



## **Coronavirus Disease 2019 (COVID-19) Guidance for Maryland Community Providers of Services for Individuals with Developmental Disabilities**

The coronavirus disease 2019 (COVID-19) situation is rapidly evolving, and may seem overwhelming to providers, families, and the individuals with developmental disabilities we serve. The next several weeks, and possibly even months ahead will certainly be a challenge for all of us. With so many unknowns about the virus and the effect it is having in the world, it is understandable that our provider community is concerned.

The Maryland Department of Health (MDH), Maryland Department of Disabilities, and the Developmental Disabilities Administration's highest priority is to the health, safety and well-being of individuals with disabilities, families, staff, and all Marylanders. We are in close communication with the Centers for Disease Control and Prevention (CDC) and we receive regular updates in order to stay on top of this rapidly evolving outbreak. As a Community Provider on the front-line, you can prevent the spread of COVID-19 by adhering to the basic standards and best practices outlined herein as you prepare for and respond to COVID-19.

The DDA expects that every Community Provider is implementing its Emergency Plan. If your agency has created a specific COVID-19 emergency plan, please submit the COVID-19 plan to your Regional Office so they are aware. Community Providers are still responsible for daily operations and management of their COVID-19 response, including developing emergency ratios of care and preparations for disruption to their normal routine or schedule.

Together we will continue to provide the best care and support for individuals with developmental disabilities and the families we serve. **That is why within the next few weeks Deputy Secretary Bernard Simons will be conducting weekly updates to ensure the Provider Community is informed and provided the most up-to-date information. The first webinar will be held on 3/20 from 12:00 pm – 12:30 pm and every Friday thereafter, please see link here:**  
<https://attendee.gotowebinar.com/rt/5220201238731987980>

### **Information Providers should know:**

- Stay informed:
  - Regularly monitor the situation on CDC's COVID-19 webpage:  
[www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)
  - Subscribe to the CDC's COVID-19 newsletter:  
<https://tools.cdc.gov/campaignproxyservice/subscriptions.aspx>
  - Regularly monitor COVID-19 on the MDH website: [health.maryland.gov/coronavirus](http://health.maryland.gov/coronavirus)
  - Call 2-1-1 for general COVID-19 updates
  - Follow [MEMA](#) for local emergency alerts

- Follow MDH on Facebook  
<https://www.facebook.com/MDHealthDept/>
- Reach out to your local health department  
<https://health.maryland.gov/Pages/departments.ASPX>
- Watch CDC's video demonstrating good hand hygiene:  
<https://www.youtube.com/watch?v=d914EnpU4Fo&feature=youtu.Tbe>
- Be prepared:
  - Update and/review your agency's emergency plan
  - Establish relationships with key health care and local health department partners in your community
  - Create an agency specific emergency list
  - Conduct an inventory of available Personal Protective Equipment (PPE)
  - Train your staff on proper use of PPE
- Communicate with your staff and individuals with developmental disabilities about COVID-19
  - Report any Personal Supports staff shortages to your DDA Regional Office
- Screen individuals, staff, and visitors for the symptoms of COVID-19:
  - Fever
  - Coughing
  - Shortness of breath
- The DDA encourages employees that are sick to stay home and we ask you to follow your agency internal sick policy.
- Practice social distancing by staying 6 feet away from other people, when feasible
- Increase handwashing as per the guidance of the CDC
- Cover coughs and sneezes with your elbow
- Frequently disinfect personal surfaces: doorknobs, phones, keyboards, etc.
- Contact case managers if you have questions about resources

**How to get Critical Supplies, Food, Medication, Medical Supplies, PPE –**

Every Community Provider, as appropriate for its operation, will need to evaluate their emergency stock of critical supplies.

- Check for an adequate supply of food, water, supplements and thickening agents
- Check that refills are available on prescription medications
- Evaluate levels of medical equipment and supplies
- Evaluate levels of personal protective equipment (PPE)

The DDA recommends that all families and providers have a two-week supply of food and water available in case of emergency, including quarantine. Inventory items like canned goods and other shelf stable foods, and determine whether more should be purchased. Based on the needs of the individual(s), ensure there is an adequate supply of supplements (Ensure, vitamins, etc.) and food thickening agents (if required).

If prescription medication refills are needed, contact the individual's doctor to request. Check items that may have expiration dates, like EpiPens® and diabetic supplies. Identify alternate vendors for obtaining prescription and over-the-counter medications if relationships with established vendors become strained or disrupted. **Contact the Maryland Medicaid Pharmacy**

**Program (1-800-492-5231, option 3) if individuals with developmental disabilities have difficulty obtaining refills.**

Items like incontinence briefs, disinfectant, soap, clean towels/paper towels and alcohol-based hand sanitizer (60% or higher) will also need to be available. Know what you have on hand and have a plan to obtain more when needed. Pay special attention to items that may be reaching the end of their shelf life, particularly supplies needed for ventilator-dependent residents. Do not forget to ensure a working thermometer is readily available. Identify alternate vendors for obtaining supplies if relationships with established vendors become strained or disrupted. **Contact the Maryland Durable Medical Equipment & Disposable Medical Supplies Program (410-767-7283) if your individuals with developmental disabilities have difficulty obtaining additional supplies.**

PPE are items like gloves, gowns and face masks. The need for these items may depend on the location of the Community Provider and population served. Inventory existing PPE to ascertain current supply levels and to ensure replacement of items reaching end-of-life. Identify alternate vendors for obtaining supplies if relationships with established vendors become strained or disrupted. To avoid overutilization of PPE and potential impact to your supply, follow CDC guidelines about when to use PPE. Safeguarding PPE from theft may need to be considered.

CMS is instructing state and federal surveyors not to cite agencies for not providing certain supplies, such as PPE, if they are having difficulty obtaining these supplies for reasons outside their control. However Community Providers are still expected to take all reasonable actions to mitigate shortages.

If a Community Provider does not have adequate stock of PPE or sanitary supplies, they should contact their local health department for assistance in identifying local suppliers.

### **EMERGENCY FUNDING**

The DDA is currently coordinating with MDH to determine how emergency funding will be allocated. The DDA recommends that providers keep itemized receipts, detailed records or logs of any purchases arising from COVID-19 preparedness or response to illness, and staffing changes needed to accommodate the COVID-19 response. The DDA is in close contact with MDH leadership to ensure Providers are kept abreast of emergency funding.

The DDA will not require submission of a Modified Service Funding Plan Request for Services during the COVID-19 emergency, if Community Providers need additional resources for the people you support. The DDA will provide appropriate guidance once the DDA receives communication from MDH.

### **COORDINATION OF COMMUNITY SERVICES AGENCIES**

The DDA recommends that Coordination of Community Services (CCS) agencies practice social distancing and limit the number and size of in-person contacts. CCSs may use phone calls, Skype or any other appropriate communication methods so that staff may provide their services remotely. Monitoring visits, especially visits to hospitals and nursing facilities, should be conducted via phone or Skype whenever possible, to limit unnecessary visitors to those facilities.

If a person's caregiver is quarantined due to COVID-19, they may request emergency support from their provider agency. If the individual has self-directed services, coordinate with their Support Broker to arrange for alternative staff.

Note: If CCSs hear that staff are refusing to provide personal supports to families, please report this issue to the provider agency so they are aware and can take appropriate action.

### **MEANINGFUL DAY SERVICE PROVIDERS & CONGREGATE SETTINGS**

Community Providers who offer meaningful day services should follow MDH and CDC recommendations for social distancing, infection control, visitor limitations, and consider if their agency needs to close temporarily. The DDA will relax community outing requirements for Community Providers while the CDC and CMS recommend at-risk individuals avoid crowds as much as possible.

The DDA expects providers to follow emergency closure protocols for announcing closures, including standard notification of the Director of their DDA Regional Office. The DDA tracks and uses this information to provide necessary support and guidance to our Community Provider network.

### **Visitor Restrictions–**

Each agency should develop a policy on visitors with the following CDC recommendations in mind:

- Send letters or emails to families advising them to consider postponing or using alternative methods for visitation (i.e. video conferencing) during the next several months
- Post signs at the entrances to the facility instructing visitors to not enter if they have fever or symptoms of a respiratory infection. Consider having visitors sign visitor logs in case contact tracing becomes necessary
- Ask all visitors about fever or symptoms of respiratory infection. Restrict anyone with:
  - Fever or symptoms of respiratory infection (e.g., cough, sore throat, or shortness of breath)
  - International travel within the last 14 days to affected countries. Information on high-risk countries is available on the [CDC's COVID-19 travel website](#)
  - Contact with an individual with COVID-19
  - Resides in a community where community-based spread of COVID-19 is occurring
- When allowed, visitors should be encouraged to frequently perform hand hygiene and limit their movement and interactions with others in the facility (e.g., confine themselves to the resident's room)
- When visitor restrictions are implemented, the facility should facilitate remote communication between the resident and visitors (e.g., video-call applications on cell phones or tablets), and have policies addressing when and how visitors might still be allowed to enter the facility (e.g., end of life situations)

### **CLOSURES**

If a person's usual day program is closed, then residential providers should activate their emergency plan, including staffing ratios, as they would during severe weather conditions. Individuals may stay at home with their provider or family member(s). The DDA recommends that providers keep itemized receipts and detailed records of any purchases or staffing changes needed

to accommodate COVID-19 preparedness and response, as reimbursement may be available in the future.

If a residential services provider is required to temporarily relocate due to an emergency, they must notify the Regional Director for that region of all the individuals that are being relocated, the address of the new site, and provide a contact number for the new site. While the choice and opinion of individuals' with developmental disabilities should always be considered, the DDA expects Community Providers to prioritize the health and safety of the individuals they serve.

### **PROVIDER OPERATIONS AND PROCEDURES**

- Maintain open communication with individuals and families/guardians. Communicate with individuals and families/guardians about preparedness steps your agency takes, including any changes to the daily activities of individuals with developmental disabilities
- Develop staffing and programming plans, in the event that federal and state authorities direct individuals not to congregate in social settings like day programs. Providers must create a back-up staffing plan that can support individuals in other settings
- Review the [MDH FAQ document](#) for the latest updates

If a community has cases of COVID-19, local health officials will help identify those individuals and will follow up on next steps. The best advice if a confirmed case of COVID-19 happens in your community or a DDA community-based setting is to stay home as much as possible to reduce the risk of being exposed. Community spread is how the common cold and flu are transmitted. Depending on the severity, local health department officials may recommend additional actions to help reduce the risk of being exposed to COVID-19 if an outbreak happens in your community. These actions can slow the spread and reduce the impact of disease. It is important to follow directions from local health department officials. Individuals may be asked to do one or more of the following:

- Monitor for cold-like symptoms that may appear 2 to 14 days after exposure:
  - Fever
  - Cough
  - Difficulty breathing or shortness of breath
- Quarantine at home which means to separate and restrict the movement of those who are well, but who may have been exposed to disease but do not show symptoms to help stop the spread of disease
- Isolation at home, which means to separate those who are sick from those who are healthy to help stop the spread of disease

If an individual with disabilities is asked to do any of the above, the individual's health care practitioner and/or local health department will provide information about how to proceed. These individuals may also be asked a lot of questions about their recent travel, activity and interaction with others outside their home. This is a normal part of contact tracing, which health

care practitioners and scientists use to help determine the risk of COVID-19 exposure in communities.

Currently, people at risk for contracting COVID-19:

- Recently traveled to geographic areas of concern identified on the [CDC's COVID-19 travel website](#)
- Have close, personal contact with a person diagnosed with COVID-19
- Care for people with COVID-19
- Live in a community with community-based spread of COVID-9

If an individual with developmental disabilities is an older adult or has one or more chronic health conditions, they can take action to reduce their risk of exposure to COVID-19:

- Practice social distancing and take everyday precautions to keep space between themselves and others
- When out in public, keep away from others who are sick, limit close contact and wash hands often with soap and water or hand sanitizer with at least 60% alcohol content
- Avoid crowds as much as possible

## **INFECTION CONTROL**

The DDA recommends that all Community Providers re-educate all staff on infection control cleaning procedures. This re-education should occur immediately for each person who engages, or may engage, in cleaning. In settings where staff work on different shifts and/or have staggered days off, re-education should occur on each shift until all staff are trained.

All staff should receive training on the selection, use, removal and disposal of personal protective equipment (PPE). Proper removal and disposal of PPE is critical for preventing infection. There are a variety of training resources available:

- CDC's COVID-19 PPE FAQ with a variety of links and resources:
  - [www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html](http://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html)
- CDC training posters:
  - [www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf](http://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf)
- The CDC video trainings in response to other infection control needs:
  - [www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html](http://www.cdc.gov/vhf/ebola/hcp/ppe-training/comprehensive-ppe-training.html)

The Centers for Disease Control & Prevention (CDC) has published several guidance documents on infection control and COVID-19. Community Providers should review these documents and use them to identify enhancements in your existing infection control policies and emergency preparedness plans for epidemics and pandemics. Although these documents are written for healthcare providers, many of the recommendations are best practices for all providers responsible for the long-term health and safety of individuals receiving residential and facility-based services.

- CDC Hospital Preparedness Assessment Tool:
  - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>
- CDC Long-Term Care and other Residential Facilities Pandemic Influenza Planning Checklist:
  - [www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf](http://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf)

## **IDENTIFICATION, TESTING, & QUARANTINE OF SUSPECTED CASES**

### **Identification –**

If a person with developmental disabilities exhibits the symptoms of COVID-19 and has any of the following exposures, they should seek medical attention right away.

- Recent travel to any geographic area of concern identified on the [CDC's COVID-19 travel website](#)
- Contact with someone with COVID-19
- Lives in a community with community-based spread of COVID-9

If the individual is also an older adult or has underlying medical conditions, they should contact their healthcare provider early, even if their illness is mild.

Call ahead before bringing the individual to a doctor's office or emergency room, so they can prepare and protect others in the area. If possible, have the individual wear a face mask. Tell the medical professionals about any recent travel and any close contacts, including people in the household.

### **Testing –**

The person's doctor will determine whether or not the individual needs to be tested for COVID-19 based on their symptoms, potential exposure, and other clinical factors. Not all people who have the symptoms of COVID-19 will be tested.

COVID-19 diagnostic tests may include nose and mouth swabs, sputum samples, and/or other samples as needed. The clinician will determine which, if any tests are needed. Individuals should follow all recommendations from the medical professionals, including returning for additional or follow-up examinations.

### **Suspected Cases –**

If the person has a suspected or diagnosed case of COVID-19, they should notify their local health department, their case manager, and their DDA Regional Office immediately. People who have been exposed to COVID-19 may be placed under quarantine at their home by a health care professional or local health department official. This is to prevent them from transmitting the disease to others. The quarantine may be lifted, and the person allowed to leave the home only after consultation with their health care provider.

The person's health care provider or local health department will provide information about how to proceed. You may also be asked a lot of questions about your recent travel, activity and interaction with others outside of the home. This is a normal part of contact tracing, which health care practitioners and scientists use to help determine the risk of COVID-19 exposure in communities.

Quarantines are to protect the health of the general public, which outweighs the individual's right to go out in public. The provider should explain to the person with developmental disabilities why they were quarantined and the precautions taken to prevent new infections, in order to follow quarantine guidance provided by health care professionals. The Community Provider should notify their local health officer if an individual is not following quarantine orders.

Group or shared homes serving a quarantined person should follow infection control measures recommended for homes and residential communities, including:

- Separate the quarantined individual by using separate bed and bathrooms, when possible
- Call and notify health care professionals before going to appointments to notify them that the person with developmental disabilities has or is currently being evaluated for COVID-19
- Ask the quarantined person to wear a face mask while they are in the same room as others, or have others wear a facemask while in the same room as the quarantined person
- Avoid sharing household items like dishes, glasses, utensils, towels, and bedding
- Clean hard surfaces and high touch points in the home with a diluted bleach solution or EPA-approved household disinfectant at least once a day
  - To make a diluted bleach solution add ¼ cup of bleach to 1 gallon of water
- Wear disposable gloves while handling soiled laundry or bedding from the quarantined individual. Wash and dry laundry with the warmest temperature recommended on the item's label
- Limit or restrict visitors who do not need to be in the home

If the person's caregiver is quarantined due to COVID-19, the person may request emergency support from their provider agency. If the individual has self-directed services, they may work with their Support Broker to arrange for alternative staff.

Contact your local health department for more information on quarantine procedures, and review the CDC's guide to infection prevention in the home: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

**NOTE: If an individual with developmental disabilities is diagnosed with COVID-19, the DDA wants to be notified immediately, so that we can report this immediately to MDH.**

### **FACE-TO-FACE MEETINGS, GROUP GATHERINGS, VISITS, & MONITORING**

The DDA recommends that Community Providers practice social distancing and limit the number and size of in-person contacts. Community Providers may use phone calls, Skype or any other appropriate communication methods so that staff may provide their services remotely.

Additional social distancing practices include:

- Ensure sure that shared spaces in the home have good airflow (e.g., an air conditioner or an opened window, weather permitting)
- Consider interacting outdoors if appropriate
- Practice good hand hygiene and cough etiquette
- When contact with an ill person cannot be avoided, follow standard infection prevention practices as recommended by your employer

**Phone or other teleconferencing services will not be possible for those providing personal care assistance.** Instead, they should practice social distancing as much as they are able to, while continuing the necessary care for the person.

- In-home personal care workers should maintain a distance of at least 6 feet from the individual to the best of their ability



- Assist individuals to gather resources they need to stay at home for up to 2 weeks if they become sick or need to minimize contact with others (including medication refills)
- If a person with developmental disabilities is ill:
  - In-home personal care workers should call the individual's case manager to find alternative ways to support them
  - Other in-home personal care workers should postpone non-essential in-home visits with any person that has a cough or fever until symptoms resolve
- If you find that staff are refusing to provide personal supports, please notify DDA so that we are aware of your agency's staffing issues

For more information on CDC recommendations for people who have close contact in a home setting with a person who has COVID-19 please review: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

### **VALUABLE RESOURCES**

The following are additional resources that the DDA recommends providers, families, and individuals with developmental disabilities review for further information and guidance:

#### **CMS Guidance**

- [CMS Current Emergencies](#)
- [Guidance for Home Health Agencies and Providers about COVID-19](#)
- [Information for Healthcare Facilities Concerning 2019 Novel Coronavirus Illness \(2019-nCoV\)](#)
- [Guidance for Infection Control and Prevention of COVID-19 in Nursing Homes](#)
- [FAQ on Guidance to State Survey Agencies Suspending Non-Emergency Survey Inspections](#)
- [Actions to Address Spread of Coronavirus Press Release](#)

#### **CDC Guidance**

- [About Coronavirus Disease 2019 \(COVID-19\)](#)
- [FAQs for State Medicaid and CHIP Agencies](#)
- [People at Risk for Serious Illness from COVID-19](#)
- [How To Clean and Disinfect Schools To Help Slow the Spread of Flu](#)
- [Strategies for Optimizing the Supply of N95 Respirators](#)
- [Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities](#)
- [Interim Additional Guidance for Infection Prevention and Control for Patients with Suspected or Confirmed COVID-19 in Nursing Homes](#)

#### **Other National Guidance**

- [Administration for Community Living: COVID-19 Information Webpage](#)
- [COVID-19 Information and Resources for Schools and School Personnel](#)
- [Department of Labor: Preparing Workplaces for COVID-19](#)

#### **State Guidance**

- [Maryland Governor's Website](#)
- [Governor Hogan's Press Release: Guidance for Long Term Care Facilities](#)
- [MDH: COVID-19 Information and Resources](#)
- [MDH: Recommendations for Infection Control & Prevention of COVID-19 in Facilities Serving Older Adults](#)
- [MDH: Medicaid Telehealth Guidance](#)
- [MDOD: Toolkit for Emergency Preparedness for People with Disabilities](#)