Department of Developmental Services
Frequently Asked Questions- Employment and Day Services Reopening

June 17, 2020

1. Does DDS have access to a list of household disinfectants that meet the EPA standards for disinfecting? CDC states in one directive that only EPA approved disinfectants can be used or diluted bleach solution. Other directives state that you can use alcohol solutions/wipes that have at least 70% alcohol. Many of the wipes and prescribed EPA wipe disinfectant/sprays are sold out or prioritized for “health care workers”. We are attempting to source other suppliers to acquire these needs, and clarification of what approved disinfecting/cleaning is best practice for our programs and vehicles.

   Please review the following resources issued by the CDC and DPH:


2. Will we need to address all three phases of reopening in the plan that is due on June 19?

   Yes, each phase needs to be addressed in the form. Understanding there is some flexibility in Phase 2 and Phase 3 based on the changing landscape.

3. Does Phase 3 mean no masks are required or social distancing does not apply- especially for those individuals who refuse to wear masks due to behavioral, sensory or medical reasons?

   Due to the changing information regarding COVID we are unable to answer this question. When we are ready to move to phase 3 or 2 these types of specifics will be part of the announcement to move to each of the phases.

   Generally, DDS encourages providers to make reasonable accommodations for individuals that are unable to wear masks.
4. If a Day Program is a mobile crew and all their jobs are out in the community can there be 2 staff and 4 participants in a van, if the participants come from the same group home?

Yes

5. If someone can never come into their program due to the inability to follow social distancing and masks requirements will the agency lose their funding?

The team will need to meet to determine how the person’s day needs will be met. If the person no longer needs funding, those funds will end. However, if the day provider can provide alternative day supports that do not include the person going to their day facility – that should be considered.

6. Can we service more than 50% census for the first phase?

Yes – If you have the physical space to accommodate social distancing. You can also maintain provider services as outlined in our Appendix K and waiver services. Please include in your reopening plans.

7. During phase 1 & 2, To reach the 50/75% benchmark outlined in the memo, is this a combination of virtual face to face/electronic as well as providing support in the facility or does the 50/75% only count towards who we provide support to in the facility?

Yes - it is inclusive of any combination of services that bring the person up to the benchmark.

8. What should providers do if they can support the 50% in person, but families and residential providers don’t want to confirm Phase 1 and do not want to participate in a full day of virtual services or in-person. What if in our plan we plan to open for at least 50% in Phase 1 but 50% don't attend?

Providers should consider a backup plan and move people identified to access services in Phase 2 or Phase 3. This back up plan should be inclusive of all service delivery modes available, and in person supports. If all alternatives are exhausted, please work with your region to identify if there are any possible next steps.

9. Are we required to keep 6ft distance while in the van for transport?

No – CDC guidance allows for non-medical transport with face coverings for people transporting in a van – as well as a plan for cleaning and sanitizing.

10. Does full PPE need to be worn by staff/individuals or will masks suffice. Of course, depending on situations, full PPE may be needed but, on a regular basis just masks are okay?

Yes- Please reference the PPE and clinical guidance on our webpage regarding when to use full PPE.

https://portal.ct.gov/DDS/General/COVID19/COVID-19-Updates-for-DDS-Providers

11. Does everyone (staff and individuals) need to be tested before returning to DSO site?

General testing of staff and individuals is not a DDS reopening requirement.
12. Many of the individuals who attend our DSO will not tolerate wearing a mask. We are struggling to come up with 50% of individuals to attend, providing services in home to those individuals far exceeds the staffing structure.

   DDS is not mandating the people you support wear masks. WE are strongly encouraging it, however we understand that there are folks who will not tolerate wearing a face mask. As part of your reopening plan, you need to include a training program for PPE for Staff and a PPE curriculum and plan for individuals.

13. What if, most individuals supported in a DSO, refuse to come back in phase 1, would continuing virtual/electronic face to face 50% of individuals suffice?

   Yes, and the provider may also consider, if appropriate, in home services for a portion of the time.

14. This question is regarding GSE worksites starting next week. I saw the Commissioners memo sent out yesterday that they should be targeting for July 15th, is this a suggested start date or something we should be holding the agency to? Also if they are opening the GSE do they need to submit that support plan and have it approved prior to starting or would the return to work guidance suffice at this time, given that the agency submit the support plan by the 19th?

   GSE in the community can start ASAP – as soon as they are called back to work by the employer. If a provider wants to start early, they need to submit a plan to Resource Management to start.

15. Can we complete partial sections, or does it all have to be entered at once?

   Unfortunately, the plan must be completed at one time. There is no save function in the template.

16. What is the turnaround time for providers to get the copy of their plan?

   The provider will receive a copy of their plan 24 hours or the next business day after submission.

17. Phase 1: “Providers are to make available the opportunity to support all DDS funded individuals with either electronic or virtual face to face supports and provide a minimum of 1 hour of service at least 3 days per week to those who are willing to participate.” The way that I am interpreting this is the 1 hour of service is In Person Supports…. non virtual. Is that correct?

   This may accommodate any of the service delivery methods that have been in place through the pandemic – inclusive of electronic, virtual and face to face.

18. With ISE services, we are often funded for 5 hours per week for individuals who only require .5-1 hour of support, and we supplement the remainder with Hourly Incentives/Benchmarks. How will this be factored into the 50%/75% requirement, when we are not needed for that many hours?

   Providers should utilize the system in place prior to the pandemic.

19. What happens if the employers are not opening back up? We have no one even considering calling anyone back until at least September 1st.

   Providers may consider the development of soft skills needed to be that are part of the ISE service.
20. If grads budgets are in place and we have enough space for social distancing, can they start in first phase?

Yes, this should be included in your plan specifying how you will incorporate graduates and age outs during each phase.

21. Is it mandatory to provide transportation in phase one?

No. Providers need to include in their plan the availability of transportation throughout each phase, the number of people being offered transportation, and the logistics of providing transportation including cleaning and disinfection of non-emergency transport vehicles. Details should include availability throughout each phase, cleaning and sanitizing, use of PPE, and number of people in the vehicle at any given time.

22. We provide 1:1 service for Individuals that have a code of IDV and or IDN that live at home. Are we able to provide said services now?

The department did not shut down IDV and IDN services. Services may have stopped however, based on staff availability or the needs of the individual. Under the Appendix K for waiver services, service delivery options were expanded to include in home, virtual and telephonic. Individuals may start as soon as the provider is able to provide the service needed.