



Corporate Office:
8 Southwoods Blvd, Suite 110
Albany, NY 12211
(518) 235-1888
www.caredesignny.org

DEVELOPING A REOPENING PLAN FOR THE OPWDD SERVICE SYSTEM: GUIDANCE DOCUMENT May 11, 2020

OVERVIEW

The Governor has begun to focus on the reopening of the State at a regional level under a “new normal” to include enhanced rules, guidelines, and expectations that will be disruptively different from those during pre-pandemic times. The planning and implementation of the next phase of service delivery will be very fluid and heavily dependent upon external factors. Thus, the Office for People with Development Disabilities (OPWDD) service and care delivery system will need a unified, consistent approach to reopening services and establishing a “new normal” that continues to deliver the supports and services individuals and families so critically depend upon.

The process of establishing the next “new” phase of OPWDD services and supports demands that individuals with intellectual and/or developmental disabilities (I/DD), their families, advocates, service providers, Fiscal Intermediaries (FIs) and Care Coordination Organizations (CCOs) come together, first by region and then statewide, to participate in an overarching reopening plan to coordinate the reopening efforts. The below guidance initiates the identification of key components for various aspects in developing a framework to reopen, however, each program, residence, and service system access point must identify components specific to their business that reflect the underlying issues, concerns and unique needs of individuals with I/DD in those programs.

A reopening plan must be driven by an assessment of risks focused on the extent to which there is close contact with other people. Additionally, COVID-19 experiences and data accumulated to date by service providers and CCOs should be used to inform decision-making moving forward. Together these factors will drive how the reopening plan is developed by service and region.

PROGRAM OBJECTIVES

Fundamental in the development of a reopening plan is that each service provider, FI, and CCO work with their peers to collaborate and examine/learn best practices and innovations. Most critically, service providers must engage the people they support, their families, and workforce in the development and implementation of a reopening strategy. Each provider should develop detailed reopening plans tailored to address the following areas:

- Residential, Day and Community Service/Office Location Safety Plan
- Person-centered Planning
- Workforce Plan
- Training Plan
- Infection Control and Prevention Plan
- Communication Plan
- Financial Plan
- Periodic Review and Updating of Plans

These plans need to be flexible and include mitigation and preparation strategies to prepare for circumstances/environmental changes within the service providers'/FIs'/CCOs' control versus those that are driven from outside their catchment area (county by county).

It is critically important that upon reopening the service system, service providers, FIs, and CCOs review and monitor the plans' implementation, note any changes in direction or modification to the plans, and continually address challenges encountered.

KEY PARTNERS IN SUCCESS

Individuals Supported and Their Families

The development of any plan must include the engagement of those impacted, with individuals and families being at the center. How will services need to change to meet their needs? How will they be able to evaluate the level of risk associated with a service, and how will they exercise choice to participate or not? Individuals and families will provide valuable input in evaluating organizational performance throughout the public health emergency, identifying things that went well and those needing improvement. They will also learn more about the issues and challenges organizations faced throughout the crisis. From this, individuals and families can provide valuable input and additional critical thinking to the finalization of the overall reopening plan.

Hospitals, County Departments of Health (CDOH), Office of Emergency Management (OEM) & First Responders

Using the experience of the COVID-19 public health crisis, service providers, FIs and CCOs will need to examine mechanisms to strengthen relationships with local hospitals (with a keen focus on non-discriminatory access to care practices, inclusive visitor policies and comprehensive discharge planning), County DOH (reporting/testing/contact tracing), OEM officials (PPE) and First Responders (emergency medical services). These entities require deeper understanding of the:

- I/DD care delivery system.
- Nuances and unique needs of the I/DD population.
- Essential nature of I/DD service staff.
- Valuable role service providers, FIs, and CCOs can play as partners to the healthcare system in effectively supporting individuals with I/DD.

These partnerships are critically important as they impact the ability to obtain personal protective equipment (PPE), testing/contact tracing of individuals and employees for infectious disease, access to population health data, and the delivery of emergency medical services.

REIMAGINING SERVICE DELIVERY

A key component of developing and implementing a reopening plan involves how the State and its partners answer this question: ***“How do we take the best practices in service delivery that we are learning as a result of this public health emergency and incorporate those practices into models that will best meet people’s needs in the “new normal?”*** For example, telemedicine is being used to deliver various health, mental/behavioral health services to people in their homes through virtual technology. This technology is also used for remote emergency room services. As a result, telemedicine is enabling people to obtain services in a timely, effective, and efficient manner.

The use of virtual technology was expanded to cover the delivery of virtual care management, community habilitation and day services as well as other creative and innovative mechanisms employed by service providers and CCOs during the COVID-19 crisis. It is critical that government allow such innovation to continue beyond the current State of Emergency. The use of virtual technology must be permanent and long-term and, therefore, service providers/FIs/CCOs must embrace it from financial, training, workforce, and service transformation perspectives.

The reopening plan must also address the development of contingency plans should an outbreak reoccur and identify mitigation strategies to ensure services continue to be delivered in full.

From this reopening plan, each service provider, FI and CCO will need to take steps to prepare for the reopening process. This, along with the following framework, will assist and guide each entity to open as safely as possible.

TYPES/CATEGORIES OF PLANS NECESSARY TO REOPEN

Residential, Day and Community Service/Office Location Safety Plan

A Residential, Day and Community Service/Office Location Safety Plan will need to address several areas, including:

- How and with what frequency to clean and disinfect certified homes/service location/office areas, especially common areas such as restrooms, kitchens/breakrooms, and high-touch areas such as door handles, light switches, etc.
- How to implement social distancing, including as individuals receiving services/employees entering and leaving the residence/service location/office (including elevator use) and during meal-breaks.
 - For certified homes: plan for mealtime considerations.
 - For day services and office locations: consider an evaluation of whether to allow the use of kitchens and breakrooms, and if so, when, and how should this occur.
- Whether changes should be made to day services, employee work schedules, or the physical space to decrease contact between individuals or employees.
- Limits to be placed on the number of individuals/staff in a service location and employees in an office setting.
 - For residences: consider a re-evaluation of the home size, shared bedrooms, and the number of individuals living together.
- How to monitor individual/employee health, including whether and how often to check temperatures, among other COVID-19 protocols including the implementation of self-assessment checklists.
- Whether and to what extent there is a need for PPE for both employees and individuals.
- How to re-engage individuals and staff into the community with specific guidance for various settings and activities, including transportation and use of mass transit.
- What coordination is needed between the service provider/CCO/FI and its landlord for scenarios in which the service/office location is a leased or shared space.
- Whether there a need to increase air flow and filtering options in the HVAC systems (in both leased and owned spaces).

Person-centered Planning

Service providers/FIs, working with CCOs, individuals, and their families, should develop an expedited person-centered planning process focused on the “new normal.” In addition, without a vaccine and after months of disrupted routines, isolation, boredom, and lives turned upside down, re-entry for both individuals and their families will not be without its challenges. Service providers, FIs, and CCOs will work collectively to perform comprehensive member risk assessments to ensure the proper treatments, supports, services, and infection prevention measures are tailored to the individual’s personal needs. For individuals and families hesitant to move forward with face-to-face interactions with service provider staff and/or Care Managers, long-term options for telecommunications (phone, video, etc.) should be made available.

Additionally, the COVID-19 public health emergency highlighted the ways in which the healthcare system still lacks understanding in how to best support people with I/DD. This continues to be a constant struggle and must be addressed in the coming months. As part of a comprehensive person-centered-planning process, the I/DD system of service providers, FIs, and CCOs must develop more effective ways to collaborate with healthcare providers to prevent the siloed environment of disparate care for the individuals mutually served. To accomplish this, the person-centered planning process must be supported and prefaced by the following activities:

- Additional training for service provider and CCO staff on working effectively with the complexities of the healthcare system.
- Additional interaction and meaningful dialogue with regional healthcare partners to inform them of the various components of the I/DD service delivery system and the benefits of working collaboratively with CCO Care Managers and service providers.
- Explore opportunities for data sharing and collection with healthcare and municipal partners to ensure decisions are informed and supported by data.

Lastly, in addition to dealing with re-entry challenges, additional supports to address new diagnoses, behaviors, or need for services will need to be addressed by the interdisciplinary team of services providers, FIs, Care Managers, and healthcare professionals. Because of this, a person-by-person approach must be taken as part of any re-entry plan.

Workforce Plan

A Workforce Plan for service providers, FIs, and CCOs will need to anticipate and address labor and employment issues likely to arise because of the COVID-19 pandemic. This will ensure effective engagement in the workplace as employees return to new work conditions.

A vital aspect of ensuring workforce engagement involves effectively communicating and training employees on new workplace protocols and conditions. As part of the Workforce Plan, service providers, FIs, and CCOs should take the following steps:

- Review existing policies/procedures and assess needed revisions due to the pandemic or new work conditions. These policies may include attendance, vacation, paid time off, workhours, lunchbreaks, sick or other leave, and travel.
- Consider whether and to what extent an employee can refuse to return to work.
- Determine what accommodations should be made for employees whose health conditions or age make them more vulnerable to infection.
- Determine what wage issues may be implicated around potential new workplace rules such as staggered start times, health monitoring, etc.
- Consider whether to continue or modify business travel restrictions for employees.
- Determine protocols for an infection in the workplace or a new spread in the community which requires employers to quickly modify operations.
- Become aware of and implement the Emergency Paid Sick Leave benefits and the Emergency Family Medical Leave Act which employees may be entitled to under The Families First Coronavirus Response Act, as well as the New York Emergency Paid Sick Leave Law.
 - If the employee indicates that he or she cannot return to work due to a qualifying COVID-19 related reason under any of these new laws, new benefits may be available to them.

Training Plan

The training of individuals, families, and employees will be critical to ensure compliance with and enforcement of the Infectious Disease Control and Prevention and Residential, Day and Community Service/Office Location Safety Plans. Training should include information on new policies and procedures put in place, how they will be expected to monitor and report non-compliance with safety protocols, and how to respond to suspected cases of an infectious disease.

Individual and employee instruction on new protocols, social distancing, selection of and use of PPE, frequent hand washing, and documentation of training will also be key components throughout the reopening process and thereafter. In developing the training curriculum, service providers should collaborate on the creation of materials in a variety of mediums.

Training and other mechanisms of communication on how to move forward while maintaining social distancing protocols (including the separation from family, friends, and important events) will be critical to ensuring adherence to and understanding of safety plans.

Infection Control and Prevention Plan

An Infection Control and Prevention Plan will need to address considerations including, but not limited to, the following:

- Identification of individuals at highest risk for infection.
- Incorporation of Centers for Disease Control (CDC) and State guidance on infectious disease procedures/protocols for service locations or offices (i.e. taking temperatures, donning PPE, etc.).
- Guidance to ensure individuals/employees stay home if they are feeling ill or if someone in their household is feeling ill.
- Guidance for individuals/employees exhibiting symptoms of an infectious disease in the home/service location or office.
- Actions to take when an individual or employee tests positive for an infectious disease.
- Actions to take when an individual or employee is exposed to someone who tests positive for an infectious disease.
- How and when an individual/employee can return to services/work after testing positive for an infectious disease.
- How to work with contractors/visitors in service locations or offices.

Communication Plan

Each service provider, FI and CCO should review their communication strategy with the individuals they support, families, employees and other key stakeholders throughout the State of Emergency and make modifications as needed to maximize transparency. An effective communication plan should address the following:

- Individuals', families', and employees' apprehension about returning to services or the office and how those environments may look and feel quite different from what they were used to pre-pandemic.

- Individuals', families', and employees' awareness of increased hygiene, sanitization, PPE, and social distancing protocols they are expected to follow to maintain a safe and healthy environment.
- Signage and other visual cues to remind individuals, families, and employees of hand and respiratory hygiene, social distancing, and PPE requirements.
- Timely notification processes to inform individuals/families that an individual who lives in a home or participates in a service could have exposed others to or tests positive for an infectious disease.
- Guidance for individuals and families regarding restrictive visitation procedures should there be a need to quarantine an entire certified home.
- Mechanism for individuals who live in certified homes and may be quarantined/isolated to connect with family via telephone and/or video with regular frequency.
- Regular communication with families through email, phone calls, social media, website postings, and webinars to keep them informed.
- Effective communication with local hospitals, county DOH, County OEM, first responders and other external groups critical to the health, safety, and well-being of individuals with I/DD.

Financial Plan

- Each service provider, FI and CCO needs to have a financial plan in place moving forward that should include the following components:
- A detailed cost tracking plan for increased personal service expenses and other personal service expenses associated with COVID-19 to comply with government requirements.
- A revenue and expense projection by service and location associated with the implementation of the overall plan.
- Identification of and application to grants or low-cost loan programs, either private or public, to supplement government funding.
- Close collaboration with financial institution(s) in terms of existing financing arrangements or the need to develop new arrangements.
- For members of Provider Associations, full utilization of membership to remain informed and engaged when funding issues arise related to reimbursement of services.

Periodic Review and Updating of Plans

It is critically important that every aspect of the reopening plans be periodically reviewed and updated, and that individuals, families, workforce, and other stakeholders are included in that process. This is especially important during the early months of plan implementation as policies and procedures change rapidly to remain current with external factors related to the State of Emergency.

Communication with all involved stakeholders should continue upon plan implementation and as revisions to the plan occur.

CONCLUSION

The collective community of the I/DD care delivery system - service providers, FIs, and CCOs - is working through the most significant public health emergency of our lifetime, one that will forever change how society moves forward to create a “new normal.” Together, the I/DD system of supports and services must proceed cautiously, as lives are dependent on it, as experienced over the past two months. If the system moves too quickly, an additional wave of COVID-19 or other infectious disease could be likely. Thus, the I/DD system must prepare for the possibility of future COVID-19 outbreaks without the availability of a vaccine. The above plan ensure that the proper health, wellness, and safety considerations are solidly in place in anticipation of this possibility.

To manage the response to COVID-19, stakeholders throughout the I/DD care delivery system must work together to ensure individuals safely receive supports, their families are informed, our workforce is safe and engaged, providers are programmatically and financial sustained, State and local government and healthcare organizations lend themselves to the I/DD system as reliable collaborators. The hope is that each organization’s reopening plan, combined true partnership and collaboration, will ensure the entire system achieves its shared goals.

Note: this document has not been approved or reviewed by the NYS Office for People with Development Disabilities (OPWDD).