John Bel Edwards
GOVERNOR

Dr. Courtney N. Phillips
SECRETARY

State of Louisiana

Louisiana Department of Health

HEALTHCARE FACILITY NOTICE/ORDER #2020-COVID19-ADC/ADHC/PACE-002

FOR IMMEDIATE RELEASE

TO: Adult Day Care (ADC) Providers
Adult Day Health Care (ADHC) Providers
PACE Providers

FROM: LDH Office of Public Health
Jimmy Guidry, M.D.
State Health Officer

RE: State Health Officer Order
(1) Reopening Procedures for ADC Providers
(2) Reopening Procedures for ADHC and PACE Providers

DATE: October 2, 2020

EFFECTIVE DATES: This Emergency Order shall be effective immediately, beginning 7:00 a.m. on Monday, October 5, 2020, and shall remain in effect until further notice from the State Health Officer.

RATIONALE AND LEGAL AUTHORITY:

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the COVID-19 outbreak a "public health emergency of international concern" (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States, effective January 27, 2020. Pursuant to the Louisiana Health Emergency Powers Act, R.S. 29:760, *et seq.*, a state of public health emergency resulting from the outbreak of "coronavirus disease 2019" ("COVID-19") was declared to exist in the entire State of Louisiana by Proclamation Number 25 JBE 2020.

The COVID-19 outbreak in Louisiana continues. Measures are necessary to protect the health and safety of the public. The measures ordered herein are in line with the best

guidance and direction from the Centers for Medicare and Medicaid Services (CMS) and/or the U.S. Centers for Disease Control and Prevention (CDC).

The State Health Officer expressly finds that the measures ordered herein are necessary to help control and prevent further spread of COVID-19, a communicable, contagious, and infectious disease that represent a serious and imminent threat to the public health.

NOW THEREFORE, pursuant to the powers vested in me by L.R.S. 40:1 *et seq.*, particularly La. R.S. 40:4(A)(13) and La. R.S. 40:5(A)(2), I, Jimmy Guidry, M.D., State Health Officer, do hereby issue the following emergency order:

(1) All Adult Day Care (ADC) providers, all Adult Day Health Care (ADHC) providers, and all PACE providers in Louisiana, are eligible to re-open, effective Monday, October 5, 2020, at 7:00 a.m., provided that:

> **(a) The provider is located in a parish that has a COVID-19 parish positivity rate of 5% or lower, as indicated on the following website:** https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg; **AND**
> **(b) The provider complies with the provisions of this State Health Officer Order.**

(2) Any ADC provider that is eligible under Item 1 to re-open, is hereby mandated and directed to follow the provisions of the Louisiana Department of Health, entitled "Re-opening Adult Day Center Guidance", dated October 2, 2020, a copy of which is attached to this State Health Officer Order. Each ADC provider shall revise its current policy and procedure to reflect these new LDH provisions.

(3) Any ADC provider may impose stricter re-opening policies than mandated in the LDH "Re-opening Adult Day Center Guidance", if the facility chooses, provided that the facility have a policy and procedure in place to address such restrictions.

(4) Any ADHC provider or any PACE Provider that is eligible under Item 1 to re-open, is hereby mandated and directed to follow the provisions of the Louisiana Department of Health, entitled "Re-opening ADHC and PACE Center Guidance", dated October 2, 2020, a copy of which is attached to this State Health Officer Order. Each ADHC provider and PACE provider shall revise its current policy and procedure to reflect these new LDH provisions.

(5) Any ADHC provider or PACE provider may impose stricter re-opening policies than mandated in the LDH "Re-opening ADHC and PACE Center Guidance" if the facility chooses, provided that the facility have a policy and procedure in place to address such restrictions.

(6) If a parish's COVID-19 positivity rate increases above 5% after an ADC, ADHC, or PACE provider re-opens, the State Health Officer hereby reserves the right to issue a notice/order to any ADC, ADHC, or PACE provider to limit services at the provider's location or to close the provider's location for a specified period of

time. If there are two or more identified COVID-19 cases (staff or clients) at an ADC, ADHC, or PACE provider, the State Health Officer hereby reserves the right to issue a notice/order to any such provider to limit services at the provider's location or to close the provider's location for a specified period of time.

(7) This State Health Officer Order replaces and supersedes any previously issued State Health Officer orders/notices to ADC providers, ADHC providers, and PACE providers, regarding closure and re-opening procedures.

(8) This State Health Officer Order does not mandate that any ADC provider, ADHC provider, or PACE provider re-open. Any such facility that chooses to re-open shall contract the LDH Health Standards Section, as well as notify the applicable LDH program office (Office of Adult and Aging Services or Office for Citizens with Developmental Disabilities).

(9) This State Health Officer Order does not mandate that any client or participant return to an ADC, an ADHC, or PACE Center upon its re-opening.

(10) For questions concerning the "Re-opening Adult Day Center Guidance", please contact Paul Rhorer at (225) 342-0095 or Paul.Rhorer@La.Gov .

(11) For questions concerning the "Re-opening ADHC and PACE Center Guidance", please contact Allison Vuljoin at Allison.Vuljoin@La.Gov.

Dr. Courtney N. Phillips

Dr. Courtney N. Phillips
Secretary

Dr. Jimmy Guidry, MD

Dr. Jimmy Guidry, M.D.
State Health Officer

LOUISIANA
DEPARTMENT OF HEALTH
Office for Citizens with Developmental Disabilities

DATE: **October 2, 2020**

TO: **Adult Day Centers**

FROM: **Louisiana Department of Health**

RE: **Re-opening Adult Day Center Guidance**

Mark A. Ponthieux
Deputy Secretary
Louisiana Department of Health

Consistent with the Governor's Roadmap to Restarting Louisiana, the Louisiana Department of Health (LDH) is issuing guidance to Adult Day Centers (ADC) regarding re-opening once day services are allowed to reopen for participants.

Given that the risk for transmission of the virus causing COVID-19 is greater in group or congregate settings, and that some of the individuals served in Adult Day Centers have underlying conditions, the Louisiana Office of Public Health in collaboration with the Office for Citizens with Developmental Disabilities and LDH Health Standards Section offers the following guidance for operating upon re-opening.

This guidance will assist providers in determining how to re-open, how to staff, who will return to the center and when they will return. The decision to re-open a center may be based on the current phase in the center's city / parish and the center's ability to follow this guidance. Additionally, a person-centered approach should be taken for each individual receiving services to determine the most appropriate approach for service delivery. The goal is for participants to be served in the most appropriate setting; whether that be at home or the center.

Public Health Guidance

Category	Action Item
Group Size & Selection	• **Day Services** – maximum group size of 1:8 to allow for additional direct care staff as needed in each separate space. A separate space is defined by walls and doors. Everyone should be wearing a face mask or a face shield if unable to tolerate a face mask and observing social distancing requirements. • Assess participants to determine who will be served initially and during the initial phase-in. In general, participants who have fewer underlying health conditions that make them vulnerable to COVID 19, and those who are able to tolerate the use of a face mask/shield and who have the ability to follow the social distancing requirements are better candidates for facility-based participation in the initial phase. • The facility may serve more than one group at one time as long as each group has their own separate space. • Facility Based attendance is limited by the number of separate spaces available to serve participants (in groups of no more than 10 including the extras DSW staff) adhering to these guidelines and licensing standards.

	• Staff shall not mix among groups. Staff shall stay with one group for the entire time the participants are at the center. • Staff that do not routinely interact with participants, such as administrative or kitchen staff, are not included in the 10 person group maximum.
Social Distancing and Physical Standards	• Only static groupings will be allowed (same group for entire period, no mixing of groups). • Assign staff to groups for the entire period. • For example, a facility can accommodate a group of 8 participants and 1-2 staff for a morning. The group would stay in the same room the whole period. Participants will leave and room will be sanitized. Another group could come in the afternoon and the same staff could work with the afternoon group. Staff may not mix with two groups at the center at the same time. Or if it is more feasible to have specific groups on specific days and alternate the full day instead of half days. This will allow for those who travel farther to get to the center as well as time at the end of the day to do a thorough cleaning before the next day's group(s). • Groups while indoors should be separated by walls or partitions. • While outdoors, groups should maintain social distancing and should only be outside in their own group. • If there is a commonly used space among groups, such as a game area, the area should be cleaned between group usage. Program participants must enter and exit the building through the designated entry and exit points. Try staggering the times each group enter and exit the building to ensure social distancing. • In order for vendors to avoid contact with participants, facilities are encouraged to use curbside pick-up rather than allowing vendors into the center. • If family or caregiver drops someone at the facility, the family should not come inside but rather dropped off and met by staff. • To avoid over crowding at entry and exit points, stagger arrival and departure times of each group and if you have more than one entrance/exit, disperse the groups among the entrances/exits to maximize time. Allow extra time between groups when sharing rooms so that proper cleaning and disinfecting can be done. • Consider serving meals in the same room the group uses for the entire day. Also, to avoid crowds at the microwaves, is it possible to move the microwave to the room or if not enough, is it possible to stagger meal times and usage of the microwaves. • No family style dining. • Use disposable utensils. • If possible, assign restrooms to specific groups if more than one group is at the center at the same time.
Symptom Monitoring – Staff, Participants, Visitors, Volunteers and Vendors	• Staff must be instructed and required to screen themselves prior to leaving home for work. Screening includes symptom screening and taking temperature. See Mayo self-assessment tool in resource section. • Reinforce to staff the importance of staying home if they are ill or experience COVID-19 symptoms. • Educate and train staff on precautions for keeping themselves and families from contracting CV-19.

	• Educate participants and families on precautions for keeping themselves and families from contracting COVID-19. • Educate and train staff on how to assess an individual's health and how to take temperature. • Use screening questions to identify commonly associated symptoms of COVID-19 such as: - Cough, - Shortness of breath, - Chills, - Repeated shaking with chills, - Headache, - Sore throat, - New loss of taste or smell, and/or - Muscle pain. • If participants are being transported to the facility by staff, staff should screen the participant and take temperature using a no contact thermometer, prior to entering the vehicle. The participant should then use hand sanitizer and put on a mask. Families should be instructed to contact the staff if the participant is not feeling well or exhibiting symptoms. Staff may use health screening questions to assess participants by phone prior to transport. • Prior to entrance to the facility if participants are dropped off by family/caregiver, staff should meet the participant outside and take the temperature and provide hand sanitizer and have participant put on face covering. r. • Re-check staff and participant temperatures and perform symptom screening at mid-day. • An individual with a temperature of 100.4°F or above should get re-tested 5-10 minutes later. Anyone with a confirmed temperature of 100.4°F or above shall not be allowed in building. • If at any point on entry or during the day any individual is identified with temperature at or above 100.4°F, the center shall: - Isolate the individual from others in a safe location, - Arrange for participant to return home - Clean and disinfect surfaces in isolation area after participants have left for the day. *General* • Plan for individuals with symptoms which shall include verifying emergency contact information for caregivers to arrange pick/drop off at home and for routine follow-up on the individual's status. • Establish system to receive curbside delivery of supplies including the designation of staff to retrieve supplies. • Initial and periodic testing for COVID19 for ADC centers will not be provided by the state at this time.

Ensure Healthy Personal Hygiene	• **Practice proper hand hygiene. This is an important infection control measure. Wash hands regularly with soap and water for at least 20 seconds.** • Follow standard infection control precautions per training and policies and procedures. • Participants and staff, must wash or sanitize their hands at arrival, after engaging with each person where touching is involved, after touching common touch points such as door knobs, after restroom after touching any commonly touched area such as microwaves, before and after eating, and at exit. • Participants shall wear masks/face shields at the center (as appropriate and according to clinical conditions and cognitive status). • Cloth masks are recommended by the CDC. • Cloth masks must be washed daily by the provider. • Disposable masks are acceptable and can be used by one person for an entire day before being discarded. • Consider using pre-packaged snacks, meals and condiments. No self-serve drinks and snacks. • Consider providing hygiene kits to participants including mask and sanitizer to use at home.
Transportation	• It is recommended that the driver NOT be a person at high-risk for contracting COVID-19. • Encourage participant family/caregivers drop-off and pick-up as alternative to traveling on the vehicle. • The vehicle must be disinfected prior to starting the day, in between trips and at the end of the day. • Driver should wear face mask and wash hands before shift and as needed throughout the day. • The facility should consider assigning staff to accompany driver to assist with taking temperature, masking and social distancing along the route. • A supply of hand sanitizer must be in each vehicle at all times for use by participants and drivers. • After the driver/staff takes the participant's temperature, the participant must sanitize hands and put on mask before boarding the bus. • Driver/staff should assist with hand sanitizing and applying mask on participant, as needed. • Driver/staff should use sanitizer after each participant is boarded onto the vehicle. • To increase airflow, windows should be open to the maximum extent possible. • High-touch surfaces are cleaned after each group's use. • Develop a seating plan that ensures social distancing on each vehicle: - Vehicle shall not exceed 50% capacity, including staff - Masks shall be worn at all times on the vehicle - Participants are to ride one per seat with every other seat empty or configure where social distancing is practiced as this may be different for each vehicle.
Intensify Environmental	• Shared indoor facilities are cleaned after every group's use.

Cleaning and Disinfectant Efforts	• Evaluate center to determine what kinds of surfaces and materials comprise each area. • Consult EPA guidance for acceptable disinfectants (see resource link below). • Consult the CDC for guidance on establishing cleaning and disinfecting protocol for various surface types and materials (see resource link below). • High touch surfaces must be cleaned multiple times per day including bathrooms (door handles, soap dispensers, faucets, hand drying areas, light switches, doors, benches, chairs, kitchen countertops, carts, trays and other identified surfaces. • Minimize sharing of materials between participants. • To protect their skin, staff should wear gloves when performing cleaning activities. Gloves should be changed often and when moving from one activity to another. • Consider the use of electrostatic sprayers to disinfect transportation vehicles and the center.
Ventilation	• Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example, by opening windows and doors. • Perform activities outside as much as possible • Do not open windows and doors if doing so poses a safety or health risk to persons attending the center (e.g., risk of falling, triggering of asthma symptoms).

PPE Required to Re-open	• Necessary PPE:
	  • Cloth and/or disposable masks for staff and participants.
	  • Wipes
	  • Antibacterial soap and hand sanitizer
	  • EPA approved disinfectant (see link in resources), and
	  • Gloves for use when touching participant.
	• PPE must be provided by the center.
	• Soap and water should be used when available as hand sanitizer is not a substitute to washing with soap and water. However, hand sanitizer must be used when soap and water is not available. The sanitizer must contain at least 60% and not more than 80% alcohol.

Administrative – Participant Services	• Develop re-opening plan and adhere to it. The plan must include actions to be taken if any individual or staff presents with symptoms and/or COVID-19 positive test result. • Re-admission to the facilities may have to be continually reassessed as space in the facility allows and individual participant health status and exposures change. • Elicit and incorporate input from staff representing all aspects of program operations into your re-opening plan, e.g. activities, food service, transportation, etc. • Assess how space will be configured to meet social distancing requirements and determine capacity limits; how many static groupings can the facility host? • Assess all rooms in the center to determine how they will be used, who will use them, how to set-up, and clean:

	- Day room, - Kitchen/food service, - Reception areas/entryways, - Staff offices and workspaces - Staff break rooms; and - Conference rooms. • Consider staging proposed layout for each designated area. • Consider marking the floor with location of furniture and keep furniture on markings to maintain social distancing. • Consider using signage that everyone understands to encourage social distancing. • Remove furniture that compromises social distancing, such as extra chairs, chairs in staff break room to prevent staff form sitting too close to one another. • In addition to wearing masks, staff must practice social distancing at all times, including time spent in offices and break rooms. • Have staff take breaks outside or in car, as opposed to break rooms which may easily become congested and cannot accommodate all staff without compromising social distancing. • Assess availability of adequate stock of appropriate supplies/PPE and identify supply sources. • Assess availability of staff and begin development of staffing plan.
Communication	• It is imperative that participants, families and staff receive frequent updates regarding re-opening. • Communication needs to be provided routinely even when news is limited. • Must communicate to caregivers: the importance of keeping participants home when they are sick; that masks should be worn in public places to the extent possible to minimize exposure; steps being taken by the facility to ensure the health and safety of participants; and other important information related to limiting COVID-19 exposure. • Display COVID-19 informational signs that everyone understands in highly visible locations that promote everyday protective measures and describe how to stop the spread of germs, such as properly washing hands and properly wearing a mask/face shield. • Place signs at entry stating that masks/shields must be worn inside the facility. • Frequent prompts to everyone on wearing masks and washing hands/using hand sanitizer to keep everyone on track throughout the day.

General Business Guidance

Staffing	• Stay in touch with staff and know their plans. • Keep them informed even when they're not working. • Identify staffing needs as operations are resumed.

	• Plan to scale up to full capacity in phases.. • Recruit as needed in advance of resumption of services. • Use time to evaluate staff and develop needed competencies for new policies, procedures or business opportunities. • Consider a paid time off (PTO) policy that prevents staff from coming in sick, e.g. 80 hours (PTO) if staff member or family are sick due to COVID-19.
Administrative – General Business Operations	• Update infection control, HR and other policies and procedures implemented as a result of CV19. Continue to follow standard infection control policies and procedures. • Update emergency preparedness plan, as needed. • Train staff and monitor for proper implementation, as needed. • Daily schedule/hours of operation may initially be reduced and increased over time. • Unique opportunity to reassess business processes, models, and goals, including current and projected revenue streams. • Review basic business processes – billing, scheduling, building maintenance, etc. for opportunities to improve efficiency when things start back up. • Explore opportunities to add services on a permanent basis. • Have a plan for response should a participant or staff demonstrate symptoms of COVID-19 and/or test positive for COVID-19; the plan shall comply with the provisions set forth in the LDH document entitled "COVID-19 Contact Tracing in ADC, ADHC, PACE Facilities" issued October 2, 2020, a copy of which is attached to this guidance.
Licensing	• If the provider cannot resume operations, they are to contact Health Standards and each individual situation will be evaluated. Staff needs to look at regulations to see what is allowed. • Health Standards will not be performing onsite inspection of each center prior to re-opening. • Complaints or routine surveys will be performed as required. • Every provider is expected to have appropriate processes in place to minimize exposure to the virus.
Technology	• Internet connection/email accounts – may be a good time to upgrade if technology does not have ideal capability to meet needs. • Research remote meeting applications, for example: Zoom, Live Meeting, etc.

Intellectual / Developmental Disabilities Services Guidance

Waiver Services Available	• **Individual Supported Employment** • **Group Supported Employment** • Upon approval of Appendix K from CMS ○ **Day Habilitation** (Community Participation) in a Ratio 1:3 or 1:1

	○ **Prevocational Services** (Discovery) in a Ratio of 1:3 or 1:1 ○ **Virtual Day Habilitation** (Ratio 1:8) ○ **Virtual Prevocational** (Ratio 1:8) ○ **Virtual Individual Supported Employment Follow Along** (1:1) • **Facility Based services, Day Habilitation and/or Prevocational Services** must follow all guidelines noted above. It is recommended that each agency utilizes the services available in a manner that will allow for individuals to have a meaningful day. For example, there may be individuals who are not ready to return to the facility but might be interested in doing small community group or virtual day hab. Or there may be people who do not want to go out in the community or facility but could do virtual services. Please discuss the options with each participant so they can make an informed choice of what option is best for them. • Keep in mind that by utilizing more services in the community, and offering true individual choice, your agency is moving closer to compliance with the HCBS Settings Rule. • Also,
Individual and Group Supported Employment	• Individual and Group Supported Employment have remained available during the pandemic for individuals without underlying conditions and in small groups. • On June 15, 2020, a memo and guidance were released to providers regarding these services. • **Upon approval from CMS, Virtual Individual Supported Employment Follow Along** will be able to be provided 1:1 and can be used to assist someone who is working in an independent job but may need follow up and because of the pandemic you are not able to go on the job to assist the participant. You can utilize the telephone or such methods as FaceTime to provide services to the participant in the form of guidance or instruction or to facilitate a meeting with the participant's employer.
Day Habilitation	• Upon approval from CMS, Day Habilitation can be delivered virtually in the Supports Waiver, NOW and the ROW. • **Virtual Day Habilitation Services** will be available in a ratio of 1:8 and services can be delivered virtually using such programs as Zoom or Google Classroom. This service cannot be delivered at the same time as other waiver services. • Upon approval from CMS, Day Habilitation will be allowed to be delivered in the community in a ratio of 1:3 in the Supports Waiver, NOW and ROW. • This service is designed to allow staff to take a group of no more than 3 participants in the community to do activities that are available. • This service can be used to do such things as volunteering or some type of 'service work' in the community or it can be recreational in nature. • The activities should be based on the individual's interests and discussions with the individual's should take place to plan the activities. • Transportation can be billed for each participant who is in the ROW or NOW. This can be billed 2 times per day; a trip to the activity and a trip home from the activity.

	• This service can be used as a wraparound service for participants who utilize other 'work' services or as a stand-alone service.
Prevocational Services	• Upon approval from CMS, Prevocational Services can be delivered virtually in the Supports Waiver, NOW and the ROW. • **Virtual Prevocational Services** will be available in a ratio of 1:8 and services can be delivered virtually using such programs as Zoom or Google Classroom. This service can be used to do 'Discovery' type activities and should be used **ONLY for** participants who want to work. This service cannot be delivered at the same time as other waiver services. • Upon approval from CMS, Prevocational Services will be allowed to be delivered in the community in a ratio of 1:3 in the Supports Waiver, NOW and ROW. • This service is designed to allow staff to take a group of no more than 3 participants in the community to do activities that are available to promote 'discovery'. • This service can be used to do 'Discovery' type activities and should be used only for **participants who want to work**.

Resources:

Louisiana Department of Health

http://www.ldh.la.gov/

Plain Language pamphlet on COVID19

https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf

Coronavirus Tips for Staying Healthy/Self Determination

https://www.youtube.com/watch?v=V7Yl-BesvDw&feature=youtu.be

Mayo Clinic Self-Assessment Tool

https://www.mayoclinic.org/covid-19-self-assessment-tool

Wheelchair and AT Users: Precautions for COVID19

https://www.aahd.us/wp-content/uploads/2020/04/WC_COVID-19-Precautions.pdf

Federal Emergency Management Agency (FEMA) Fact Sheet

https://www.fema.gov/news-release/2020/04/30/planning-considerations-organizations-reconstituting-operations-during-covid

Community Transportation Association of America
https://ctaa.org/covid-19-resources/

Centers for Disease Control

www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Cleaning your facility: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Environmental Protection Agency

Approved disinfectants: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Occupational Safety and Health Administration

www.osha.gov/SLTC/covid-19

Office of the State Fire Marshal

http://sfm.dps.louisiana.gov/

U.S Department of Health and Human Services, Office of Civil Rights FAQ on Telehealth and HIPAA during COVID-19 Nationwide Public Health Emergency

https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

Resources for technology, providing quality supports, virtual services, working during the pandemic

https://covid19.communityinclusion.org/

Online Resources for Virtual Day Habilitation

Virtual Tours of museums, zoos, aquariums, theme parks

https://www.goodhousekeeping.com/life/travel/a31784720/best-virtual-tours/

Lunch Doodles with Mo Willems

https://www.youtube.com/watch?v=fh5QFhUz43U&feature=youtu.be

Free online art classes

https://www.thoughtco.com/free-online-drawing-classes-1098200

https://www.youtube.com/watch?v=RmzjCPQv3y8

Online classes for self-advocacy and business classes

https://celebrateedu.org/online-classes/

https://covid19.communityinclusion.org/pdf/CLE_issue10_V2_D2.pdf

FUNDING RESOURCES:

https://www.everyoneon.org/

https://www.allconnect.com/blog/low-income-internet-guide

https://www.techgoeshome.org/

https://www.ssa.gov/disabilityresearch/wi/generalinfo.htm

https://www.at3center.net/

https://www.cabletv.com/blog/low-income-internet

Note: Guidance is subject to change. Ensure that the most recent version is being used.

LOUISIANA
DEPARTMENT OF HEALTH
Office for Citizens with Developmental Disabilities

Mark A. Reed
Deputy Secretary
Louisiana Department of Health

DATE: October 2, 2020

TO: **Adult Day Health Care Centers**
PACE Centers

FROM: **Louisiana Department of Health**

RE: **Re-opening ADHC and PACE Center Guidance**

Consistent with the Governor's Roadmap to Restarting Louisiana, the Louisiana Department of Health is issuing guidance to Adult Day Health Care (ADHC) and Program for All-inclusive Care for the Elderly (PACE) centers. This guidance is relative to operating centers once day services are allowed to reopen for participants.

Given that the risk for transmission of the virus causing COVID-19 is greater in group or congregate settings, and that the population served in PACE and ADHC is at higher risk for adverse outcomes, the Louisiana Office of Public Health in collaboration with the Office of Aging and Adult Services and LDH Health Standards Section offers the following guidance for operating upon re-opening.

This guidance is based on current medical knowledge of how COVID-19 is transmitted, which is primarily through close physical contact during which aerosol particles might be emitted, and due to touching shared surface or objects.

This guidance will assist providers in determining how to re-open, how to staff, who will return to the center and when they will return. The Department's goal is for participants to be served in the most appropriate setting; whether that be at home or the center. Contact Allison Vuljoin at Allison.Vuljoin@la.gov with questions.

Public Health Guidance

Category	Action Item
Group Size & Selection	- **Day Services** – maximum group size of 10 including both direct care staff and participants in each separate space (space separated by wall or partition), wearing masks (participants as able), and observing social distancing requirements. - Assess participants to determine who will be served initially and during phase-in. In general, participants who are younger or have fewer underlying health conditions that make them vulnerable to COVID 19, and those with cognitive capacity to understand masking and social distancing, are better candidates for center participation in initial phases. - The center may serve more than one group at one time, as long as each group has their own separate space.

	- Center attendance is limited by the number of separate spaces available to serve participants (in groups of 10 including staff) adhering to these guidelines and licensing standards. - Staff shall not mix among groups. Staff shall stay with one group for the entire time the participants are at the center. - Staff that do not routinely interact with participants, such as administrative or kitchen staff, are not included in the 10 person group maximum. - **Transportation** – Buses may transport up to 50% capacity, wearing masks (participants as able) and seated to maintain social distancing.
Social Distancing and Physical Standards	- Only static groupings will be allowed (same group for entire period, no mixing of groups). - Assign staff to groups for the entire period to prevent staff working with more than one group. - For example, a center can accommodate a group of 8 participants and 1-2 staff for a morning. The group would stay in the same room the whole period. Participants will leave and room will be sanitized. Another group could come in the afternoon and the same staff could work with the afternoon group. Staff may not mix with two groups at the center at the same time. - Groups convened indoors should be separated by walls or partitions. - Groups do not convene in indoor spaces unless the spaces are cleaned before and after the group's use. - Program participants must enter and exit the building through the designated entry and exit points. - In order for vendors to avoid contact with participants, centers are encouraged to use curbside pick-up rather than allowing vendors into the center. - Avoid crowding at entry and exit points: observe limits on maximum group sizes and physical distance recommendations; have a plan/protocol if the space becomes overcrowded. - Allow extra time between groups when sharing rooms so that proper cleaning and disinfecting can be done. - Consider serving meals in the room the group uses entire day. - No family style dining. - Use disposable utensils. - If possible, assign restrooms to specific groups if more than one group is at the center at the same time.
Symptom Monitoring – Staff, Participants,	- Staff must be instructed and required to screen themselves prior to leaving home for work. Screening includes symptom screening and taking temperature. See Mayo self-assessment tool in resource section.

Visitors, Volunteers and Vendors	- Reinforce to staff the importance of staying home if they are ill or experience COVID-19 symptoms. - Educate and train staff on precautions for keeping themselves and families from contracting CV-19. - Educate participants and families on precautions for keeping themselves and families from contracting COVID-19. - Educate and train staff on how to assess an individual's health and how to take temperature. - Use screening questions to identify commonly associated symptoms of COVID-19 such as: - Cough, - Shortness of breath, - Chills, - Repeated shaking with chills, - Headache, - Sore throat, - New loss of taste or smell, and/or - Muscle pain. - Center staff may use health screening questions to assess participants by phone prior to transport. - All entrants shall have temperature taken, ideally with a no contact thermometer. - Re-check staff and participant temperatures and perform symptom screening at mid-day. - An individual with a temperature of 100.4°F or above should get re-screened 5-10 minutes later. - Anyone with a confirmed temperature of 100.4°F or above shall not be allowed in building. - If at any point on entry or during the day any individual is identified with temperature at or above 100.4°F, the center shall: - Isolate the individual from others in a safe location, - Arrange for participant to return home - Clean and disinfect surfaces in isolation area after participants have left for the day. *General* - Plan for individuals with symptoms which shall include verifying emergency contact information for caregivers to arrange pick/drop off at home and for routine follow-up on the individual's status. - Establish system to receive curbside delivery of supplies including the designation of staff to retrieve supplies.

	- Initial and periodic testing for COVID19 for ADHC and PACE centers will not be provided by the state at this time.
Ensure Healthy Personal Hygiene	- **Practice proper hand hygiene. This is an important infection control measure. Wash hands regularly with soap and water for at least 20 seconds.** - Follow standard infection control precautions per training and policies and procedures. - Participants and staff, must wash or sanitize their hands at arrival, at least every two hours, before and after eating, and at exit. - Participants shall wear masks at the center (as appropriate and according to clinical conditions and cognitive status).. - Cloth masks are recommended by the CDC. - Cloth masks must be washed daily by the provider - Disposable masks are acceptable and can be used by one person for an entire day before being discarded. - Consider using pre-packaged snacks, meals and condiments. No self-serve drinks and snacks. - Consider providing hygiene kits to participants including mask and sanitizer to use at home.

Transportation	- It is recommended that the driver NOT be a person at high-risk for contracting COVID-19.
	- Encourage participant family/caregivers drop-off and pick-up as alternative to traveling on the center's bus/van.
	- Bus must be disinfected prior to starting the day, in between trips and at the end of the day.
	- Driver should wear face mask and wash hands before shift and as needed throughout the day.
	- A supply of hand sanitizer must be in each van at all times for use by participants and drivers.
	- Driver should use sanitizer after touching a participant, before and after a participant boards the bus and when hands get soiled.
	- Participant must sanitize hands and put on mask before boarding the bus.
	- Driver to assist with hand sanitizing and applying mask on participant, as needed.
	- Develop a seating plan that ensures social distancing:
	  - Bus shall not exceed 50% capacity, including staff
	  - Masks shall be worn at all times on the bus/van.

	- Participants are to ride one per seat with every other seat empty, or configured where social distancing is practiced as this may be different for each vehicle. - To increase airflow, windows should be open to the maximum extent possible. - High-touch surfaces are cleaned after each group's use. - Center should consider assigning staff to accompany driver to assist with masking and social distancing along the route.
Intensify Environmental Cleaning and Disinfectant Efforts	- Shared indoor facilities are cleaned after every group's use. - Evaluate center to determine what kinds of surfaces and materials comprise each area. - Consult EPA guidance for acceptable disinfectants (see resource link below). - Consult the CDC for guidance on establishing cleaning and disinfecting protocol for various surface types and materials (see resource link below). - High touch surfaces must be cleaned multiple times per day including bathrooms (door handles, soap dispensers, faucets, hand drying areas, light switches, doors, benches, chairs, kitchen countertops, carts, trays and other identified surfaces. Minimize sharing of materials between participants. - To protect their skin, staff should wear gloves when performing cleaning activities. Gloves should be changed often and when moving from one activity to another. - Minimize sharing of materials between participants. - Consider the use of electrostatic sprayers to disinfect transportation vehicles and the center.
Ventilation	- Ensure that ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example, by opening windows and doors. - Perform activities outside as much as possible - Do not open windows and doors if doing so poses a safety or health risk to persons attending the center (e.g., risk of falling, triggering of asthma symptoms).
PPE Required to Re-open	- Necessary PPE: -Cloth and/or disposable masks for staff and participants. CDC recommends cloth masks. -Wipes -Antibacterial soap and hand sanitizer -EPA approved disinfectant (see link in resources), and -Gloves for use when touching participant. - PPE must be provided by the center.

	- Soap and water should be used when available as hand sanitizer is not a substitute to washing with soap and water. However, hand sanitizer must be used when soap and water is not available. The sanitizer must contain at least 60% and not more than 80% alcohol.
Administrative – Participant Services	- Develop re-opening plan and adhere to it. - Assess participants to determine who will be served initially and during phase-in. In general, participants who are younger or have fewer underlying health conditions that make them vulnerable to COVID 19, and those with cognitive capacity to understand masking and social distancing, are better candidates for center participation in initial phases. - Re-admission to the centers may have to be continually reassessed as space in the center allows and individual participant health status and exposures change. - Elicit and incorporate input from staff representing all aspects of program operations into your re-opening plan, e.g. activities, food service, transportation, etc. - Assess how space will be configured to meet social distancing requirements and determine capacity limits; how many static groupings can center host? - Consider need for multiple shifts, extended hours, opening on weekends. - Assess all rooms in the center to determine how they will be used, who will use them, how to set-up, and clean: - Day room, - Kitchen/food service, - Quiet rooms, - Reception areas/entryways, - Staff offices and workspaces - Staff break rooms; and - Conference rooms. - Consider staging proposed layout for each designated area. - Consider marking the floor with location of furniture and keep furniture on markings to maintain social distancing. - Consider using signage to encourage social distancing. - Remove furniture that compromises social distancing, e.g. extra chairs, chairs in staff break room to prevent staff from sitting too close to one another. - In addition to wearing masks, staff must practice social distancing at all times, including time spent in offices and break-rooms. - Have staff take breaks outside or in car, as opposed to break rooms which may easily become congested and cannot accommodate all staff without compromising social distancing.

	- Assess availability of adequate stock of appropriate supplies/PPE and identify supply sources. - Assess availability of staff and begin development of staffing plan.
Communication	- Imperative that participants, families and staff receive frequent updates regarding re-opening. - Communication needs to be provided routinely even when news is limited. - Must communicate to caregivers: the importance of keeping participants home when they are sick; that masks should be worn in public places to the extent possible to minimize exposure; steps being taken by the center to ensure the health and safety of participants; and other important information related to limiting COVID-19 exposure. - Display COVID-19 informational signs in highly visible locations that promote everyday protective measures and describe how to stop the spread of germs, such as properly washing hands and property wearing a mask. - Place signs at entry stating that masks must be worn inside the center. - Frequent prompts to everyone on wearing masks and washing hands/using hand sanitizer to keep everyone on track throughout the day.

General Business Guidance

Staffing	- Stay in touch with staff and know their plans. - Keep them informed even when they're not working. - Identify staffing needs as operations are resumed. - Plan to scale up to full capacity in phases. - Recruit as needed in advance of resumption of services. - Use time to evaluate staff and develop needed competencies for new policies, procedures or business opportunities. - Consider a paid time off (PTO) policy that prevents staff from coming in sick, e.g. 80 hours (PTO) if staff member or family are sick due to COVID-19. - Consider system for staff to "punch in" remotely. - Consider using a COVID-19 screening tool App so that staff can submit answers to screening questions using their phones; email is sent that staff person passed screen; supervisors can get reports on staff. This is a new resource, so research must be done if considering this option. -

Administrative – General Business Operations	- Update infection control, HR and other policies and procedures implemented as a result of CV19. Continue to follow standard infection control policies and procedures. - Update emergency preparedness plan, as needed. - Train staff and monitor for proper implementation, as needed. - Explore and pilot options to appropriately serve cognitively impaired participants while still meeting social distancing requirements – smaller groups, additional supervision, types of activities, how to serve meals, etc. - Daily schedule/hours of operation may initially be reduced and increased over time. - Unique opportunity to reassess business processes, models, and goals, including current and projected revenue streams. - Review basic business processes – billing, scheduling, building maintenance, etc. for opportunities to improve efficiency when things start back up. - Opportunity to add services on a permanent basis. - Have a plan for response should a participant or staff demonstrate symptoms of COVID-19 and/or test positive for COVID-19; the plan shall comply with the provisions set forth in the LDH document entitled "COVID-19 Contact Tracing in ADC, ADHC, PACE Facilities" issued October 2, 2020, a copy of which is attached to this guidance.
Licensing	- If the provider cannot resume operations, they are to contact Health Standards and each individual situation will be evaluated. Staff needs to look at regulations to see what is allowed. - Health Standards will not be performing onsite inspection of each center prior to re-opening. - Complaints or routine surveys will performed as required. - Every provider is expected to have appropriate processes in place to minimize exposure to the virus.
Technology	- Internet connection/email accounts – may be a good time to upgrade if technology does not have ideal capability to meet needs. - Research remote meeting applications, for example: Zoom, Live Meeting, etc. - Recognizing that participant's access to technology may be limited, use HIPAA compliant platforms when participant can use for face-to-face interaction with participant, when necessary. - Applications such as Apple FaceTime, Facebook Messenger, WhatsApp, Zoom and Skype meet HIPAA requirements. Because they are "non-public facing" remote communication, these applications allow only the intended parties to participate in the communication. As a result, these applications meet HIPAA requirements and are allowable for video-communication with

	participants. The U.S. Department of Health and Human Services has issued guidance and a list of authorized applications. See resources on the last page for link.

Resources:

Louisiana Department of Health

http://www.ldh.la.gov/

OAAS FAQ

http://ldh.la.gov/assets/docs/OAAS/ProviderMemos/OAAS-P-20-011-COVID-19-FAQ.pdf

Plain Language pamphlet on COVID19

https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf

Coronavirus Tips for Staying Healthy/Self Determination

https://www.youtube.com/watch?v=V7Yl-BesvDw&feature=youtu.be

Mayo Clinic Self-Assessment Tool

https://www.mayoclinic.org/covid-19-self-assessment-tool

Wheelchair and AT Users: Precautions for COVID19

https://www.aahd.us/wp-content/uploads/2020/04/WC_COVID-19-Precautions.pdf

Federal Emergency Management Agency (FEMA) Fact Sheet

https://www.fema.gov/news-release/2020/04/30/planning-considerations-organizations-reconstituting-operations-during-covid

Community Transportation Association of America
https://ctaa.org/covid-19-resources/

Centers for Disease Control

www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Cleaning your facility: https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Environmental Protection Agency

Approved disinfectants: https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Occupational Safety and Health Administration

www.osha.gov/SLTC/covid-19

Office of the State Fire Marshal

http://sfm.dps.louisiana.gov/

U.S Department of Health and Human Services, Office of Civil Rights FAQ on Telehealth and HIPAA during COVID-19 Nationwide Public Health Emergency

https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf

Note: Guidance is subject to change. Ensure that the most recent version is being used.

LOUISIANA DEPARTMENT OF HEALTH

Issued 10/02/2020

COVID-19 Contact Tracing in ADC, ADHC, PACE Facilities

When a COVID-19 infection is identified among a participant or staff member in an Adult Day Care Center (ADC), Adult Day Health Center (ADHC) or PACE facility, it is critical to conduct immediate contact tracing and identify all participants and staff members who have been in close contact with this person. This should be done individually for each person identified with COVID-19 in the facility, including laboratory confirmed and suspect cases (see step 1 below).

Contact tracing slows the spread of COVID-19 by identifying and notifying people that they may have been exposed, asking them to monitor their health, and asking them to self-quarantine. Timely and thorough contact tracing can effectively interrupt the chain of disease transmission and is an important public health intervention to prevent or contain an outbreak. By keeping those that may have been exposed to COVID-19 away from others, further transmission may be prevented.

This document outlines the actions that shall be taken when a person with COVID-19 is identified in a ADC, ADHC, or PACE facility: 1. Steps to identify COVID-19 infections and report to LDH; 2. Steps to identify and notify close contacts; and 3. Steps to conduct cleaning and disinfection.

1. **Steps to identify COVID-19 infections and report to LDH**
   - **Identify a person with COVID-19 infection.** A person with COVID-19 infection that would require reporting to LDH and conducting contact tracing is defined as:
     - Laboratory-Confirmed Case: someone who receives a positive COVID-19 viral test result, including molecular/PCR or antigen tests, whether rapid or send-out. Antibody tests indicate past exposure and *should not* be used to diagnose current infection or to initiate contact tracing.

       OR
     - Suspect Case: someone who is clinically diagnosed with COVID-19 or meets the following clinical criteria:
       - At least one of the following major COVID-19 symptoms: cough, shortness of breath, difficulty breathing, or new changes in sense of smell or taste

         OR
       - At least two of the following minor COVID-19 symptoms: fever (measured or subjective), chills, rigors, muscle ache/myalgia, headache, sore throat, nausea/vomiting, diarrhea, congestion/runny nose or fatigue

         AND
       - No alternative more likely diagnosis
       - If a suspect case subsequently tests negative by molecular/PCR test, they can return to the facility when they are symptom-free for 24 hours and any close contacts that have been quarantined may return to the facility. If a suspect case tests negative by antigen test, they should continue to follow recommendations for suspect cases as antigen tests are not as sensitive as molecular/PCR tests and may result in a false negative.
   - If a person has symptoms but does not meet the symptom criteria for suspect cases above, they should be sent home and not return to the facility until they are symptom-free for 24 hours. Contact tracing does not need to be done for these individuals.

- ☐ **Isolate and send the person home immediately.** They should not return to the facility until the following "end of self-isolation criteria" are met:
  - ☐ For a person with ANY symptom(s):
    - ☐ At least 10 days have passed since symptoms first appeared **AND**
    - ☐ At least 24 hours have passed since the resolution of fever without the use of fever reducing medications **AND**
    - ☐ Other symptoms (e.g., cough, shortness of breath) have improved.
  - ☐ For a person who remained asymptomatic (i.e., never had any symptoms):
    - ☐ At least 10 days have passed since positive test collection date.
- ☐ **Report all confirmed and suspect cases to Louisiana Office of Public Health (OPH).** Regional OPH Offices are available to provide consultation and recommendations upon request.

2. Steps to identify and notify close contacts of persons identified as having COVID-19 infection

- ☐ **Determine who has been in close contact with suspected and confirmed COVID-19 cases in the facility during their infectious period.**
  - ☐ Close contact is defined as
    - ☐ being within 6 feet of an infected person for at least 15 minutes **OR**
    - ☐ having direct contact with an infected person, including touching, hugging, kissing, or sharing eating or drinking utensils; or if an infected person sneezed, coughed, or somehow got respiratory droplets on another person
  - ☐ The infectious period includes the 48 hours before the day the person became sick (or the 48 hours before specimen collection if asymptomatic) until the person was isolated.
  - ☐ Use of face coverings and plastic dividers are not considered in determining close contacts, though they do reduce the risk of transmission.
  - ☐ Identify close contacts that may have occurred during any time or place the person was at the facility during the infectious period, including in the restrooms.
  - ☐ If a close contact is identified **who was diagnosed with COVID-19** by a positive molecular/PCR test (not an antigen or antibody test) within the last 90 days and
    - ☐ they do not have symptoms, they do not need to quarantine unless symptoms develop.
    - ☐ they do have symptoms, they should self-quarantine immediately for 14 days and consult with a medical provider to determine if they may have been re-infected with COVID-19 or if symptoms are caused by something else.
- ☐ **Notify close contacts of the need to quarantine.**
  - ☐ Notify all close contacts of suspect and confirmed cases that they have been identified as having been exposed to someone who is or may be ill with COVID-19 and will need to quarantine and stay out of the facility for 14 days from the last date they were exposed. A template letter can be provided to the facility by the Office of Public Health.
  - ☐ Encourage the close contacts to call the Louisiana Department of Public Health Contact Tracers at 1-877-766-2130.

- **Ensure close contacts remain out of the facility until the end of their quarantine period.**
  - Close contacts should not return to the facility until 14 days have passed from the last date they were exposed.
  - If a close contact in quarantine becomes symptomatic and tests positive, they would be considered a case as of the day their symptoms began and would need to follow "end of self-isolation criteria" above to return to the facility.
  - If a close contact in quarantine becomes symptomatic but is not tested, they would be considered a case as of the day their symptoms began and would need to follow "end of self-isolation criteria" above to return to the facility or 14 day quarantine, whichever is longer.
  - If a close contact in quarantine tests positive but does not develop symptoms, they would be considered a case as of the day their test was collected and would need to follow "end of self-isolation" criteria above to return to the facility.
  - If a close contact tests negative during their quarantine period, they should remain in quarantine for the duration of the 14 days and monitor for the development of symptoms at any time during the quarantine period.
  - If a suspect case tests negative by molecular/PCR test, any quarantined close contacts of that suspect case may return to the facility.
- **OPH recommends facilities consider notifying all participants and staff that there was a person with COVID-19 infection identified and close contacts have been notified.**

3. **Steps to conduct cleaning and disinfection according to CDC guidance**

- Close off areas used by the persons with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets
  - Open outside doors and windows to increase air circulation in the area.
  - If possible, wait up to 24 hours before beginning cleaning and disinfection.
- Clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the person(s) with COVID-19, focusing especially on frequently touched surfaces
  - Surfaces should be cleaned using soap (or a detergent) and water prior to disinfection.
  - For disinfection, most common EPA-registered household disinfectants should be effective against the virus that causes COVID-19. Check EPA's list of disinfection products.
- See full CDC Cleaning, Disinfection, and Hand Hygiene in Schools Guidance.

Document Updates:

Date	Update
10/02/2020	Initial Issuance