COVID-19 Provider Engagement Strategies for Administrative Entities

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Administrative Entity
Residential Provider Preparedness Assessment for COVID-19
• This tool is intended for use by the county AE staff in order to ascertain the status of the residential providers within their communities during the COVID-19 response.
• One of the primary goals of this assessment is to provide **reassurance, leadership and stability** within the residential provider communities during these the COVID-19 pandemic.
• County programs are in a unique position to create a safety net that serves and protects vulnerable populations, especially individuals with ID/A and their families. We hope you find the guidance within this tool helpful.

• The assessment can be conducted on an individual provider basis or as a network engagement activity.

• **The goal will be to engage with the residential providers on a weekly basis.** We anticipate that counties will be able to identify those agencies who may present at a higher risk due to the characteristics of the population they serve, business models, recent licensing or programmatic citations, numbers of people served, etc and prioritize these contacts.
Resource & Engagement Tools For Providers

- In the event, there is an agency who is identified as needing additional support, ODP expects the county to engage with the regional ODP staff, who will remain in contact with ODP senior management and the deputy secretary.
- If emergency contingency plans are needed, ODP is committed to working with county agencies and providers in order to address these in a timely manner.

Residential Provider Preparedness Assessment for COVID-19

- We recommend the following assessment be conducted on a weekly basis to assist with risk mitigation for residential providers operating within the counties and completed before cases of COVID-19 are identified in your agency if possible.
Which of the following situations apply to the agency? (Select all that apply)
- No cases of COVID-19 currently reported in their community
- Cases reported in their community
- Sustained transmission reported in their community
- Cases identified in their agency (either among Staff or residents)
- If there are suspected or confirm cases the number of people with potential exposure

How many days supply does the agency have of the following PPE and alcohol-based hand sanitizer (ABHS)?
- Facemasks:
- N-95 or higher-level respirators:
- Isolation gowns:
- Eye protection:
- Gloves:
- ABHS:

Weekly Contingency Check
- Please describe any emergency or contingency plans for ill residents and/or staff in the event of COVID-19 cases in the agency
- Does the agency have a method to ensure that individuals’ information regarding health and safety is readily available to transport with the individual in the event of an emergency?
- There is a cleaning and sanitation protocol in place?
- There is a process for ongoing regular communication with staff individuals and families especially if there’s a suspected or confirm case and if we location becomes necessary
Residential Provider Preparedness Assessment for COVID-19

• Visitation
  – Agency restricts all visitation except certain compassionate care situations, such as end of life situations.
  – Agency has sent a communication (e.g., letter, email) to families advising them that no visitors will be allowed in the facility except for certain compassionate care situations
  – Facility has posted signs at entrances to the facility advising that no visitors may enter the facility.

• Quarantine and Isolation
  – Agency has plan and locations selected for immediate use for quarantine and isolation if necessary

Residential Provider Preparedness Assessment for COVID-19

• Education, monitoring, and screening of staff
  – Agency has provided education and refresher training to staff
  – Facility keeps a list of symptomatic staff.
  – Facility screens all staff (including consultant personnel) at the beginning of their shift
  – Non-essential personnel including volunteers and non-essential consultant personnel (e.g., barbers) are restricted from entering the home.

• Education, monitoring, and screening of residents
  – Agency has provided education to residents and information
  – Agency assesses residents for fever and symptoms of respiratory infection upon admission and at least daily throughout their stay in the facility.
• **Availability of PPE and Other Supplies**
  – If PPE shortages are identified or anticipated, facility has engaged their healthcare coalition for assistance.
  – The provider has a two-week supply of food, and basic household items available for individuals.
  – Hand hygiene supplies are available in the homes.
  – EPA-registered, hospital-grade disinfectants with an emerging viral pathogens claim against SARS-CoV-2 are available to allow for frequent cleaning of high-touch surfaces and shared resident care equipment.
  – Agency notifies the health department of any suspected cases

• **Staffing**
  – Does the provider have adequate staffing available to address of health, welfare and safety needs of the individuals they serve?
  – Agency has considered or taken steps to reduce amount of different staff contact
  – Agency has back-up plan for extensive staff call offs

• **Medical and Support Need Records Availability**
  – Complete, accessible and portable medical record available for each individual
  – 1 page profile of critical person-centered plan and health and safety needs of each individual
  – Complete and accessible information on decision-makers, health care directives for all individuals
Building Relationships w/ Providers

Ideas to share with providers:

• Direct Service Professional Recognition
• Virtual Office Hours
• “Coffee with the Executive”

Residential Provider Checklist for Confirmed COVID-19 Cases
Checklist developed for providers in the event that an individual or individuals become infected with COVID-19.

These guidelines were formed in accordance with Pennsylvania’s Department of Health (DOH) and the Centers for Disease Control and Prevention (CDC).

ODP may update this checklist as new guidance becomes available from DOH and the CDC.

Checklist activities:

1. Infection contact tracing (per PA Department of Health [DOH])

2. Notify potential close contacts

3. Provider identifies an Emergency Coordinator
Residential Provider Checklist for Confirmed COVID-19 Cases

Checklist activities:

4. Verify the most current DOH/CDC guidance for home settings and long term care facilities

5. Implement resident screening and isolation

6. Re-assess Personal Protective Equipment (PPE) stock

County Perspective

Counties:
• Allegheny - Brenda Bulkowski
• Bucks – Mary Dunn
• Juniata Valley B&DS - Kathy Whalen
• Lackawanna/Susq - Maryann Colbert

Emerging practices from Counties during the COVID-19 response:
– Provider engagement and planning
– Emergency management
– Cross-department collaboration
– Family and individual engagement
**Statewide Support & Referral Helpline**

- Culturally competent
- Skilled at assisting those with ID/A
- Use principles of trauma-informed care to listen, assess needs, triage calls, and provide appropriate referral

The toll-free, round-the-clock support line is officially operational. The number to call is 1-855-284-2494. For TTY, dial 724-631-5600.

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**AID in PA**

- A joint effort between ASERT (Autism Services, Education, Resources, and Training) and the statewide HCQUs (Health Care Quality Units)

- This site is designed to connect individuals with disabilities, families, professionals, and community members with resources that can best serve them in emergency situations. Current resources focus on the ongoing COVID-19 crisis

- [https://aidinpa.org](https://aidinpa.org)