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ND Dept of Human Svc - Developmental Disabilities Division: Service Planning and Implementation During COVID-19

This document outlines service planning responsibilities and expectations for providers and DDPM's during the COVID-19 event. Changes in these activities during this time may not represent best practices, however, may be used when necessary for the protection of health and safety. These exceptions will only be in place temporarily.

Providers should communicate and provide education on COVID-19 with their staff and individuals with developmental disabilities.

Providers are still responsible for daily operations and management of their COVID-19 response. Temporary modifications may need to be made to service delivery in response to COVID-19 precautions, such as the need to consider alternative services and/or alternative service settings.

Notifications

Notification to the person's team (client, guardian, DDPM, and other service providers) must still be completed. These situations may include location changes and significant changes in service delivery. **The team process and person-centered practices are not waived during this time and continue to be an essential function.**

Infant Development: Prior Written Notice (PWN) must still be completed for applicable meetings and changes. This notice may be provided via postal mail or reviewed with parents using technology (i.e. phone, Zoom). If PWN is reviewed using technology, that should be documented in Therap.

DDPM's must document changes and consent in the progress notes.

Providers must communicate and document/summarize any plan changes and consent related to COVID-19. This summary could be attached to the person's plan or completed as an OSP Update.

*~~*If the location of the service is temporarily changing, the ISP does not need to be updated.~~*

Approvals and Signatures

Given the rapid response that may be necessary to ensure health and safety and to avoid delays, approval can be completed verbally followed by obtaining written, email approval, or typed signatures from service providers and the individual or legal decision maker, in accordance with the state's HIPPA requirements.

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Infant Development: For documents that require a signature, parental consent can be received verbally and noted on the document. Once in-person visits have resumed, a signature must be obtained on the document.

ISP Changes

- ISP's listing the service provider, locations, amount, and frequency will not be changed for individuals that elected to temporarily receive their day services in their home or due to the closing of day service settings in response to COVID-19, as the intent is that providers are continuing to provide services. The ISP does not also need to be changed if the family or provider elected to not allow In Home Supports in response to COVID-19.

These Any changes to service locations, types, and hours are temporary and will revert back to what was originally identified in individual's ISP's and service plans. This statement should be communicated to individuals and legal guardians.

- ISP's listing the service provider, locations, amount, and frequency will need to be changed when the individuals, legal decision makers and teams have determined that different service hours, services, or locations may be more appropriate to meet the needs of the individual. If there are any planned changes in the number of hours in a service, a provider, or a service please make those changes to the ISP as they are discussed by teams.

Examples:

•Previously, Joe attended 20 hours of Day Habilitation at provider A and 20 hours of Day Habilitation at provider B. Joe and his team feel that provider B is too large and have concerns with social distancing so he will be going to provider A for 40 hours per week starting 7/20/20. The ISP should be updated to terminate the previous Day Habilitation services on 7/19/20. Day Habilitation with provider A will be added starting 7/20/20 for 40 hours per week.

•Previously, Jill worked at a restaurant for individual employment 10 hours per week and attended Day Habilitation 30 hours per week. Jill is no longer able to return to her job at the restaurant and Jill and the team determined she will attend Day Habilitation with the same provider 40 hours per week starting 7/20/20. The ISP should be updated to terminate the previous Individual Employment and Day Habilitation services on 7/19/20. Day Habilitation with the same provider should be added starting 7/20/20 for 40 hours per week.

•Previously, June attended Prevocational Services 10 hours per week with provider A. June and her team have determined that June is doing well at home and she does not wish to return to Prevocational Services. The ISP should be updated to terminate the previous Prevocational Services on the date the team makes that decision.

If the team determined these services changed in the past 4-6 weeks as community service settings opened back up, those changes should also be made to the ISP.

- If services are discontinued with the intent of not continuing after the COVID-19 event, the team will need to meet to discuss the discharge and how the person's needs will be met or other options to services.

Infant Development: IFSPs listing the service provider, locations, amount, and frequency do not need to be changed to reflect visits being completed using technology. Delivering services via technology is temporary and this should be communicated to families.

Any team requested or regularly scheduled IFSPs (initial, annual, review, transition) should be completed on time to the best of the team's ability. IFSPs that are delayed should include documentation in Therap to explain the reason for delay. Team meetings may be held via

telephone or other electronic means. Copies of the IFSP and assessments should continue to be sent to the appropriate team members and family.

As you meet with families to conduct periodic reviews and annual IFSPs, please give extra consideration to whether the current level of service is sufficient to accomplish the family's outcomes. There may be situations where a family declined services for a time, or tele-intervention was not as effective as an in-person visit. In these situations, it would be appropriate to increase the level of service to make-up for time or quality lost during the pandemic. These services may last for the entire authorization period, or only for a few months. **This is a team decision and should be made on an individual basis considering the family's needs and desires as well as the child's developmental needs and abilities.**

If services are increased in response to time or quality lost during the pandemic, please document in the child's IFSP under "Summary of Family Concerns, Priorities and Resources", "Concerns but not a priority right now" section. Documentation should include an explanation of why the services have been increased and for how long the team feels they need to be increased.

Service Plan Development

The current person-centered team process, plan development, and meetings will remain the same and should continue to the best of abilities. Team meetings may be held via telephone or other electronic means. This includes initial, admission*, 30 day comprehensive, annual, and Infant Development plan types. Copies of the service plans and any assessments should continue to be sent to the appropriate team members. Plan information should be completed as usual (e.g. not specific to COVID-19).

There may be circumstances, where these activities may be delayed due to COVID-19 events (eg. Staffing shortages, unavailability of legal guardian, etc.). Any delays in timelines should continue to be documented according to current practice.

Annual Plans

The provider continues to be responsible for scheduling annual team meetings. If the team meeting is unable to occur before the annual due date, the DD program manager is required to contact the individual and/or legal decision maker, to verify that the current service plan (including current approved right restrictions), including providers, remain acceptable until a meeting is completed. If the individual and/or legal decision maker agree, the current plan and services will be authorized as the new annual plan for another year according to current practice (applicable service authorizations will continue to be completed). **A subsequent meeting with the team to review the annual plan will need to take place within 90 days to determine if additional changes are needed.**

Example: The team was unable to meet prior to the annual plan end date of 4/1/20. The plan start and end dates would not change, therefore, the start date for the new annual plan would still be 4/2/20.

Assessments

Continue to collaborate with providers, family, and other team members to get the information to complete the required assessments (e.g. RMAP). Assessment questions may be completed with the individual over the phone or other electronic means.

Infant Development: Assessments should continue to be completed according to the ND Infant Development Home Visit by Service Type document issued by the DD Division and posted on the DHS website.

Plan Updates

If requested and/or necessary, modifications to a person's plan may be made, based on the person's individualized need. The team should not delay a meeting if there are emergency/emergency situations that impact health and safety.

Service Delivery

Some objectives, programming, and other activities in the person's plan may not be able to be implemented during the COVID-19 event. However, there may be programming that is identified as imperative or that can continue given the current resources. Explore and brainstorm creative ways to make modifications to activities, including those that occurred in any day services or employment. Tracking of program implementation may also not be as robust during this time and can be completed to the best of the providers ability. If the provider is unable to perform these tasks, documentation should reflect that.

Infant Development: All Infant Development services are able to be provided using technology. Please refer to the ND Infant Development Home Visit by Service Type document issued by the DD Division and posted on the DHS website.

When possible, keep people engaged in meaningful activities. Providers must continue to ensure that social, basic, medical, and mental health needs are considered. Providers should use person-centered thinking skills to find and incorporate activities for people to stay engaged/active while following CDC or Department of Health Guidelines. *Examples of activities:*

- *Online activities, virtually explore communities or museums*
- *Arts/crafts, games*
- *Cooking*
- *Maintain connections with family and friends*
- *Physical/outdoor activities, walk or drive to places to explore*
- *Self-care and activities to reduce stress or anxiety*
- *Have conversations around goals/programming*
- *Practice interviewing skills for employment or complete online applications*

Providers are encouraged to modify activities, when appropriate, to enable continuity of supports. This may include the use videos, apps, and virtual platforms to support interaction and instruction for individuals to continue with activities.

Admissions

Providers should continue to review admissions on a case by case basis. If tours are unable to be conducted in person, they may occur through telecommunication to allow for conversation and informed decision making among individuals, families, DDPM's, and providers.

Rights Restrictions

CDC, Department of Health, or Governor guidelines may include limitations on some rights to slow the spread of COVID-19 or to meet the health and safety needs of the individual (e.g. visitor limitations, restricting large group activities). These **restrictions and** limitations apply to people with and without developmental disabilities and do not need to be reflected in the service plan. Such **limitations** should be explained in a manner best understood by the person. **Additionally, decisions should be individualized, and people should still be provided as much choice and control in these**

situations and consider what's important to them during COVID-19. The balance between keeping people safe and not restricting rights is challenging and there is no one size fits all standard.

If DD provider operations or limitations for an individual are not in alignment with CDC and state guidance AND are not like those of the general public, this would be considered a rights restriction and should be documented in the service plan and be taken through HRC/BSC. Rights should not be restricted if there are safety precautions available. The HRC/BSC must be utilized if a person's choice is being restricted based on team recommendations, based on group living situations, or if the decision is not an expectation like those of the general public. HRC/BSC can provide an opportunity to support and make suggestions to providers as they may need to adapt policies and procedures as well as why and how services are being provided, which may be difficult for individuals and families to understand and potentially lead to behavior challenges.

Due to the uncertainty and length of the pandemic, teams will need to re-evaluate limitations regularly (not to exceed 3 months) with defined timelines to review and consider people's mental health status and overall impact.

It should not be forgotten that everyone reserves the right to make informed decisions and providers should provide alternative solutions. For example, a person wants to go to their favorite restaurant for breakfast as they normally do and becomes upset because they cannot go. It may be in the best interest of the person to drive to the restaurant, show the person the dining room is not open, and offer an alternative option such as take-out from the same restaurant. Other alternatives may include ordering online, grocery pick-up, etc.. which provides the same opportunities for the general public.

Additionally, people may need to be quarantined or isolated if they are exposed to someone who tests positive for COVID-19 or if they are symptomatic of COVID-19. If a person requires quarantine or isolation and has difficulty complying, the team should first consider non-restrictive measures prior to the use of any restrictive measures, while balancing health and welfare of that person and everyone else in the home. If a restraint is utilized, this would be considered an unauthorized restraint.

Any new restrictions that have not been previously approved, would need to be taken through HRC/BSC for an emergency approval.