Day Program and Employment Services

Re-opening Support, Guidelines, and Resources for States

NASDDDS

National Association of State Directors of Developmental Disabilities Services

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Introduction

State Intellectual & Developmental Disability (I/DD) agencies, providers, families, people with I/DD and other stakeholders share the goal of a carefully planned and phased approach of returning to services outside the home that provide meaningful opportunities as defined by the person, with the support of their family and the person-centered planning team. These options for people may include returning to community employment, a day program facility, telehealth, community engagement, support at home part of the day, a combination of services and supports, and the possibility of innovations not yet broadly developed. As states contemplate how to use the current circumstances to partner with stakeholders, new possibilities for improvement evolve in the manner in which support is available to individuals in home and community-based services (HCBS).

States have a collective aim to protect the health and welfare of people receiving supports and services, direct support professionals, family members, support coordinators, and others through a series of prevention and risk mitigation strategies, as long as COVID-19 remains active throughout the country.

At the request of NASDDDS leaders, a workgroup composed of state I/DD Directors and their staff participated in an initial meeting to discuss core considerations for day and employment program reopening. NASDDDS sought participation from a variety of states to represent the relative size and number of day programs and geographic areas of the country. NASDDDS convened four subgroups to formulate promising practices and practical steps for day and employment program reopening focused on four primary themes: 1) Day Services and Transportation; 2) Financial Considerations; 3) Health and Safety Strategies; and, 4) "Sunrise Phase" – Introducing New Possibilities.

The guiding principles of this work centered on safely re-opening day and employment services with an eye toward service delivery that assists individuals to increase their social capital and further engage in community life. The subgroups identified and provided potential actions to address the complexities of financial, service authorization, and related structures.

The broad themes blended throughout discussions reflected a need to address issues with a multi-level focus:

1. State I/DD agencies and systems
2. Providers
3. Individuals with I/DD and their families

GUIDEPOSTS

- Strategies and considerations need to be planful and done with the priority of safely re-engaging people
- Assure that individual choice, preference, needs and understanding of personal risk should be balanced with motivations of providers and/or families
- Strategies may need to account for limited service capacity and workforce gaps
- CDC guidance is an underpinning of all approaches and considerations
- Each state (and even locality) may require a different approach based on state and local government orders
- Considerations must have an eye to community-based options, self-direction and use of technology

Following this work, the NASDDDS Directors Forum, held June 2, 2020, provided an additional opportunity to obtain feedback and gather ideas from state I/DD Directors on more helpful resources to provide states on reopening day and employment programs. Written resources curated from state I/DD agencies from around the country and through the 2020 Mid-Year Virtual meeting further informed information contained in this resource packet.

Also, NASDDDS conducted a survey of twenty-two states regarding their status of facility-based services. As of June 24, 2020, the analysis of responses shows that 50% of the responding states allowed facility-based day services to re-open, while 14% allowed selective services to be provided in facility settings and 36% had facility settings remain closed.

As the current reality evolves, strategies may need to change as priorities shift. NASDDDDS continues to provide information curated by states and developed by the association as communication among state I/DD agencies is essential during these unprecedented times. NASDDDS adapts resources as its state I/DD members learn and identify new and promising practices.

Day Program and Employment Services Reopening Resources

This packet offers resources and guidelines in four key areas. The resources can be used individually or in any combination. Please contact NASDDDS staff for questions or additional assistance at 703-683-4202.

1. Operational Considerations Guidelines
   Suggestions for operations at the system, provider, and individual and family levels outlined within the four different workgroup focus areas of Day Services and Transportation; Financial Considerations; Health and Safety Strategies; and “Sunrise Phase” – Introducing New Possibilities.

2. Decision Trees
   Frameworks to outline options for reopening day program and employment services to assist with decision-making as various jurisdictions phases through re-opening.

3. Self-Assessment Templates
   Fillable documents for determining individual interest and needs for re-engaging in day program and employment services, as well as assessing provider readiness and sustainability plans for reopening.

4. Scenario Planning Toolkit
   A framework for use with stakeholder teams to problem-solve aspects of reopening when multiple unknowns exist. The tools are designed to proactively assist states to plan for emerging needs.

Operational Considerations Guidelines

Operational Considerations Guidelines

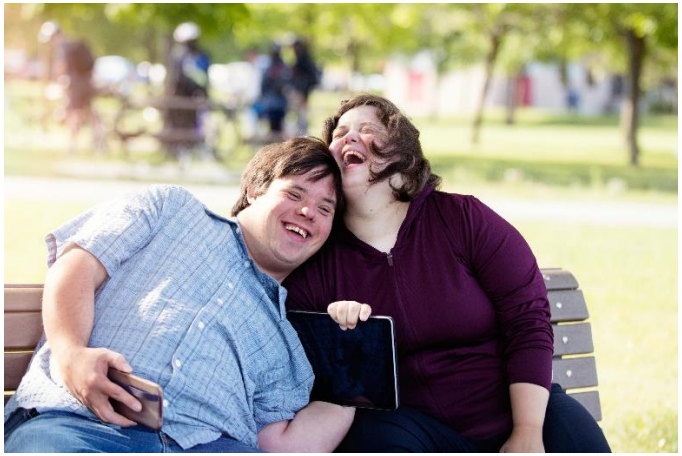
This chart of potential operational considerations developed by NASDDDS is for distribution to your appropriate leadership teams to develop and implement guidance for day program and employment services reopening. While we know that many state I/DD agencies have already implemented significant operational changes, this list encapsulates core considerations and actions likely needed for prompt action.

This guide provides an overview of four primary areas of reopening topics for day programs and employment services:

- Day Services and Transportation;
- Financial Considerations;
- Health and Safety Strategies; and,
- “Sunrise Phase” – Introducing New Possibilities.

The guide is informed by workgroups composed of state I/DD Directors and their staff from across the country, along with additional recommendations and insights from the June NASDDDS Directors Forum. These four topic areas are, in turn, divided into three primary focus groups, or levels:

- State systems;
- Provider; and,
- Individuals with I/DD and their families.



State Systems Level Considerations

Reopening (and Transportation)

- Develop provider readiness assessment and/or an approval process for reopening strategies.
- Determine how often monitoring will occur and in what format.
- Develop and maintain partnerships among and across state agencies e.g., Departement of Health (obtaining data, contact tracing, personal protective equipment (PPE)); State Medicaid Agency (SMA); Behavioral Health Agency; FEMA; Department of Transportation; Department of Labor; Commerce Department.
- Work with SMA, Department of Health and related agencies on phases of reopening guidance to comport with state and local government orders, with amendments/specificity on mitigating risk with protective measures appropriate to people with I/DD.
- Identify needed data for reopening decision-making such as:
  - Where people have been receiving services during the day, how often and what type (including individuals in employment)
  - Size of program sites
  - Support coordinators for people served
  - Demographics and overview of individual support needs
  - Tracking mechanisms for individuals and DSPs who have contracted COVID-19.
- Identify communication strategies and plan the "who, how, frequency" (e.g., websites, virtual town halls, provider association partnerships, self-advocacy and family organizations networks; support coordinators networks).
- Outreach with language translation or pictorial/communication strategies for limited English proficiency or individuals with reading challenges.
- Consider the impact of the expiration of 1135 on Appendix K authorities (if any) for transition or reopening plans .
- Determine the impact of expiration and/or phase-out of Appendix K flexibilities and develop transition plans (e.g. return to face-to-face monitoring of day programs and oversight of staff qualifications).
- Develop an internal communications team.
- Consider surveys to providers on readiness level, workforce, ability to provide transportation, alternative scheduling, etc.
- Survey individuals with I/DD and their families to determine interest in returning to day program and employment services, including how quickly, needed strategies, concerns, health needs, willingness to try something different.
- Initiate a "warm" line for individuals and families to address questions and concerns that aren't readily answered through other materials or platforms
- Create linkages with the executive branch/governor's office on plans, timeframes and expectations.
- Update policies and procedures specific to reopening, reporting, hours, size of program, PPE, back-up planning, lines of communication with state, support coordinators, families, etc. Develop these in conjunction with stakeholders, inclusive of individuals, families, and providers and representative of state demographics.
- Work with SMA to discuss if any state plan amendment (SPA) or related Medicaid authorities may be needed for PPE for providers, families/caregivers, and individuals with disabilities or if other resources exist for community members supporting people with I/DD (e.g., county, hospital, volunteer groups in different neighborhoods, etc.).

State Systems Level Considerations
Finances
• Determine additional MMIS and other data systems needs for payment reconciliation, tracking exceptions, retainer payments and related flexibilities; ascertain the need for systems to reconcile later. • Communicate with SMA, budget and finance offices within and across departments and the executive branch on payment processing and tracking, reconciliation practices, timeframes, and anticipated barriers. • Work with providers on payment and claims processing with individuals returning to day programs and employment services; assist with projected timeframes for billing, expectations, and billing/coding framework; Consider written guidelines that include the most common scenarios as well as a business operations helpline to assist providers with billing questions. • Track budget projections as individuals move from receiving services at home back into day programs, employment services, or a combination of supports. • Identify potential patterns/forecasting based on phase-in for current and next fiscal year, including lag time. • Meet weekly with program and budget staff about claims, budget, and program trends. • Ascertain the budgetary impacts of enhanced FFP ending for day program and employment services and on the overall budget picture, including reopening (patterns by geography, individuals living with family, out-of_home placements, support needs, underserved or disadvantaged areas of the network); crosscheck those impacts with other flexibilities implemented through Appendix K or 1132 authorities to determine fiscal impacts related to changed program design and benchmarked at 3, 6 and 9 months of implementation. • Conduct cost analysis of changed service definitions and flexibilities during the pandemic for current tracking and future projections if some valued flexibilities were to be kept through a waiver amendment or other Medicaid authority; determine the fiscal impact through different combinations of flexibilities across services, monitoring or other administrative practice flexibilities; determine what might create the highest value change for innovation.

State Systems Level Considerations

Health and Safety

- Develop, distribute and approve provider readiness assessment tool for the provider agency as a whole and each provider site for facility-based services; create a modified assessment for providers of community life engagement, group and individual employment services regarding reopening readiness.
- Write and implement monitoring tools and processes to ensure providers, individuals, families and other stakeholders have access to all information; have multiple mechanisms for providers to stay informed as some are not members of the larger provider associations; determine which individuals receiving supports may be more at risk for severe illness from COVID-19 according to the Centers for Disease Control (CDC).
- Review other considerations such as the person's living situation (reside in a larger group setting, with someone who has been exposed to or has contracted COVID-19, with others considered vulnerable) and assist the case manager/support coordinator with conversational guidelines as one component of the person- and family-centered planning process.
- Assess an individual's support needs based on her/his current aptitude and tolerance to practice universal precautions and required social distancing.
- Provide a framework to talk to the individual and family about their interest in the type, time, and place of day program/employment services or interest in trying something new; determine what support needs an individual has based on concomitant safety requirements of the settings.
- Develop policies, guidelines, checklists for delivering employment and day services via telehealth to protect and ensure privacy.
- Provide day program and employment service providers resources curated by the state and NASDDDS as to what composes a safe working and day program environment (e.g., physical configuration of the facility, PPE, storage of personal belongings, food storage and bringing own meals, sanitation practices); ensure individuals who attend the program, their families and the overall advocacy community have copies of these resources and knows what should be expected and the kinds of questions they can ask.
- Determine transportation options (e.g., family willingness to transport; family payment for non-emergency medical transportation if they enroll as providers; mileage reimbursement for families; use of paid public transportation services).
- Support providers to work with county health departments to find seat or floor coverings
- Determine ways to clean back seats of transportation services, family cars, church vehicles or other transportation solutions that can augment residential and day program vehicles.

State Systems Level Considerations

"Sunrise" – Introducing New Possibilities

- Consider potential alternative service delivery models for individuals with significant support needs.
- Promote smaller service settings.
- Build on technology successes and advances for alternative and complementary service delivery part- or full-time.
- Ask families and individuals what did or did not work for telehealth solutions; consider what can be increased through more training or changes to waiver service definitions; determine if more supports are available for those that would like to learn but need key-guards or other low-tech solutions to feel successful with technology; ascertain whether part-time technology will work or if individuals and families are willing to take part in a "study" group to explore new possibilities.
- Determine if there is a group interested in on-line discovery and exploration based on states had success with this model, either as part of a learning community or community of practice.
- Analyze current and future waiver definitions and service flexibilities to maintain for the future and that are aligned with the financial models.
- Develop quality indicators that value program innovation while supporting illness prevention.
- Promote self-direction and explore the possibility of individual employment providers rather than services solely through agencies.
- Ascertain what providers, individuals and families valued about remote day programs, employment services, discovery and related supports and why, including what was not valuable and why; assist in developing potential specifications and obtain success stories and public input; determine if changed definitions would open new possibilities.
- Determine how to improve and expand the use of telehealth options, though different hardware and software needs as well as internet access.
- Explore outcome-based payments for alternative settings and unique service delivery models.
- Hold weekly meetings with providers to build a creative service catalog, resource guides and social media platforms; determine what is available to inform new flexibilities and future service definitions (if needed).
- Establish peer to peer social connections through virtual media for both providers and families to brainstorm and support new ideas.
- Develop training and career ladders to provide employment supports versus facility-.ased services
- Support creative combinations of part-time day program, employment services and in-home supports by publishing success stories on state/agency and University Centers for Excellence in Developmental Disabilities Education, Research, and Service (UCEDD) websites.
- Attend to the development of workforce gaps and collaborate with the Department of Labor.

Provider Level Considerations

Reopening (and Transportation)

- Review workforce capacity to determine if new staff are needed or staffing levels are sufficient if redeployed back to employment services and day programs; coordinate with the individual's at-home supports, including the consideration of "Social Bubble" strategies when scheduling and planning.
- Determine whether services will be offered all day, part-time, in shifts, and the number of people supported at once according to state, local and CDC guidelines.
- Consider developing a phased approach of reopening that allows for a slow re-entry, enhanced communication, and analysis of best practices while reducing risk.
- Poll individuals and families who were previously attending the day program for their preferences in how to receive services.
- Determine appropriate ratios for individuals identified to return to day program and employment services.
- Create effective communication strategies with the state, individuals and families, community partners, and residential service providers.
- Provide both emergency and general numbers to all stakeholders
- Deploy communication strategies that inform and educate individuals, families, and caregivers on The phases of reopening, the established PPE guidelines, the health screening requirements, and new policies/procedures and expectations of staff, individuals, families, and visitors
- Consider a phased-in approach, first resuming day services for those individuals who are identified as low-risk by the state DD agency and person-centered planning team; further consider starting with smaller groups and staggering days and hours or an altered schedule, with supports in the home and/or via telehealth.
- Determine the type of community outings that will be offered.
- Develop staff training plans and resources, with review and approval by the state agency (if applicable).
- Make data-informed decisions, incorporating data collection methods for one time use and ongoing data needs.
- Establish partnerships - formal and informal - with the behavioral health system, the acute/medical care system, primary care providers, local CDC/health department/FEMA.
- Identify the status of individuals with a summary of services before and after the systemic change occurred; summarize the supports provided during the pause in traditional service delivery.
- Update personnel policies as needed regarding staffing, training, allowance of remote supports, payroll, leave time, and essential workers.
- Conduct a provider readiness assessment, for reporting and approval.
- Coordinate with individuals' at-home supports (regardless of setting) to develop a specific transition plan, including considerations for communication strategies, PPE, potential exposure, scheduling, food
- Assess staffing capacity, including retention rates, new hires, length of stay, exposed and positive staff, on-site daily screening activities, and documentation.

Provider Level Considerations

Health and Safety

- Develop and implement a checklist inclusive of areas such as PPE, physical environment reconfiguration, alternative times and days for service delivery, cleaning and infection control process using CDC guidance.
- Specify precautions for staff to use when providing personal care.
- Establish clear guidelines on the procedures of infection control practices, including the establishment of protocols for disinfecting surfaces and supplies
- Support people to wash hands, how to cough into the elbow, and use supplies and masks.
- Conduct staff training on client rights, social distancing, cleaning routines and supplies, arrival and ending time routines, symptom tracking, temperature readings, visitors, storage and handling of chemicals, PPE and supply inventory, including hand soap and sanitizers.
- Plan for transitioning increasing numbers of people, and decreasing services if infection rates increase and/or state or local orders are reinstituted.
- Provide transportation guidance for reducing the number of individuals that are transported at one time, having open seats, use PPE by drivers and riders, symptom screening of drivers and riders, and cleaning/sanitizing protocols.
- Develop and implement an infectious disease plan that includes actions needed when an individual or staff member presents with symptoms during the course of the day.
- Create a process to monitor the symptoms of individuals and staff.
- Establish a safe and comfortable area/space for individuals/staff to be isolated if they are unable to readily access transportation to leave.
- Support those who are infected to leave the building with dignity, employing disinfecting protocols for areas where those infected were present.
- Implement a protocol to inform individuals/families of possible exposure to those exhibiting symptoms that may be COVID-19, flu and/or cold; including communication when someone tests positive.
- Determine the protocol for staff/individuals to return when they are no longer ill, including assessment of their interest, ability, comfort level and necessary accommodations needed in the return to the day program.
- Monitor staff availability, changes in health status, willingness to work, and safety concerns.
- Consult continuously with state and local health departments regarding local infection rates, trends and any specific considerations for reopening.
- Review the facility-based program for physical distancing, such as rearranging tables, limiting meetings and gathering places, placing tape on floors, modifying storage areas for people's meals and snacks, etc.

Provider Level Considerations

Finances

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

"Sunrise" – Introducing New Possibilities

- Survey individuals, families, and staff about new services and new possibilities.
- Establish provider-to-provider resource sharing exchanges, to include practices that have worked and methods to expand successful strategies.
- Work with UCEDD and DD Council on innovations.
- Work with the state and Medicaid agencies on incentives for innovation.
- Share successes that create jobs and further align the agency's mission, including services and/or employment closer to an individual's home and neighborhood.
- Engage in peer-to-peer sharing of alternative service models, approaches to staggered schedules, and virtual services offerings; share these strategies statewide.
- Publish success stories on provider and state I/DD agency websites.
- Bring successful pilot information to the state agency, including success factors and strategies to bring it to scale.
- Analyze changes in service delivery that were both highly valued and cost-effective; bring ideas to other providers and the state to discuss the possibility of increasing employment, smaller settings, remote technology, and flexible models for potential replication, scalability, and service specification changes.

Individual & Family Level Considerations

Reopening (and Transportation)

- Develop a survey (in multiple languages and alternative formats), in concert with individuals and families, to gain general information statewide about interests, concerns, and options for individuals and families, including how people spent their time during day program closure, the alternative services that were beneficial or not as helpful, interest in returning part-time or full-time to day programs, and interest in a mix of day and home-based supports with alternative times and remote strategies.
- Make data-informed decisions about whether changes in service delivery resulted in any measurable changes in the individual's life, including different in support needs or increases/decreases in behavioral concerns
- Provide guidance to support coordinators, individuals, families, and providers on service options, risk factors, skill sets, provider readiness and expectations, individual support planning process, and expected timeframes; spend significant time on the individual support planning guidelines, framework and materials (in concert with individuals and families) to address preferences, health and safety needs, new possibilities and reflections on recent experience; ensure support coordinators, individuals with disabilities and their families are part of the development process.
- Develop a communication plan in concert with individuals and families that includes frequent engagement opportunities; ensure communications are reviewed by family members (not just official government language interpreters), are offered in multiple languages, are considerate of limited English language learners, are offered in pictorial or other forms, use dissemination methods for those without computers (e.g., mailings or radio in rural areas), and are offered through multiple venues like virtual town halls and Facebook Live; ensure the plan is developed in partnerships with:
    - Family to family organizations (these groups can also good springboards for holding forums or co-sponsoring virtual town halls);
    - Tribal communities/nations; and
    - Community resources in local neighborhoods or programs/centers close to where individuals and families live.
- Provide frequent updates with clear and supportive messaging.
- Ensure two-way communication, send out information and receive information from individuals and families.

Individual & Family Level Considerations

Health and Safety

- Assist support coordinators with guidelines on how to meet with individuals and their families regarding the risks, benefits and support needs in returning to day programs and employment services; ensure the guidelines are informed by individuals and families and are supplemented by highly individualized assessment and conversation tools.
- Make available the same materials that are given to provider agencies in a user-friendly manner and in multiple languages; use communication tools available in the public domain or through DD Councils and general community groups.
- Have conversations about potential risk factors according to the CDC such as asthma, autoimmune disorders, diabetes, regular use of a nebulizer, oxygen or suctioning, cancer, and heart conditions; support individuals who have these additional risk factors to consider support options beyond large facility-based services.
- Talk to individuals and families if there has been exposure to COVID-19 or signs or symptoms of COVID-19 in the last 14 days.
- Have conversations with individuals about their skills and support needs; conduct individual reviews to determine if the person can follow universal precautions with or without support (e.g. wearing PPE, understanding social distancing, supports needed for washing hands and touching).
- Have a discussion with individuals and their families about others in the home that are in high-risk categories (e.g. over 65 or with an underlying health condition) and the precautions and risks associated with the individual coming to the day program.
- Engage in a discussion with individuals and families about transportation options and service alternatives including different schedules, in-home supports, remote supports, and service option combinations.
- Support conversations with the individual and family about work goals and supports needs in light of COVID-19 precautions, including interest in being with others for socialization, other hobbies and interests, supports for mental health needs due to isolation, increased engagement as a result of remote supports, finances if there has been a reduction or loss of employment and process to reengage in employment (if desired).
- Have a conversation about what will happen if the person shows symptoms of COVID-19 or is exposed to someone at the day program that shows symptoms and/or tests positive, including whether the provider has a backup plan, a communication strategy, an approved reopening plan, a process for conducting screenings, etc.
- Determine with the individual what has worked during the time the day program closed, what new learning occurred, how life disruptions were resolved, the ability to have contact with others, what might be good to keep doing, and a plan for safe supports during the day.
- Work together with individuals and families to structure a meaningful day, including the continuation of or rebuilding employment.

Finances

- Determine how quickly the individual wants to return to work and earn income if they were laid off; spend time walking through the person's former job in terms of the level of health and safety risk that kind of employment could pose, both at the job and in terms of transportation; determine plans to move forward if there are no issues or, if there are concerns, discuss a different discovery process for new employment that promotes a good salary and a lower risk environment.
- Assess whether the individual needs any support with the changes in their benefits that occurred during the last several months.

Individual & Family Level Considerations
"Sunrise" – Introducing New Possibilities
• Work with the individual and family to determine additional and ongoing communication strategies about what worked during the pandemic and what was most difficult. • Consider a "sunrise" group composed of individuals and families to review survey data, receive an overview of the flexibilities provided through Appendix K or other mechanisms, help with a compilation of success stories, and review other available data; charter the workgroup to brainstorm new possibilities that increase work and community life engagement in a healthy and safe manner. • Consider a similar "sunrise" group for providers and support coordinators; bring the groups together for innovations planning, along with the state staff; think about having an overall design team for innovation with subgroups, continually emphasizing the individual and family voice. • Consider starting the new possibilities work through family-to-family networks or self-advocacy/peer, brought together virtually to problem solve, offer new ideas, share best practices and identify innovations that may be brought to scale.

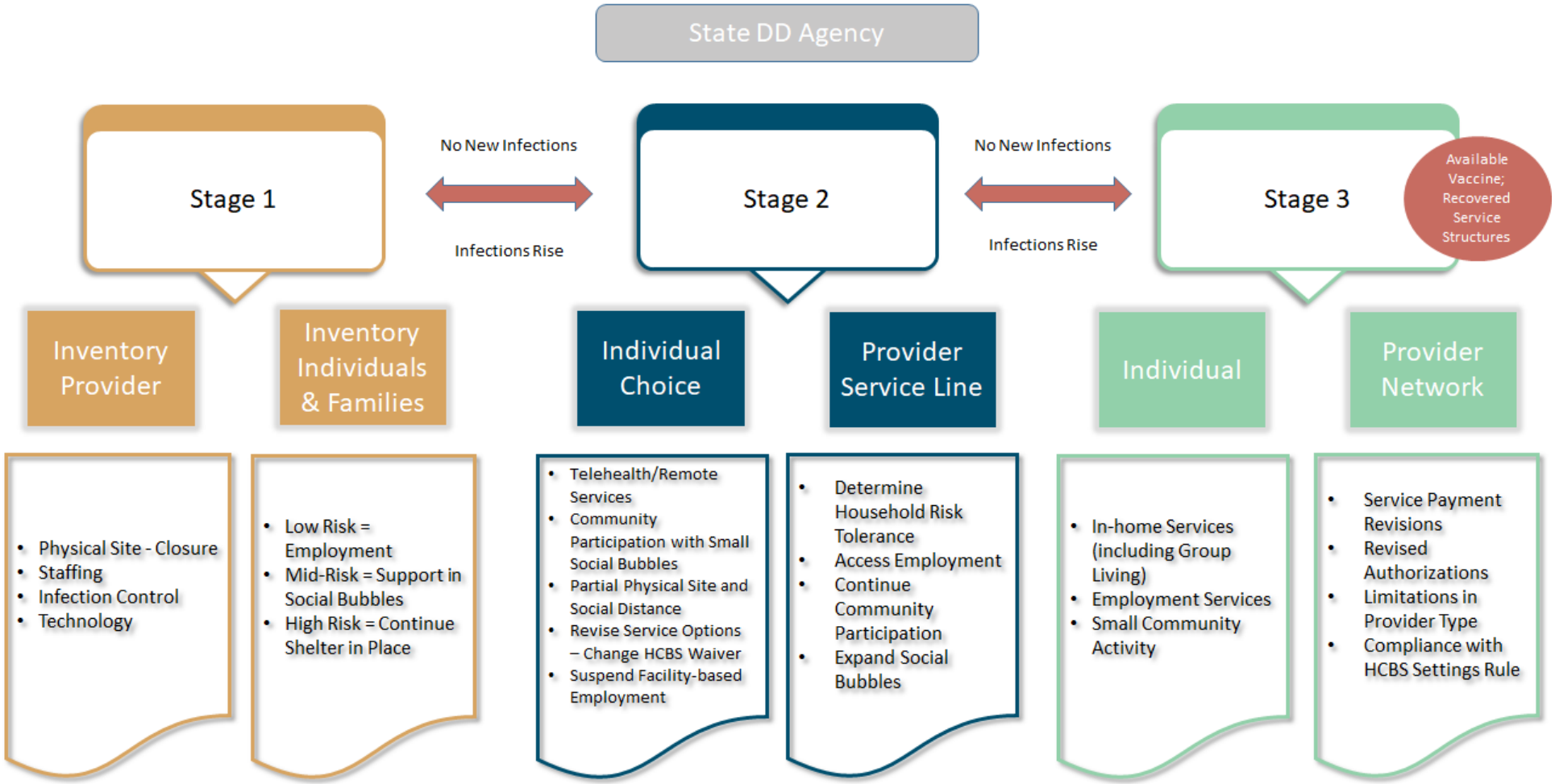
Provider Guidance "Decision Trees"

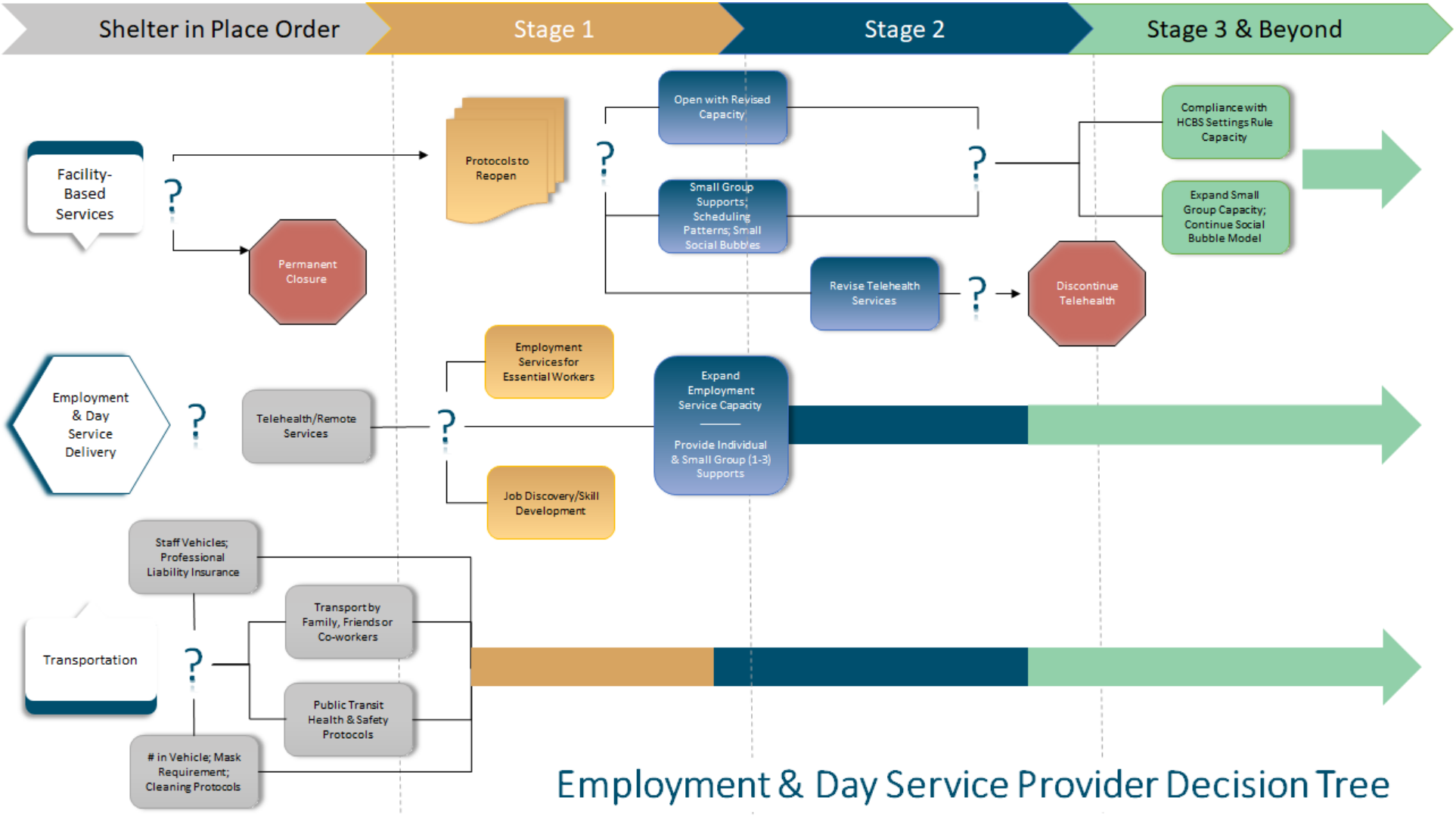
Provider Guidance “Decision Trees”

The following Decision Trees provide a graphic representation of coincidental points that help to investigate possible outcomes and staging for reopening day programs and employment services and continuing promising practices that have arisen during the COVID-19 pandemic.

Decision Trees are great tools for helping to choose between several courses of action. They provide a flowchart-like structure representing change points that help determine outcomes. They offer an effective structure within which to lay out options and consider the possible outcomes of choosing those options. They also can help to form a balanced picture of the risks and rewards associated with each possible course of action.

Employment & Day Service Agency Decision Tree





Employment & Day Service Provider Decision Tree

COVID 19
Provider Decisions
Assess availability of staff; ensure OSHA, DOL employee protections; know tech needs; schedule in patterns
STAFFING
Institute van capacity numbers and cleaning measures for vans; know liability insurance for staff personal vehicles
TRANSPORT
Reorganize floor plans with social distance, hand sanitizing stations, breakroom rules; limit number is closed rooms; split operating hours
PHYSICAL ENVIRONMENTS
Have protocols for entry/exit and cleaning to include bathroom, eating & waiting areas; accommodate sensory needs for masks; ensure ample disinfecting supplies
INFECTION CONTROL
SAFELY REOPENING
COMMUNICATION
Establish feedback loops with families, case managers, state agencies/regional entities, and other providers
RISK TOLERANCE
Conduct readiness assessment; create timeline of capacity to deliver services, phase of services, etc.
SERVICES
Provide supports for telehealth/remote, in-home and employment services
VIRUS SURGE
Determine protocols to suspend services if stay at home orders return

Self-Assessment Templates

Community and Employment Services COVID-19 Discussion Guide

COVID-19 has disrupted the daily life of all Americans. People with disabilities are no exception, as jobs were lost as well as participation in day programs. As states are beginning to have thoughtful discussions and develop plans to reopen day programs and employment services, many concerns arise for individuals and their families. These key concerns or issues are individualized and take into account an individual's unique circumstances. The goal is for the individual to have enough information and feel confident about their options based on their own personal benefits.

In order to cover many of the areas that are critical to making decisions about re-entering day program and employment services, NASDDDS completed an environmental scan with an eye toward state surveys that address concerns often experienced by individuals and their families so a discussion can ensue and an informed decision may be made.

The following questions serve as a compilation of many important considerations that will help individuals with disabilities make decisions about going back to their day programs and employment services.

Name of Person: Click here to enter text.

ABOUT ME	RESPONSE (Check the Respective Column)	
	YES	NO
My parents/caregivers are employed, and I benefit from someone being with me.		
Being with others is important to me; not being around others increases the risks to my mental health conditions.		
Having a sense of normalcy/routine is important to me; lack of a routine increases the risks to my mental health conditions.		
Having daily activity outside my home helps reduce how often I may feel anxious, angry, or emotional.		
I would have access to income.		
There is no one else to be with me during the day to assure I am safe.		
If I am not in a structured program, I might wander in my community or do risky activities including being around groups of people.		
Are you washing your hands frequently?		
Do you need support with washing your hands?		
Are you able to practice social distancing when you are interacting with others?		
Do you have a mask and are you able to wear it to go out for activities?		
How long can you wear a mask?		
I would have difficulty staying 6 feet apart from others.		
I would have difficulty wearing a face covering for extended periods of time.		
Will your communication be hampered by the use of masks, either receptively (read lips) or expressively?		
Are there challenges in maintaining social distancing? If so, what are they?		
Can you and do you cough or sneeze into your elbow?		
Will you agree to participate in screening precautions when engaging in community activities (temperature checks, etc.)?		
Do you have allergies or sensitivities to cleaning products or hand sanitizer/soap?		
Are you working?		
Are you able to follow all the new safety measures at work?		
Have you had any changes in your sleeping patterns/schedule?		
Are you doing any physical activity or exercise every day?		
Have you experienced any changes in your physical activity?		

MY DAY	RESPONSE (Check the Respective Column)	
	YES	NO
Are you able to do the things you liked doing before the stay at home order went into effect?		
How are you spending your day since the stay at home order has been in place?		
Have you maintained contact with people who are important to you (family, friends, staff you have a strong relationship with)?		
How are you maintaining contact? By phone? Video chat? Other?		
Have you created new routines in your day that you would like to maintain?		
How have you been receiving supports during the stay at home order?		
What services are you currently receiving every week?		
Are you satisfied with those supports?		
How do you want to receive supports moving forward?		
Do you have the assistive technology you need to receive services remotely (Smartphone, tablets, etc.)?		
I am worried about returning to activities in the community.		
If the answer to the above is yes, please explain your fears.		
If the answer to the above is no, what activities would you like to start doing or places you would like to start going.		
Are there any concerns/anxiety about community activities and transportation to/from community activities?		
Are the preferred activities currently closed or is there limited access?		
If you would go back to employment or day services, which choice do you like best (circle one)? • Back to how it used to be - same hours and same days • Less days but the same hours • Less hours but the same days • Less days and less hours • Some days in person at the location and some days virtually • Only virtual services		

Health Related Risks (COVID 19)	RESPONSE (Check the Respective Column)	
	YES	NO
Prior to the COVID-19 pandemic, did you have any medical conditions that required support? *(If no, skip the remaining questions in this section.)*		
I have diabetes.		
I am overweight/obese.		
I am older than 60 years old.		
I have lung or breathing issues.		
I have heart issues, including high blood pressure.		
I have medical issues such as: HIV, cancer, post-transplant, Prednisone treatment, etc.		
I have kidney disease.		
I have other underlying health problems.		
Are you taking all prescribed medication, if applicable?		
Are you on a special diet?		

Mental Health Needs (COVID 19)	RESPONSE (Check the Respective Column)	
	YES	NO
Have you acquired any new skills (like coping skills) to help you deal with the COVID-19 crisis?		
Have you noticed any new or worsening symptoms that you think might be related to your mental health?		
Do you have any concerns for your safety (self-harm or aggression)?		
Have you had any problems come up at home that you did not know how to deal with?		
Was behavioral support and/or mental health treatment (counseling/therapy) being provided prior to the restrictions resulting from the COVID-19 pandemic?		
Have you experienced stress or isolation?		
Have you experienced the death of a family member, caregiver, friend or someone in your household?		
If yes, does behavioral support or mental health support (counseling, grief therapy) and or other supports need to be provided?		

Home Related Risks (COVID-19)	RESPONSE (Check the Respective Column)	
	YES	NO
Does your household have rules related to the COVID-19 emergency?		
Describe the plan to monitor health status before leaving home to access community environments.		
Have you or anyone in your household been tested for COVID-19?		
Are any members of your household sick or have a positive COVID-19 diagnosis?		
What are the plans if someone happens to become ill with COVID-19?		
Have you noticed new strengths/resiliencies that have come out during this time for you and your family (for example, finding time for something new or a new hobby that you didn't do before, like cooking)?		
Are there people in the household with diabetes?		
Are there people in the household with obesity?		
Are there people in the household older than 60 years old?		
Are there people in the household with lung or breathing issues?		
Are there people in the household who have known heart issues including high blood pressure?		
Are there people in the household who have any medical conditions such as HIV, cancer, post-transplant, Prednisone treatment, etc.?		
Are there people in the household with kidney disease?		
Are there people in the household with any other underlying health problems?		

COVID-19 Provider Self-Assessment Preparedness Tool

(Adapted from the tool developed by the Hawaii Developmental Disabilities Division)

This is a tool that providers can use to determine their own readiness for reopening or resuming day support services. Providers respond to each statement which best describes the provider's status and uses the 'Strategies and Supporting Documentation' column to briefly explain or list strategies for addressing the item. The "Notes/Questions for Agency Use" column is optional.

PROVIDER INFORMATION			
Provider Name:		Services Covered (list all that apply):	
Provider address and phone number:			
Name of Person Completing Form:		Date Completed:	

PLAN AND PREPARE

Emergency Preparedness

Providers must maintain a current written Emergency Preparedness Plan that addresses agency protocols for responding to declared emergencies, including the COVID-19 pandemic. The Emergency Preparedness Plan and agency procedures must adhere to current Federal, State and County mandates, guidelines and advisories and help ensure the safety of participants, staff and the community. The Emergency Preparedness Plan must include, at a minimum, the following Core Elements: Transportation, Preventing the Spread of Infection (Screening, Social Distancing, and Infection Control), Person-Centered Planning, Training and Support, and Community-Based Services (Supports in the Community and Supports in the Participant's Workplace).

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. COVID-19 specific procedures are incorporated into our agency's Emergency Preparedness Plan. Address the following: • Communications (e.g. phone trees, signs) • Visitor policy • Reopening operational protocols • Timelines and persons responsible for implementing and reviewing the plan • Delivering services in center and community settings • Quality assurance • Other relevant procedures identified by the agency	☐	☐	☐	☐		

2. Federal, state, and county public health advisories for COVID-19 have been reviewed and incorporated into our agency's Emergency Preparedness Plan. Address the following: • Ensuring the plan will continue to be updated to reflect current information from resources, such as executive proclamations and public health advisories. For more information, see https://www.cdc.gov/coronavirus/2019-ncov/index.html https://www.osha.gov/COVID-19 https://www.osha.gov/Publications/OSHA3990.pdf	☐	☐	☐	☐		
3. Our agency's Emergency Preparedness Plan is available if requested by staff, and families/participants.	☐	☐	☐	☐		
4. Our agency's Emergency Preparedness Plan addresses how to immediately notify the Hawaii Department of Health, Disease Outbreak Control Division for clusters of respiratory infections, severe respiratory infections, or suspected COVID-19.	☐	☐	☐	☐		
5. The following staff have been assigned to communicate information with staff, participants, and their families/guardians/caregivers regarding operational protocols, health and safety, and updates to workplace preparedness strategies.	☐	☐	☐	☐		

Insert names, titles, or contact information:						

Transportation

Participants often depend on provider supports to assist with their transportation needs to attend center-based activities and engage in activities in the community. It is important to carefully assess the changes needed to ensure transportation can be delivered in ways that keep participants, staff and the community safe and minimize the potential spread of infection.

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Our agency has completed an assessment and identified strategies to ensure social distancing and infection control during transportation when using agency vehicles or staff personal vehicles. Address the following: • Scheduling and/or route changes, such as limiting number of vehicle occupants, staggering arrival and departure times, etc. • Pick-up and drop-off location and procedures • Participants who use a wheelchair or other device • Other transportation options that may be available, such as family willing and able to transport	☐	☐	☐	☐		

2. Our agency has contacted public transportation entities used by participants to travel to/from service setting(s) and has identified strategies to ensure social distancing and infection control during transportation. Address the following: • Communicating public transportation changes to participant and families • Changing agency scheduling to adjust to public transportation routes or schedules • Staggering arrival and departure times • Pick-up and drop-off location and procedures • Participants who use a wheelchair or other device	☐	☐	☐	☐		
3. Our agency has a written procedure for staff to follow when transporting participants. Address the following: • Use of PPE, such as face coverings, gloves, seat covers • Health checks before participants get in the vehicle at pick-up and before departure • What to do if a participant appears to have symptoms of illness at pick-up	☐	☐	☐	☐		
4. Our agency has a written procedure for proper cleaning and disinfecting of vehicles used to transport participants. Address the following:	☐	☐	☐	☐		

• Keeping a supply of cleaning supplies, hand sanitizer & PPE available for the driver and agency staff to take with them on every trip • Cleaning high touch surfaces after each use, such as door handles, seat bars/belts, window control buttons, steering wheel, etc. • Protocol and schedule for routine vehicle cleaning after each use • Protocol for deep cleaning after transporting someone who was sick or symptomatic						

Preventing the Spread of Infection

COVID-19 spreads mainly among individuals within close contact of one another for prolonged periods of time and when droplets from an infected person are launched into the air and/or onto surfaces. It is important to assess the setting(s) and changes needed to implement proper screening, social distancing, hand hygiene, face coverings, cleaning and disinfecting to reduce the risk of exposure and limit the spread of infection. The guidance in this section applies recommendations by public health experts to assure health and safety in our community.

Screening

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Our agency has a written procedure and designated roles for screening everyone upon entering the setting, including all staff, participants, visitors, and deliveries. Address the following: • Designating adequate space for screening • Posting signs at the entrance(s) • Developing a process that includes a symptoms checklist, temperature check, hand sanitizer, sign-in list, etc. • Developing criteria limiting visitors and deliveries	☐	☐	☐	☐		

• Reminding people to stay home if sick https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html						
2. Our agency has a written process to identify and safely support participants or staff who become sick with symptoms concerning for infection during service delivery. Address the following: • Posting signs • Training staff and participants • Establishing and communicating a pick-up policy	☐	☐	☐	☐		
3. Our agency has designated an isolation room or area for people who become ill or symptomatic while in our setting(s) and must await transfer to another setting. Address the following: • Designating space for isolation to prevent exposure to others while awaiting transport to another setting • Planning for those who are ill or symptomatic to be transported to an appropriate setting as soon as possible • Communicating with families and caregivers about pick-up policy	☐	☐	☐	☐		

Social Distancing						
4. Our agency has completed (or will complete) an assessment of services delivered in our setting(s) and strategies have been identified to meet social distancing guidelines (e.g. remain at least 6 feet distance, determining appropriate space capacity for a small group to ensure that all participants in a group have at least 36 square feet each of personal space to allow for physical distancing). Address the following: • Placement furniture and other items to enforce social distancing • Schedules for staff and participants to limit the number of social contacts • Providing extra support for participants with limited mobility and language • Posting visual cues (e.g. signs, floor tape) • Monitoring common areas, restrooms, waiting areas for transportation for social distancing	☐	☐	☐	☐		
5. Our agency has a plan for on-going training and support for staff and participants to learn the practice of social distancing.	☐	☐	☐	☐		
Infection Control						
6. Our agency has a written procedure for proper hand hygiene and strategies have been identified to ensure adherence to procedures. Address the following:	☐	☐	☐	☐		

• Alcohol-based hand sanitizer available as appropriate • Ensuring sinks kept clean and well-stocked with soap and paper towels for hand-washing • Posting signs throughout the setting highlighting good daily hygiene tips (e.g. washing hands, properly covering when sneezing/coughing, and avoiding touching eyes/nose/face) • Staff training • Maintaining supplies https://www.cdc.gov/coronavirus/2019-ncov/hcp/hand-hygiene.html						
7. Our agency has a written procedure for wearing face coverings and gloves in alignment with CDC guidelines and strategies have been identified to ensure adherence to procedures. Address the following: • Availability of face coverings and gloves • Assisting participants to wear face coverings • Posting signs • Staff training • Maintaining supplies https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/gloves.html	☐	☐	☐	☐		
8. Our agency has a written procedure to ensure proper cleaning and disinfecting, particularly of high-	☐	☐	☐	☐		

touch areas and items and strategies have been identified to ensure adherence to procedures. Examples of high-touch surfaces and objects include doorknobs, tables/countertops, desks, light switches, handles, phones, keyboards, toilets, faucets and sinks. Suggest using EPA-approved disinfectants for frequent cleaning of high-touch surfaces and shared equipment. If EPA-approved products are not available, follow CDC recommendation on how to prepare a bleach solution. EPA-Approved Disinfectants: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 CDC Cleaning & Disinfection for Community Facilities: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html Address the following: • Cleaning and disinfecting mobility and other assistive devices (e.g. wheelchair handles, walkers, etc.) • Removing non-essential items, for example, removing soft, porous materials, such as area rugs and seating, to reduce the challenges with cleaning and disinfecting them • Avoiding use of items that are not easily cleaned, sanitized, or disinfected • Maintaining a cleaning schedule						

• Maintaining supply of cleaning and disinfecting products						
9. Our agency has a plan for maintaining an adequate supply of PPE (face coverings, gloves, etc.) and other infection control supplies for staff and participants, when applicable. Address the following: • Anticipating PPE and infection control supply needs of staff and participants • Designating staff to monitor and re-stock supply levels • Identifying resources to purchase PPE and infection control supplies • Training staff and participants on use of PPE and supplies in accordance with CDC guidelines	☐	☐	☐	☐		

Person-Centered Planning

Person-centered planning is the process through which the participant's needs, goals, and preferences are identified and through which the participant may exercise choice and control. Person-centered planning is especially important during the coordination and phasing-in of services as participant's needs, goals, preferences and family situations may change, may have changed and/or may continue to change.

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Our agency has contacted each participant and/or family/guardian, and the DDD case manager to discuss our plan to reopen and resume services and the participant's transition and phase-in of services in the center and/or community. Address the following: • Continuing with telehealth, if applicable	☐	☐	☐	☐		

• Concerns and comfort level with resuming services in the center and/or community • Timeframe for resuming services in the center and/or community • Pace the transition for re-entry to accommodate participant goals and interests						
2. Our agency has a strategy for monitoring for and recognizing signs of trauma in participants and/or their family/household members and assisting in identifying resources. Address the following: • Helping to ensure the participant receives services in a setting where they feel safe • Helping participants identify relationships/people that help them feel safe	☐	☐	☐	☐		
3. Our agency has a process to assess the needs of each participant for consideration in planning the transition and phase-in from home to day services. Our process involves engagement with the participant, family, guardian, caregiver, and case manager, Address the following: • Participant's health status and risk level for COVID-19 (e.g. underlying medical conditions or circumstances) • Any important changes that may have occurred during time away from the center or community.	☐	☐	☐	☐		

• Any changes or updates to the participant's preferences, activities, and the ISP that may affect services (e.g., new goals, new skills, new needs) • Flexibility of staff availability to meet the needs of the participant						
4. Our agency has updated the contact information for participants, family members, guardians, caregivers and/or case managers.	☐	☐	☐	☐		
5. Our agency has developed a plan and materials to communicate program changes to participants, families, guardians, caregivers and case managers prior to opening. Address the following: • What to expect from a transition from home to day services • How the transition will be managed • Safety precautions to be implemented in the setting to keep everyone safe and healthy • Instructions such as staying home if sick	☐	☐	☐	☐		

Training and Support

Training and support are essential to implementing and sustaining procedures through continuous monitoring and quality assurance. They help build the foundation for a shared understanding of the processes developed to help assure the health and safety of everyone. Training and support should be available and provided to staff, participants, and family/caregivers when applicable.

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Staff are trained in essential pandemic operational protocols prior to delivering day services. Participants are trained at the earliest opportunity in hygiene, social	☐	☐	☐	☐		

distancing, use of PPE, cleaning, and recognizing symptoms prior to or following the opening of day services. Training may be provided in-person or via technology, such as use of videos or other media from trusted public domains. Training will be reinforced on an as needed basis. At a minimum, training must include, but not limited to: • Emergency Preparedness Plan • Proper hand hygiene • Social distancing • Proper use of PPE (e.g. putting on, taking off) • Use of cleaning and disinfecting products • Recognizing the signs and symptoms of COVID-19						
2. Our agency has a plan for training staff to monitor for and recognize signs of trauma in themselves and others. Trauma Resources: UC Berkeley: https://news.berkeley.edu/2020/04/28/trauma-informed-approaches-for-individual-and-organizational-resilience-during-the-covid-19-crisis/ CDC: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html https://emergency.cdc.gov/coping/selfca	☐	☐	☐	☐		

re.asp National Institute of Mental Health: https://www.nimh.nih.gov/health/topics/coping-with-traumatic-events/index.shtml#part_153960 https://www.nimh.nih.gov/news/science-news/2020/supporting-mental-health-during-the-covid-19-pandemic.shtml						
3. Staff and participant trainings are documented. Address the following: • Maintaining documentation of staff training • Ensuring competency of training when applicable	☐	☐	☐	☐		
4. Our agency has a plan to support staff, participants, and families/caregivers in the following areas: • Coping with trauma • Assessing and addressing staff questions and concerns regarding returning to work • Communicating health and safety measures in place for staff and participants • Encouraging anyone who is sick to stay home • Planning when an employee or participant gets sick CDC Business and Workplaces. Plan, Prepare, and Respond:	☐	☐	☐	☐		

https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/businesses-employers.html https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-non-healthcare.html https://emergency.cdc.gov/coping/index.asp OSHA Guidance on Preparing Workplaces for COVID-19: https://www.osha.gov/Publications/OSHA3990.pdf						

Community-Based Services

Participants may need additional supports and training to navigate the community safely, such as learning to practice social distancing and infection control. The statements and considerations listed below focus primarily on issues that are specific to small groups; however, many are applicable and should be considered for all services in the community whether delivered as 1:1 or in small groups.

Supports in the Community

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Our agency has a system to assess the community locations where participants have typically received community-based services to identify strategies for supporting participants in accordance with CDC guidelines. Address the following: • Availability of/access to community resources and settings; for example, the library is open but hours and number of visitors are limited • Availability of/access to public restrooms • Proper hand hygiene	☐	☐	☐	☐		

• Ability to maintain social distancing, such as whether the participants are able to practice social distancing or if the setting presents challenges for a small group • Proper use of PPE, including the length of time participants can wear a face covering during community activities • Modifying staff to participant ratios and/or size of small groups • Adjusting or staggering scheduled activities • Flexible scheduling of options for participant choice based on community activities that may change with short notice						
2. Our agency has a written procedure that staff can follow during community activities with participants and have trained the staff in the procedures. Address the following: • Maintaining a pre-prepped bag is ready with extra PPE and infection control supplies, hand sanitizer, soap, hand towels, etc. for the staff and participants • Proper hand hygiene • Maintaining social distancing in the community • Proper use of PPE • What to do if a participant appears to have symptoms of illness while in the community • Using a public restroom • Alternate community activities identified if a setting is unavailable or at capacity when the participants arrive	☐	☐	☐	☐		

Supports in the Participant's Workplace						
3. Our agency is working with participants (and their families/guardians and case managers) who are supported with waiver services for their jobs and will develop individual strategies to meet the participant's needs. Address the following: • Is the participant (and family) interested in returning to work? • What do they feel they need for safety and success before the participant would want to go back to their job? • Does the participant or members of the household have underlying health issues or other risk factors that need to be considered before the participant returns to work? • Is the participant's job available or when it will become available again? • What transportation options are available for the participant's use to get to and from the job? • Is the participant able to wear PPE, as well as practice social distancing and proper hand hygiene in the workplace?	☐	☐	☐	☐		
4. Our agency has a system to contact the participant's employer to discuss strategies for supporting the participant's return to the workplace. Address the following:	☐	☐	☐	☐		

• What are the employer's expectations and requirements for the participant to return to work? • Will the participant need training and/or support to follow the employer's new safety requirements? • What supplies or equipment does the participant need while on the job, such as what the employer will provide and what the participant be expected to bring? • What other environmental factors should be considered, such as frequent contact with co-workers or the public; cleaning protocols within the workplace, including the restrooms and break rooms; etc.						

COVID-19 Provider Sustainability Plan

(Adapted from the tool developed by the Hawaii Developmental Disabilities Division)

This is a tool that providers can use to determine their quality assurance approach to address what has been implemented, what has been learned during the pandemic, and how information was used to improve practices.

PROVIDER INFORMATION			
Provider Name:		Services Covered (list all that apply):	
Provider address and phone number:			
Name of Person Completing Form:		Date Completed:	

SUSTAINABILITY PLAN

The purpose is to describe how your agency used the Quality Assurance process to ensure your COVID-19 emergency plan was implemented in alignment with your written procedures.
In continuous quality improvement, there are four parts to the cycle:

1) ***Plan*** *- By completing the self-assessment, "Prepare and Plan", your agency completed this part*
2) ***Do - "What you implemented":*** *Through your gradual phased-in opening/resuming of services, your agency has been implementing your plan*
3) ***Study - "What you learned":*** *Your agency should have been gathering information through a variety of approaches, such as observation, check-ins and debriefing with participants, families, staff and case managers, etc. This is where your agency learns about what's working well and where there are opportunities for improvement.*
4) ***Act - "How information was used to improve practices":*** *This is what your agency did, changed, adjusted, modified, etc. in response to what was learned.*

NOTE*: In the current Waiver Standards, the Quality Assurance standards use different terms but are asking for similar activities. The Standards describe Discovery or how you gathered information to understand how you are doing ("Study"), Remediation or what you did to act on the information you discovered ("Act"), and Continuous Improvement or how your agency improves your practices as a result ("Plan" and "Do"). Quality Assurance is an ongoing process.*

CORE ELEMENTS	WHAT YOU IMPLEMENTED	WHAT YOU LEARNED	HOW INFORMATION WAS USED TO IMPROVE PRACTICES
Preventing the Spread of Infection (Screening, Social Distancing, Infection Control) We are implementing a screening procedure for visitors, participants and staff. We are implementing procedures for ensuring social distancing and infection control practices that align with federal, state and county standards.			

Transportation Participant transportation needs are being met. We are implementing the procedures to ensure social distancing and infection control are met.			
Person-Centered Planning We are engaged in a process that involves the participant, family, guardian, case manager, and caregiver in determining the preferences, needs, and goals of the participant during transition to day services.			
Training and Support We are implementing training and support procedures to ensure staff, participants and families practice measures that promote high standards of health and safety.			
Community-Based Services We are supporting participants to engage safely in community activities through ensuring social distancing and infection control practices.			

Scenario Planning Toolkit

I/DD Service Reopening: Scenario Planning for COVID-19 Health & Wellness

Scenario Development refers to a process used to advance a strategy in the midst of uncertainty or rapidly shifting/changing conditions. It can be a very helpful process to anticipate that which is unknown and design several proactive plans to be implemented quickly as you see early indicators of the changing factors. Using scenario development teams can help anticipate decisions that will be needed, reveal blind spots in your standard planning process, and provide innovative or unique alternatives. These can be temporary or permanent changes, although permanent change may mean adapting to constant change in the aftermath of the public health emergency caused by the COVID-19 pandemic.

State Developmental Disability Service administrations need a framework to account for and plan for the unknown and find a way to make the best decisions with the information available. This tool is intended to help states make sure the information available includes what can be known.

Most people are familiar with two scenarios – the best case and the worst case. These tools are intended to assist with a broader spectrum of real case scenarios, in addition to extremes. To the extent possible, states will benefit from basing the decisions on data and analysis of current realities grounded in facts and project future possibilities by analyzing varying sets of assumptions.

> "Scenarios are alternate futures in which today's decisions may play out."
>
> *JAY OGILVY, FORBES, 01/08/15*

Scenario Discussions for State Agencies to use with Work Groups

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WHY? Scenario planning exercises can help your team plan for unknowns.

- ✓ To understand the impact of uncertainties on your service system
- ✓ To anticipate the unknowns from those uncertainties
- ✓ To identify a shared ownership for potential strategies to address the possible scenarios
- ✓ To build the logic needed to assist with recommendations on what to do as unknowns become prolonged, and new needs arise

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WHAT? Changes are upon us; four primary factors drive the changes ahead of us.

- ✓ Direct care staff availability has been decreasing steadily, and is expected to decrease at a faster rate
- ✓ Availability of supplies and procedures (including knowledge) to prevent/minimize risk of exposure is precarious, and changes with new staff or temporary adaptations to support needs
- ✓ People's desire for job related, skill-related meaningful day activity in smaller groups is increasing
- ✓ The risk of acquiring COVID-19 or another serious infection is real, and increases based on exposure to large groups of people in close proximity and other individual factors

?

HOW? The process is simple, but not easy.

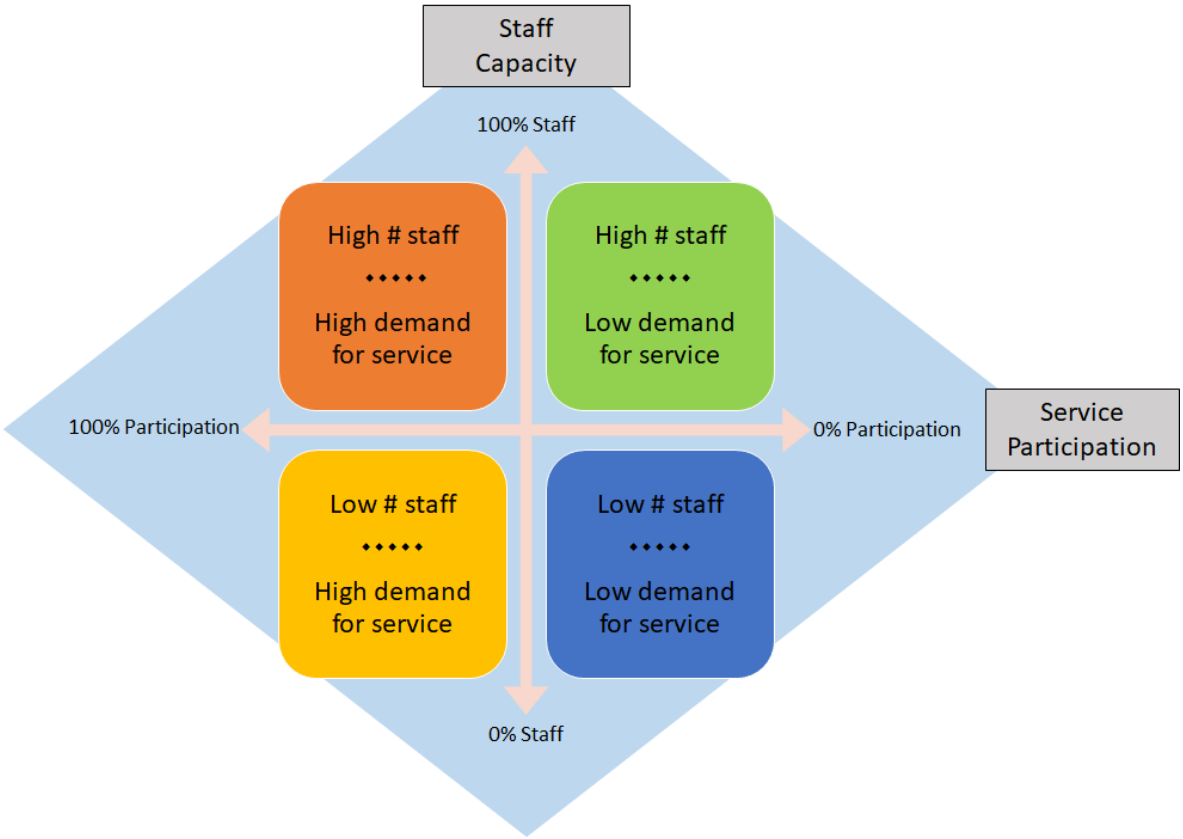
- ✓ Pull together the team of people who will work on the scenarios
- ✓ Provide a basic explanation of the intent and the steps of the process
- ✓ Assure adequate time and personnel to consider each potential scenario and its implications for planning
- ✓ Organize the team's results into a set of recommendations for policy makers
- ✓ Use the recommendations to develop guidance for implementation of post-pandemic related service delivery and potential return to partial or full shutdown

Each of the driving forces identified above, when looked at in combination, reveal potential scenarios for the future. For example, availability of adequate personal protective equipment (PPE) and cleaning supplies necessary for infection control precautions and demand for congregate services are two driving forces that may have a serious impact on the future of Day Support programs. The number of combinations of unknown factors are many. Selecting those of most importance to your state agency provides the groundwork on where to begin.

The following example represents one potential set of unknowns that are likely to impact many state I/DD systems and could benefit from scenario planning. Figure 1 looks at staff capacity balanced with demand for service. The vertical axis shows the range of staff available – from 100% of staff available to provide support, to the low end of 0% staff available. The reason for the lack of available staff may be positive COVID-19 testing, routine turnover, children at home without daycare or school, or turnover due to higher pay at another position. The reasons do not change this stage of scenario identification.

The horizontal axis shows the demand for services, with the far left extreme of 100% of people served indicate they want to return to the same service, and the far-right showing 0% of people served indicating they will resume the same congregate services. The comparison of these two factors shows the four potential scenarios as in Figure 1. High demand, but low staffing is the bottom left quadrant, low demand and low staffing is the bottom right quadrant, low demand and high staff availability is the upper right quadrant, and high demand and high staffing is the upper left quadrant. Each potential reality poses both opportunities to change, and unique challenges for the system to address. Anticipating the opportunities and the challenges can position the state to identify policy and practices needed, as well as position providers to prepare for changes in service expectations and shifts in staff availability.

Figure 1. Matrix on Staff Capacity Balanced with Demand for Service



In this example, state I/DD agencies and service providers might first prioritize the two most challenging scenarios. Focusing on identifying solutions for scenario 1 when there is a high demand for service coupled with a low number of staff requiring an agile set of strategies. Conversely, there may exist less emergent need where there is a high number of staff with a low demand for service, however, this scenario presents opportunities to adapt staffing availability to more customized service options.

States might identify other driving factors than those mentioned above. The selection of factors for comparison in an individual matrix depends upon the prevailing issues in the state. States might choose to select other factors that are contributing to significant uncertainty and difficulty in making decisions on future policy and programmatic determinations for its scenario planning.

After identifying the factors to consider, and describing the four potential scenarios, the team will want to consider the impact of each. Step 2 in scenario planning is determining what will be needed should the specific scenario emerge. The table below describes topics to consider when determining how to respond to the scenarios. These scenarios present particular opportunities and/or challenges for the system and require thoughtful planning to successfully adapt to the new circumstances. States may want to adjust the topics for consideration, but we present here a preliminary list of areas to explore. These discussions will inform Step 3: Identification of Recommendations.

Step 2. Following the identification of scenarios which will require advanced planning, state planning teams will need to explore the "What It Will Take" Actions Template. Applying the scenarios which pose either opportunities or challenges, a planning team asks the questions on the left, and determines if this is an area of alignment or misalignment. Where there are areas of misalignment, the team then identifies actions needed to address the gap.This enables the scenario planning team to identify what it will take to bring issues into alignment within system limits. Table 1 is a template for the 'What It Will Take' Action Planning tool.

Table 1. "What It Will Take" Actions Template

Does the scenario:	Aligned or Misaligned?	What Will it Take? Actions needed
Fit with the system's current values?		
Fit into current rules/regulations/policies/orders?		
Meet the requirements for minimizing or addressing risk to: • Health of people supported • Health of DSP's • Health of family members or housemates? • Health of general public/community members?		
Provide each person adequate opportunity and control to work towards desired outcomes (i.e., choice)? Allow for flexibility of options and combinations of service options?		
Fit within provider capacity (personnel and financial) and capability(expertise, knowledge, skill) o deliver this model?		
Assure parity of service access across diverse cultural and ethnic groups?		
Fit within financial limitations both now and for the next 24 months?		
Advance goals or desired outcomes of the system? Is it an opportunity to anchor systemic change?		
Allow flexibility if infection rates begin to increase locally, and risks of infection double in X timeframe (i.e., can you turn back?)?		
Require significant amendment to current approved authorities within Medicaid?		
Offer easily understood communication of changes to stakeholder, and thus encourage two way feedback with system stakeholders?		
Other items?		

Step 3. As a companion to the Actions Template, Table 2 is a method for comparing the scenarios identified by the team and recording recommendations for each possible scenario. Enter into the table the team's recommendation for each scenario explored. Some scenarios may not be extensive, such as scenario 4 regarding high demand and high staffing availability in the example above. Explain the justification, the logic, or the thinking /reasons the team identified for the specific actions. This will provide policymakers/leadership an understanding of the issues and support for final decisions.

Table 2. Scenario Recommendation Actions and Reasons

	Recommended Action	Recommendation Reason
Scenario 1		
Scenario 2		
Scenario 3		
Scenario 4		

Below are two additional areas of intersecting uncertainties state I/DD systems are likely to encounter. Each of these areas would benefit from exploration by a scenario planning work team. Figure 2 describes scenarios to consider when the availability of personal protective equipment and infection control supplies is compared to the amount of support needed for successful infection control by people participating in the service delivery. This scenario exploration is one that is very likely to be encountered by service delivery systems and would benefit from thorough discussion among provider agencies, families, and state DD offices.

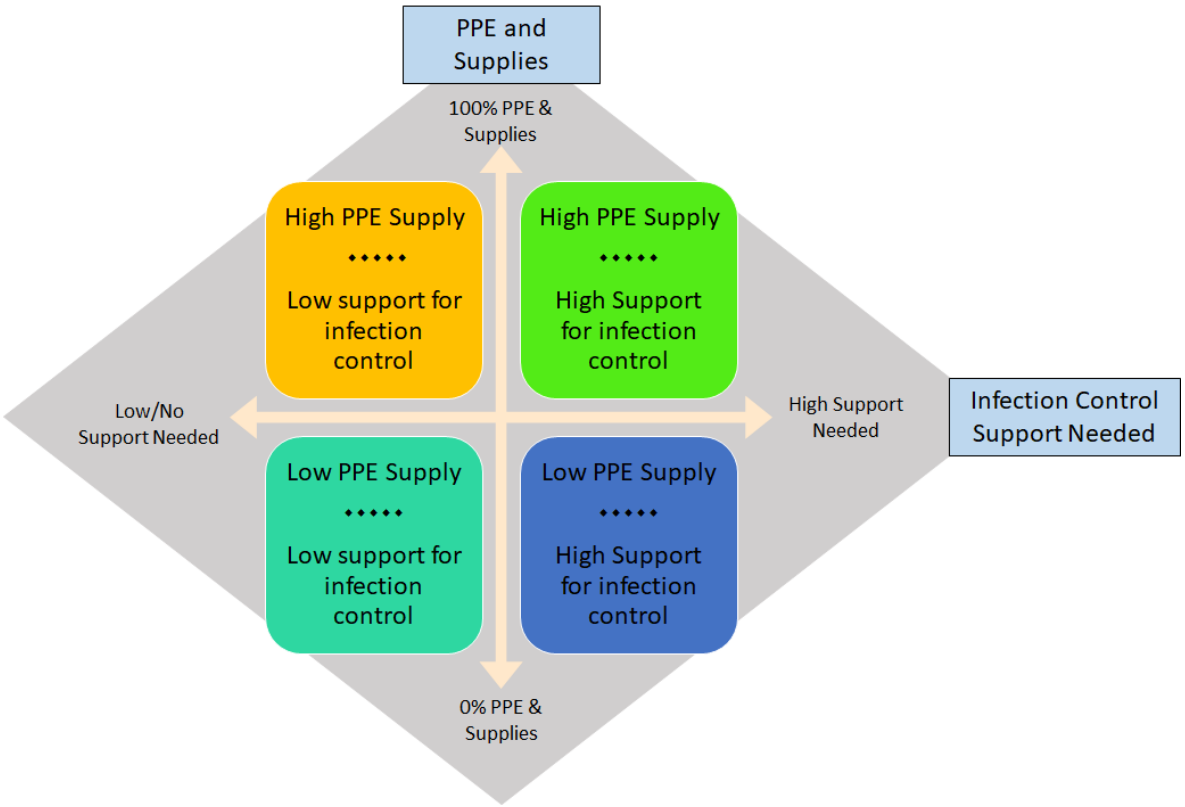
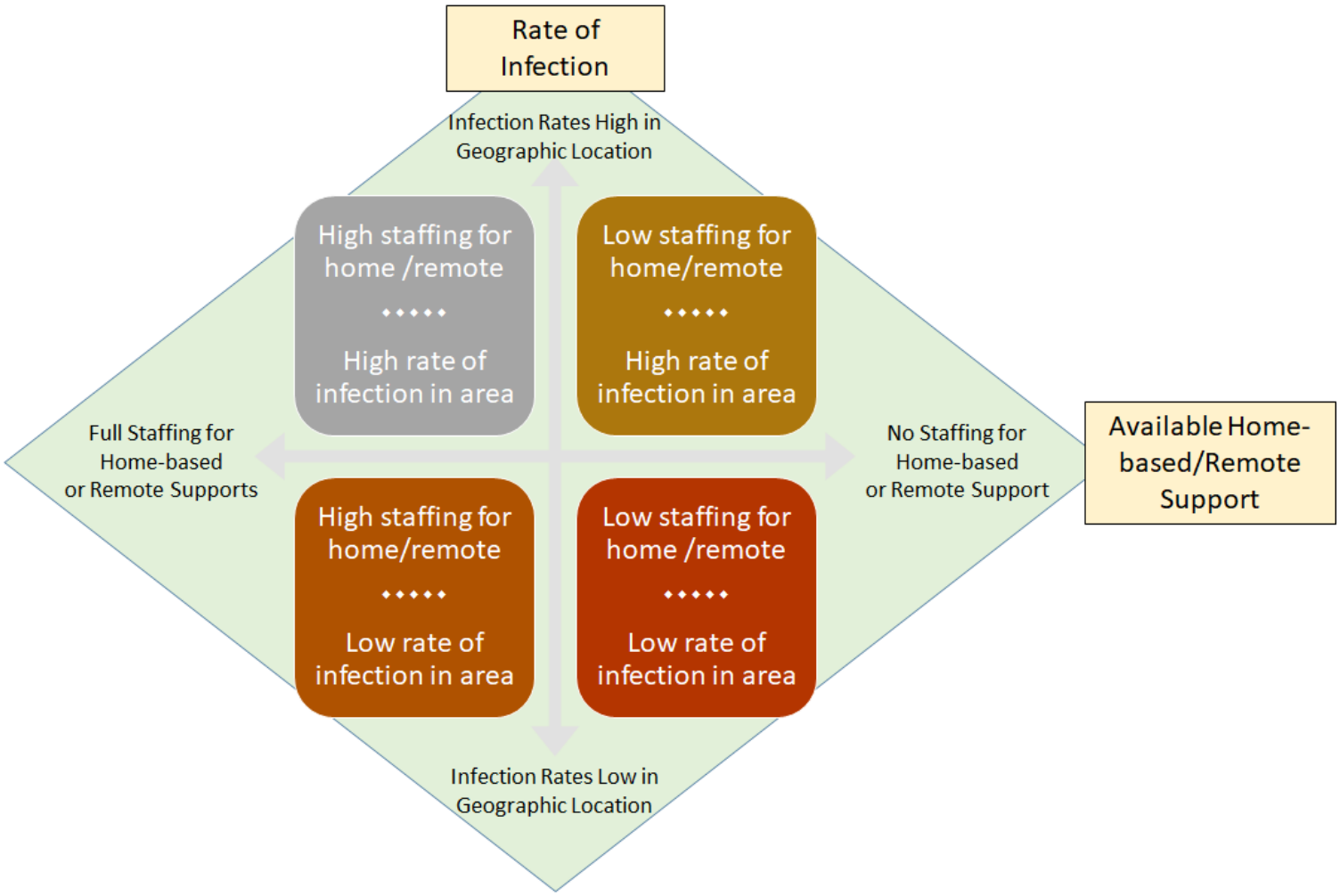


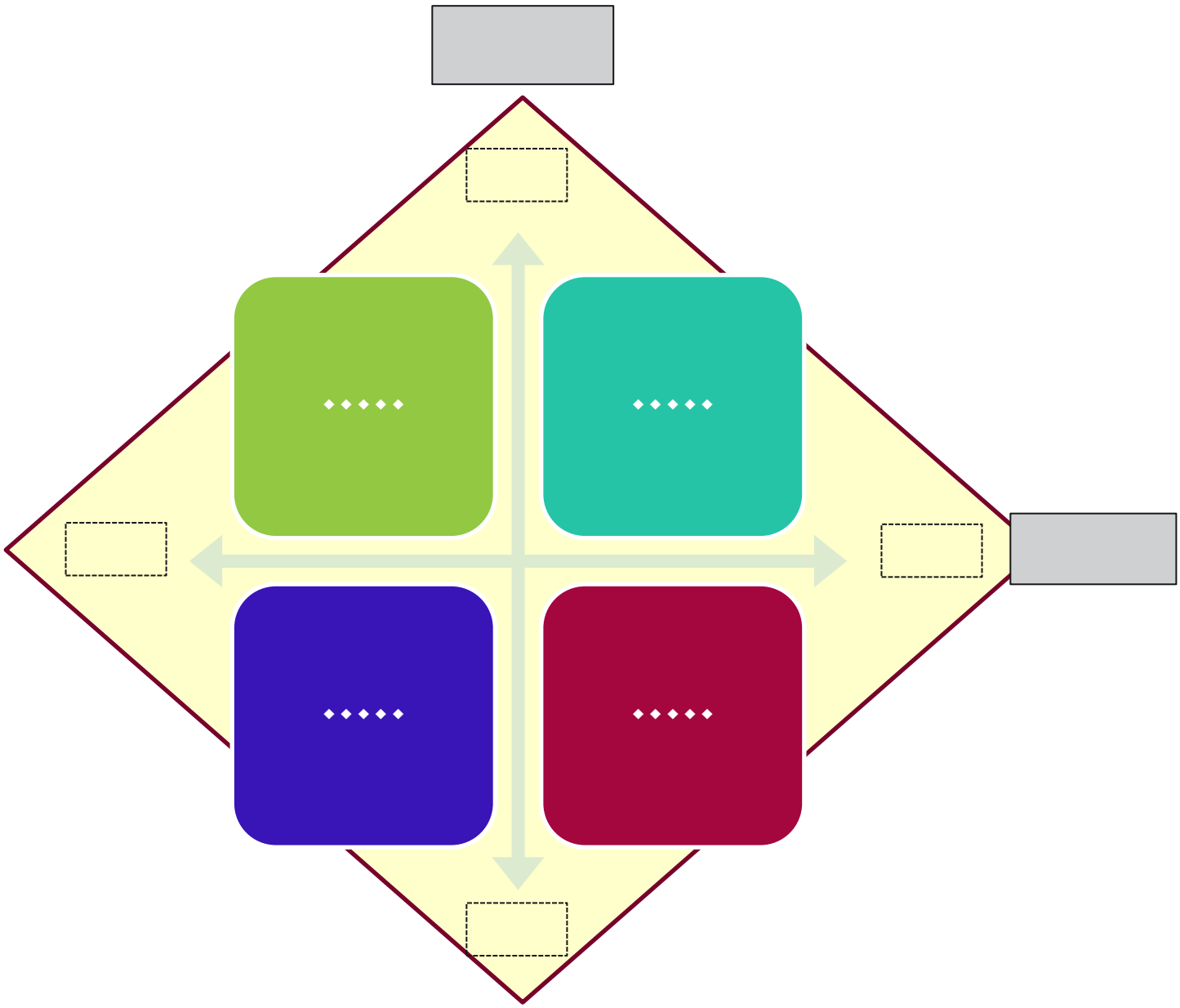
Figure 2. Matrix on PPE & Supplies and Infection Control Support Needs

The third area of uncertainties likely to be faced by I/DD systems is a fluctuating rate of COVID-19 infection within local geographic areas and the availability of home-based or remote supports. As the pandemic continues, local towns, cities, and counties are experiencing outbreaks without warning. Local municipalities are shifting executive orders which can be more or less strict than statewide Executive Orders. In these sometimes suddenly shifting environments, states and providers will need to have flexible procedures to quickly adapt to people's needs while also assuring sound prevention strategies for implementation by provider agency staff.

Figure 3. Matrix on Rate of Infection and Available Home-based & Remote Support



Below is a blank Scenario Planning Matrix to customize two related unknowns:



For assistance planning or carrying out a scenario planning exercise, please contact NASDDDS staff.

For further information on Scenario Planning and its benefits, please review 'What is Scenario Planning and How To Use It."

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