

STATE OF CALIFORNIA  
DEPARTMENT OF DEVELOPMENTAL SERVICES  
**COVID-19 RE-ENTRY PLAN**

DRAFT guidance and procedures for California's developmental services to safely operate and for consumers and families to make informed decisions about how and when to re-enter services during the COVID-19 pandemic.

**KEY PRIORITIES**

**Collaboration and Partnership**

**Redesigning and Adapting Services**

**Sound Decision-Making and Accountability**

## OVERVIEW OF THE PLAN

- Aligned with Governor's Resilience Roadmap for reopening businesses with the State and each County moving forward into the next stage based on public health metrics
- Providers develop a Safety and Protection Plan
- Providers develop supports to safely meet the person's needs
  - Discussion: Scale of Vulnerability/Proficiency Scale – options
- Self-Advocates and family members are supported to consider readiness, evaluate options and decide what to do
- Emphasis on communication and training staff, self-advocates, family members on preventative measures and protocols
- Re-engagement begins slowly and increases gradually in accordance with State and County reopening guidance

## OBTAINING FEEDBACK

- The draft plan disseminated and feedback is being reviewed
- This step focused on Providers' preparation and safety measures, with other aspects of Re-Engagement being developed with stakeholder involvement
  - Guidance for self-assessments and family decision-making
  - Reinvention of site-based day services to increase person-centered service designs and reduce the exposure risks associated with congregate settings
  - Regional Center Eligibility & Intake procedures and RC/DDS monitoring

# SUMMARY OF FEEDBACK

(in no particular order)

## *GENERAL - THEMES*

- A person-centered approach must be used to assist each person in making a choice about re-engagement that most benefits them
- Informed decision-making needs to be a priority and information must be presented in a method most understood by the person receiving services
- Individuals and families must be supported to understand the inherent risks associated with a return to service delivery and the precautions in place
- Providers need to have clarity on an exposure plan with mandated, timely contact information for when and if it occurs, with uniform protocols among Residential, Day, and Transportation providers
- Each person should have a Comprehensive Relationship Map to assure the entire circle of support is not at risk, and serve as a tool for contact tracing if exposure does occur

# SUMMARY OF FEEDBACK

(in no particular order)

## *GENERAL - THEMES*

*continued*

- Communication and coordination with consumers, stakeholders, regional centers, programs, transportation, families and care providers is key
- Rates need to support additional costs related to staff training, PPE, staffing during the day, increased overtime
- Providers should pledge commitment to stay current on public health guidance and retrain staff as it evolves
- Agencies should follow local public health guidelines as opposed to having DDS imposed across the entire state to allow for regional differences in response to COVID-19
- Wide spectrum of opinions from those who are ready to resume re-engagement immediately to those who would prefer to wait until there is a vaccine
- Not enough time to review

# SUMMARY OF FEEDBACK

(in no particular order)

## *RESIDENTIAL*

- Need to ensure interdisciplinary team involvement with making informed decisions about re-engagement, particularly including input from medical professionals
- Individuals need established training and goals to meet the current health crisis
- Social distancing in a home is not a reasonable expectation
- Not everyone will be able to tolerate masks or face guards
- Need to be careful with signage within the home to not create the look of an institutional setting
- PPE must be available

# SUMMARY OF FEEDBACK

(in no particular order)

## *SUPPORTED LIVING SERVICES, INDEPENDENT LIVING SERVICES, RESPIRE, PERSONAL ASSISTANCE*

- Dictating cleaning, disinfecting and PPE protocols to people in their individual homes is unrealistic and against supported decision-making, person-centered thinking practices.
- Each person must have access to PPE to assure the safety of the person *and* the support team
- The majority of people have decided to adhere and exceed the restrictions and protectives, but there are some people that refuse or unable to do so. This should not preclude them from receiving services and flexibility is needed to respect people's rights and at the same time mitigate risks of exposure to others
- Need flexibility with allowing extra hours of service and definitions for what types of services are allowable
- Information is needed on surge capacity to support a person if exposed and unable to return home

# SUMMARY OF FEEDBACK

(in no particular order)

## *DAY SERVICES*

- Importance of individual choice as a driver (with appropriate health and safety measures) of the entire re-entry process and returning to in-person services
- Concerns about billing for remote and alternate services, the process of reinvention, and the transition period to billing for reinvented services
- Concerns about Regional Center timeliness in reviewing Providers' Protection Plans in addition to the administrative procedures for reinvented services
- Confusion over multiple agency approval of re-entry plans
- Want more information and protocols for scenarios when a person tests positive for COVID-19 or shows symptoms, including clarity as to which relevant agency would oversee the Provider's response
- Coordination with Transportation providers for scheduling, screening protocols and other health and safety measures



# SUMMARY OF FEEDBACK

(in no particular order)

## *DAY SERVICES*

### *continued*

- Coordination with Residential providers, licensing and other regulatory agencies for ongoing services and supports to consumers in their homes
- Some questions as to why the plan stated that health impacts would persist indefinitely for site-based day programs while other settings across the state would return to normal in California's Resilience Roadmap Stage 4
- Some disappointment that considerations for each phase for Employment was not developed as the other service areas were
- While appreciating the comprehensive nature of the documents, some felt that some aspects were too prescriptive such as bathroom cleaning schedules, limitations on the number of people in enclosed spacing, signage on vehicles, telework for staff, face covering requirements
- Physical distance guidance does not consider how barriers/partitions mitigate the issue nor take into consideration the personal supports that some individuals require

# SUMMARY OF FEEDBACK

(in no particular order)

## *TRANSPORTATION*

- Questions and comments regarding who would be responsible for taking temperatures and screening for symptoms
- Need for face coverings, passenger groupings, social and physical distancing, cleaning and disinfecting protocols be extended into all phases of re-entry
- Need to use common definitions and minimum expectations, and explore how to provide person-centered safety protocols when needed
- The scheduling and logistic challenges to serve the needs of each program and consumer will be significant and no uniformity is being proposed and there is uncertainty as to who will be returning, when and at what capacity. This makes it very difficult to plan and develop new service strategies.
- New/modified common rate structures will be needed to accommodate social distancing requirements and new day service design scheduling and coordination

# SUMMARY OF FEEDBACK

(in no particular order)

## *EARLY START / IN-HOME SERVICES*

- Families need to be supported to make informed decisions about their options, with assurance that future in-home services will not be affected if they choose to continue telehealth services and not only deferring to professionals
- Information needs to be available in the family's preferred language and plain language
- Social distancing with toddlers is very difficult and concerning and may impact their relationships with their providers
- Questions regarding how to ensure that families have access to telehealth considering equipment and internet connection needs
- If the option of telehealth is not going to work for a family, Providers and Regional Centers need to work with the family to explore other options

# SUMMARY OF FEEDBACK

(in no particular order)

## *EARLY START / IN-HOME SERVICES*

### *Continued*

- Questions about whether DDS and Regional Centers are discouraging the use of telehealth going forward
- Training is needed on standard precautions, how and when to use PPE, how and when to take temperatures
- Concerns for home-to-home transfer and a question as to whether testing may be available for Providers

## NEXT STEPS

- Pursuing additional feedback from In-Home Services Providers
- Meeting with Self-Advocates to present draft guidance to Self-Advocates and families and seek input
- Incorporate feedback and finalize the re-entry plan and relevant materials
  - Service providers to safely operate
  - Self Advocates make informed and safe decisions
  - Revisit and re-evaluate
- Materials using Plain Language and other languages

## NEXT STEPS continued

- Train the Trainer
- Webinar series
- Provide technical assistance to regional centers
- Develop and distribute Frequently Asked Questions (FAQs)
- Other