



State of Connecticut
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Emergency Individualized Home Support Guidelines
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In an effort to provide ongoing updates regarding statewide preparedness efforts for COVID-19, this memo is to communicate further guidance for all Department of Developmental Services' (DDS) qualified providers and employer of records.

DDS is issuing this guidance regarding individuals supported by a qualified provider or through self-hired staff and living in their own home or apartment setting. The department's focus is maintaining the individual's health and safety during this virus outbreak. This guidance is not to supersede the oversight role of the individual's planning team but to provide alternative support options during this period of social distancing to mitigate exposure to the virus. While these support options will be available to all individuals, the decision on whether direct face-to-face supports are to be continued should be based on health and safety, the needs of the individual and the availability of staff.

Effective the date of this memo, the following support options are available for individuals living in their own home or apartment setting. These supports may be used singularly or in combination with each other:

1. **Direct Face-to-Face Supports-** weekly, direct face-to-face supports hours may be reduced depending on health and safety, the needs of the individual, the availability of staff and approval from the individual's planning team.
2. **Electronic Face-to-Face In Home Supports (IHS)-** although this option has been available prior to this memo, DDS is encouraging additional individuals, families and providers to utilize this support option.
3. **Electronic Face to Face Personal Supports-** during this outbreak, DDS will allow staff who provide personal supports to be able to provide some of those supports electronically. This includes such things as the staff being able to assist an individual with meal preparation, dressing, and non-critical daily living activities.
4. **Group IHS Supports-** during this outbreak, DDS will allow providers to have one staff work with two or three individuals at a time, in accordance with DDS and CDC guidelines for mitigating exposure to COVID-19.
5. **Telephone Supports-** during this outbreak, DDS will allow qualified staff to support individuals who are unable to utilize the electronic face-to-face option through a telephone call. The use of this option will require the planning team to decide on whether

there is a need for an “eyes on” visit at different times during this outbreak and the frequency of those visits (ie. daily, weekly, etc.).

6. **Remote Monitoring-** a provider utilize remote monitoring options to support an individual. The individual and setting must be evaluated for determining whether it is appropriate to utilize remote monitoring equipment and corresponding assistive technology (AT). DDS will approve one-time funding for AT evaluation and equipment. The use of this option will require the planning team to decide on whether there is a need for an “eyes on” visit at different times during this outbreak and the frequency of those visits (ie. daily, weekly, etc.).

Human Rights Committee (HRC) approval will be suspended until after the outbreak, as long as the individual’s team approve of the proposed measures. In case of an emergency, the Regional Director may override the planning team’s decision for remote monitoring based on the needs of the individual and availability of staff. If this is being used to assist staff during times when minimum staffing levels are not met, the provider must have staff available to monitor the individual’s home during the entirety of the time the equipment is in use and staff are not directly supporting the individual. Once the outbreak has ended, continuance of the remote monitoring equipment will require HRC approval.

7. **Emergency Check-In-** a provider may have alternative, non-qualified staff check on the health and safety of the individual via telephone in the event of the unavailability of qualified staff for the day. Non-qualified staff is defined as administrative and managerial personnel who have not been trained as direct care workers for the individual. The alternative staff must complete the attached checklist for each call. The alternative staff should be trained on the items listed on the checklist and the provider’s communication protocols for any issue that arises from the call. The completed checklist should be reviewed by the provider in a timely manner. This option should be used on an emergency and limited basis, with prior approval from the individual’s team.

***A reminder to document all your contacts.