. Providers are encouraged to maximize use of outdoor spaces and optimize ventilation (e.g. air exchange and filtration), consistent with participants' needs and preferences. When shared indoor spaces are used, and when conducting activities such as eating and drinking, the following should be observed due to the heightened risk of spreading COVID-19:

- Strictly limit the number of people per square foot to ensure physical distancing of at least six (6) feet is maintainable at all times. A "space calculator", such as the one provided below, may be used to estimate the total number of people that can be in a given space to ensure adequate space for social distancing.

<https://covid19.colorado.gov/safer-at-home/social-distancing-calculator-for-indoor-and-outdoor-events>

The calculator is simple to use. The provider inputs the total square footage of the space and estimated percent of floor space occupied by items such as furniture, equipment, displays, etc. The calculator will then report the amount of people appropriate for the space based on current social distancing guidelines.

Exceptions may occur when participants require additional support, such as hands-on assistance.

- Ensure face coverings are worn at all times; except when eating and drinking. Food and drinks should not be shared by anyone.
- Ensure routine cleaning and disinfecting of the shared indoor spaces, with special attention to high-touch surface areas, consistent with CDC guidelines.
- To the extent possible and feasible, improve circulation of fresh air by opening windows and doors and improving ventilation systems.

- B. When considering operations for ADH programs and CLS-G, providers are strongly encouraged to implement staff and participant “social bubbles”. A social bubble is a term used to describe a small group of people who do not live in the same household, who have agreed to socialize only with each other and are committed to the same precautions to protect each other from COVID-19. Keeping the same group of staff and participants in a social bubble can minimize exposure across participants and staff and be vital to contact tracing if someone confirms a COVID-19 related diagnosis.

The following are guidelines for establishing social bubbles:

1. Maximum number of people (staff and participants) in each social bubble should not exceed five (5) people at this time. If possible, the same staff and participants should remain in the same group every day to maintain the social bubble.
2. Factors to consider when forming social bubbles:
 - participants who live in the same household
 - participants who live in the same communities
 - participants who use the same transportation or are on the same transportation route or schedule
 - participants who are or whose families/caregivers are close friends
 - participants’ needs and ability to wear face coverings and follow social distancing rules
 - participants with similar preferences
 - participants’ ADH/CLS-G service tier and recommended staff to participant ratios. For example, participants with higher level needs should be placed in smaller bubbles
 - schedules for participants and staff

APPENDIX A

Additional Resources

- Governor's Reopening Hawaii Strategy: <https://recoverynavigator.hawaii.gov/reopening-status/#impact-levels>
- Governor's Emergency Proclamations: <https://governor.hawaii.gov/emergency-proclamations/>
- A brief description of the City and County of Honolulu framework is provided below. More information can also be found at: Oneoahu.org
- Honolulu County: <http://www.honolulu.gov/mayor/proclamations-orders-and-rules.html>
- Kauai County: <https://www.kauai.gov/Government/Departments-Agencies/Emergency-Management-Agency-formerly-Civil-Defense/Emergency-Proclamations>
- Maui County: <https://www.mauicounty.gov/2370/COVID-19-Coronavirus-Information>
- Hawaii County: <https://www.hawaiicounty.gov/departments/civil-defense/active-emergency-proclamations>

Honolulu Reopening Strategy

The City and County of Honolulu (City) issued their framework for reducing the spread of COVID-19 on O'ahu, which includes mitigation measures for sectors and businesses to follow as they plan to reopen and resume activities.

The framework includes four tiers, with Tier 1 being the most restrictive and Tier 4 the most relaxed. Each tier is based on the level of community spread of COVID-19 within the City, determined by the 7-day average of the number of new cases reported daily (case count) and the test positivity rate.

The following is a summary of the framework:

- The City started **Tier 1** on September 24, 2020.
- In order to advance to the **next tier** under the current framework, the City must:
 - 1) have been in the current tier for at least four consecutive weeks; AND
 - 2) meet the 7-day average case count AND the test positivity rate criteria for that next tier for two consecutive (and most recent) weeks, per the Weekly Assessments.
- The City may only advance one (1) tier at a time.
- The City may move backward more than one (1) tier if the 7-day average case count criteria for the **lower tier** is met for two consecutive weeks, per the Weekly Assessments.
- The City will issue a new order within three days of the effective date that an advancement or a retreat in tier will occur.

- Starting on October 1, 2020, Weekly Assessments are released to the public by the Hawai'i State Department of Health (DOH),