

State of Connecticut Department of Developmental Services



Ned Lamont Governor Jordan A. Scheff Commissioner

Peter Mason Deputy Commissioner

To: DDS Providers

From: Jordan A. Scheff, Commissioner

Cc: Peter Mason, Deputy Commissioner; Katie Rock-Burns, Chief of Staff; David David, Director of

Service Development and Support; Elisa Velardo, Regional Director; Fritz Gorst, Regional Director;

Thomas Dailey, Regional Director

Date: June 12, 2020

RE: Reopening of Visitation in DDS Residential Settings

As noted in the <u>reopening timeline memo</u> issued on June 5, 2020, the Department of Developmental Services (DDS) has worked with stakeholders to develop a process for reopening visitation in residential settings operated or funded by DDS.

In correlation with this process a <u>third extension to the DDS visitation ban order</u>, scheduled to end on June 20, 2020, has been issued.

Please note that under the third extension to the DDS visitation ban providers may develop alternative methods of connection for individuals and families, as determined on a case-by-case basis. Methods may include use of technology, or, depending upon the review and approval of the provider, supervised perimeter visits (i.e. window visits, outdoor social-distancing visits) in which social distancing and PPE requirements are followed. Families are required to bring and utilize their own face coverings, respect all social distancing guidelines and any additional requirements as communicated by the provider.

The corresponding visitation process, as detailed in this memo and companion documents, outlines suggestions, recommendations and guidance for providers to implement visitation at their discretion, with enactment and rollout to begin on June 20, 2020.

This plan was created in partnership with a stakeholder committee that included providers, families and DDS staff. After much planning and discussion, the committee agreed that a flexible approach that allows providers to implement at their discretion is the process most conducive to successful visitation outcomes, that protect the health and safety of everyone involved.

Utilizing a person-centered approach, the plan provides guidance, recommendations and suggestions for providers to evaluate individualized risk tolerance for visitation. The plan offers numerous tools to help measure that risk tolerance and allow each provider to make an informed choice on the best way to move forward with visitation, in collaboration with the individual they support, their family and the team. For the purposes of this plan, visitation may include various methods of connection, but is not limited to face-to-face only.

These tools can also be used to help providers make an informed decision about individuals returning to their residential setting after living with their loved ones for the duration of the pandemic.

Providers are asked to review the plan and work with their staff, the individuals they support, their families and the individual's team to come with a comprehensive plan for each individual to begin visitation on the terms that have been determined to be most appropriate. Providers are given the latitude and flexibility to make this determination without an approval process from DDS. DDS does strongly recommend the tools outlined in the plan are utilized to help make the best decision, based on the risk factors identified.

The corresponding visitation plan includes the following materials:

• COVID-19 Risk Assessment template

 The department recommends that each provider complete this assessment with each individual in the home. Based on the factors identified, the template will provide a recommendation for the types of visits that may be appropriate.

• COVID-19 Family, Visitor and Home Visit Screening Protocol

O These documents seek to provide guidance and protocols as to the screening process that is suggested take place prior to a visit taking place.

• A sample Risk Notification template for Providers

 This sample document may be used as an acknowledgment form for parents and guardians to acknowledge that the provider has made them aware of the COVID-19 exposure and infection risks associated with visitation.

• A Visitation Checklist

• The intent of this checklist is to provide the team and the provider with criteria/benchmarks to help determine when and how a visitation may occur.

• Consolidated Contact Tracing Form

- The purpose of this form is to document any contacts an individual has with others outside of those who live and work in their immediate homes. The form is intended to capture interactions with others and their contact information in the case that contact tracing may be necessary.
 - DDS also suggests reviewing the state's contacting tracing initiative for more information on monitoring the health and wellbeing of people affected by COVID-19 https://portal.ct.gov/Coronavirus/ContaCT

It is important to reiterate that this plan and corresponding documents are meant to facilitate and guide each provider in engaging in an inclusive process with each individual, family and team to make an informed agreement on visitation options moving forward. DDS is not requiring a provider utilize these tools, but we strongly encourage that they are reviewed and utilized to help with the decision-making process. Providers may implement additional guidelines that work best for their agency.

Please note that DDS will be issuing separate guidance on the visitation timeline for campus-based settings (Southbury Training School and the public Regional Centers).

For questions about the reopening process or guidelines outlined in the following attachments please contact: DDS.COVID19@ct.gov

Sincerely,

Jordan A. Scheff Commissioner

Department of Developmental Services