



of Wisconsin Disability Organizations

TO:

Wisconsin Counties (CLTS, Mental Health, ADRCs, County Public Health)
Local Public Health Departments
Organizations (HMOs, SSI Managed Care, MCOs, ICAs, HCBS Provider Network) providing services to people with disabilities and older adults
Department of Health Services

Guidance on re-opening during COVID-19 pandemic in ways that protect people with disabilities and older adults

Many organizations and programs provide services to people with disabilities—including those with mental health needs—and older adults. Everyone has a role and responsibility to re-open communities, businesses, and services in ways that protect our neighbors who are most vulnerable to COVID-19. A coordinated approach will be needed between the state, Wisconsin counties, service providers and case(?) managers to reduce the risk of infection and outbreaks during the pandemic.

Wisconsin businesses and service providers need uniform and clear policies and protocols to prevent infection and respond to outbreaks in ways that protect and respect the individual rights of people with disabilities and older adults, and ensure they receive all the services and supports they rely upon to live in the community.

COVID-19 is particularly dangerous to people with disabilities, older adults, and people with certain underlying conditions. People who live in or receive services in group homes, day service or prevocational facilities, nursing homes or assisted living facilities and other group settings are at extreme risk.

Community based services that do not rely on settings that concentrate high-risk individuals in the same space offer a safer approach; research supports that people with greater levels of community engagement are safer. Re-engagement of community-based supports and services is necessary and should receive equal priority so that individuals do not lose the community lives they have built. This requires re-engaging with local businesses and volunteer sites, community spaces, and transportation providers.

The Survival Coalition of Wisconsin Disability Organizations is providing the following recommendations on protocols, policies, and coordination that are needed among state, county, organization, and service provider entities to monitor and respond to the ongoing pandemic.

Survival Coalition is a cross-disability coalition of more than 30 state and local organizations and groups. For more than 20 years, Survival has been focused on changing and improving policies and practices that support people with disabilities of all ages to be full participants in community life.

Preventing infections and ensuring continuity of care

- Each group setting should assess the number of clients they serve who are at greater risk of COVID-19, including those with underlying conditions, disabilities, and/or who are older than age 65 using CDC guidelines¹.
- The total number of at-risk clients should be reported to organizations overseeing programs serving people with disabilities and older adults and the local health department so that in the event of an outbreak, local communities have a clear picture of who and where the most vulnerable populations are living, working, and receiving services in group settings.
- Each group setting should determine the number of people who can safely socially distance given the square footage of the facility.
- Maximum capacity--the total number of people who can receive services within a group setting that is observing social distancing guidelines--should be reported to organizations and departments overseeing programs serving people with disabilities and older adults. In some cases, facilities may be able to serve fewer clients at a time for the foreseeable future.
 - Organizations and departments overseeing programs serving people with disabilities and older adults should assess the impact reduced capacity has for services across their network and identify service providers that may be able to take additional clients.
 - Organizations and departments overseeing programs serving people with disabilities and older adults should engage in community opportunity mapping to identify safe activities and community places that match client's interest and goals and use these activities and places to supplement or replace services that would have been delivered in a group settings.
 - For people in home and community-based long-term care programs, individual care plans should be revisited and adjusted to anticipate potential service disruption in group settings and identify how the person's care plan could be met with in-home services, individual services at the facility, services at an alternate location or virtual services.
- DHS should encourage and facilitate supplemental payments to providers operating at reduced capacity to prevent COVID-19 infections to ensure their financial viability during and after the pandemic. Providers should not be financially punished or go out of business for taking safety precautions to prevent the spread of infectious disease.
- Facilities and providers will need to undertake additional sanitization steps to clean the facility and implement handwashing, toileting, and personal care protocols to prevent infection while maintain social distancing for clients. These additional steps require additional supplies, expenses and staff time. DHS should allow these safety protocols to be billable expenses for the

¹ <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>



duration of the pandemic. DHS should direct to contractors that rates should be adjusted to reflect these costs.

- Organizations overseeing programs serving people with disabilities and older adults and individual service providers should conduct assessments of individual clients capability to understand, follow instructions, and ability to complete strategies unassisted that reduce COVID-19 spread at the facility or in the community--including maintaining social distancing, handwashing, and wearing masks.
 - When individuals need assistance to complete safety protocols or are unable to wear masks or maintain social distancing, service providers and care managers should develop plans with the individual to provide 1:1 support and other strategies until the individual is able to accept these new protocols. If it determined this is not possible, adjust the plan to change the setting in which services are provided and other steps that minimize contact with other high-risk clients.
- People should have the choice to continue non-emergency, regular contacts that can be done by technology if virtual supports can achieve a comparable outcome to face-to-face supports, or in-person if this can be done safely with appropriate social distancing
- DHS should issue guidance on testing protocols for staff and clients in residential, prevocational, day service, and other group settings where services are delivered, and issue guidance for testing protocols for home and community-based services staff providing in home supports and services. Survival Coalition recommends guidance outline:
 - Tests will be available and conducted on all high-risk clients and HCBS staff regardless of the presence of COVID-19 symptoms or confirmed exposure to COVID-19 positive individual.
 - Tests will be conducted at regular and routine intervals that correspond to the known incubation period of the virus for the duration of the pandemic.
 - Testing protocols should include guidance on immediate steps to take—including re-testing to rule out false positive results—if a test result comes back positive.
 - Testing protocols should include guidance on re-testing and timing of re-testing if an individual presenting with COVID-19 tests negative, and guidance provided on what steps individuals should take while they await re-testing results. False negatives are a known issue with some tests
 - Guidance on developing contact lists of everyone who may have had contact with a person exhibiting COVID-19 symptoms or who has tested positive.
 - Quarantine and isolation protocols for individuals who have tested positive, are awaiting the result of retesting, or who have been exposed to individuals who have tested positive.



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- Protocols for COVID-19 positive workers to resume HCBS in-home or group settings jobs.
- Protocols for COVID-19 clients to protect workers delivering services during COVID-19 self-isolation, and protocols for these individuals to resume services in group settings, return to community employment etc.
- DHS must prioritize PPE, COVID-19 testing, and future COVID-19 vaccines for Home and Community Based workers and family members who provide care and in-home services for people in Family Care, IRIS, and CLTS.
- Family members of a child with disabilities who must work outside the home, or are returning to a workplace, must have immediate access to PPE and testing to insure the health of their vulnerable child/ren.
- Information and assistance must be provided to families when a child with disabilities has to remain at home due to their risk factors including access to Medicaid personal care and CLTS supportive home care and respite.
- Unemployment compensation policies must respond to the needs of families where a child's doctor determines it is unsafe for that child to return to childcare or other community settings due to risk of exposure, such that a parent is not able to return to work.
- Counseling resources must be made available to family members who have a child with disabilities when they are unable to return to work in high risk exposure environments including information about unemployment insurance, FMLA and Medicaid resources

Ensuring policies protect individual rights to services

- Organizations overseeing programs serving people with disabilities and older adults and individual service providers should make every effort to find ways to accommodate an individual's disability rather than discontinue an individual's services in group settings.
- Alternative ways to provide a service should be implemented for individuals who have disability-related reasons making compliance with Covid-19 rules difficult, such as sensory issues or breathing challenges that interfere with wearing a mask, have difficulty understanding or following instructions to successfully socially distance, exhibit challenging behaviors, or need a greater level of personal care—assistance toileting, feeding, cleaning of ports etc.; these individuals are still entitled to receive services.
- Providers should not make decisions about who may attend or receive services based on convenience of staff or the perceived difficulty in serving or meeting their needs; this is discriminatory.
- Providers should not institute policies that counsel or otherwise unduly influence families to refuse services or prevent client's return to service delivery settings.



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- Providers should not institute policies that condition return or continuation of services on the clients' or families' agreement to waive liability or hold the provider harmless if the client were to acquire COVID-19
- Providers should not have punitive policies that prevent clients who leave a group setting from returning to their residence.
- Many families are returning to work and do not have employer flexibility to accommodate in-home services in the event that a facility is operating at reduced capacity or individuals are not able to attend for reasons related to COVID-19. Policies and protocols should not rely on or assume that natural supports are a backup in the event services are reduced or stopped.
- Policies and protocols should not assume that staff in group residential settings or other HCBS service providers have the capacity staffing to fill additional hours of care if group settings or other providers in a person's care plan are not operating. DHS should provide clear guidance for MCOs and ICAs on rate flexibility for additional staffing and support for providers who are covering care plan hours that normally would have been staffed by different providers.
- Protocols should be in place for regular check-ins with individuals and families who choose not to return to regular service provision to ensure the household is not experiencing undue stress. Caregiver supports, activity options and strategies should be offered to meet their ongoing needs.
- Person-centered planning should be revisited frequently during the health emergency to assess if there is a need for new goals or services. Particular attention should be given to changing needs related to mental health or behavioral challenges.
- Every effort should be made to ensure an individual's continued right to least restrictive service options and to continue progress toward increased community integration and connection on an individual basis, even if this means a change in service plan or increase in service level to maintain.
- Due to public health concerns, Wisconsinites are encouraged to use mail in voting for the August 11 and November 3 elections. Residential providers, counties, and other services providers are encouraged to share nonpartisan information about the voting process, and help with voter registration, absentee voting and/or transportation, if needed. Assistance is available from the DRW Voter Hotline at 844-DIS-VOTE.

Responding to outbreaks

- Survival Coalition reiterates the need for routine and ongoing COVID-19 testing for clients or staff exhibiting symptoms. When a positive COVID-19 result is confirmed, this should immediately trigger a testing protocol for all family members or staff and clients in a facility.
- Plans should be developed to increase social distancing requirements, frequency of testing, additional PPE and sanitation procedures when positive test results are confirmed for individual(s)



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- Organizations and departments overseeing programs serving people with disabilities and older adults and public health professionals should work together to determine what threshold of positive cases constitutes an outbreak.
- Organizations and departments overseeing programs serving people with disabilities and older adults should develop procedures for ceasing operation of a facility or residence, including temporarily moving or transferring service delivery for clients to other providers, in the event of an outbreak.
- In the event of an outbreak, organizations and departments overseeing programs serving people with disabilities and older adults should contact local health departments so contact tracing can be conducted for COVID-19 positive and exposed individuals and to notify them of any high risk clients who have been relocated to different residences or service providers because of the outbreak.

Communication:

- Individuals and families need regular, transparent communication about changes in policies that impact them, particularly related to changing protocols in service provision.
- Changes in policies and protocols must be shared in a manner that is accessible for all – including materials developed for those with different literacy levels and learning styles, that is screen reader accessible, and addresses provision of qualified sign language interpreters. Any videos should include descriptions for blind and visually impaired individuals. Use of audio on websites and social media should be captioned to ensure access by deaf and hard of hearing.
- Individuals and families must have access to timely information about outbreaks or COVID cases among staff or participants in the programs/activities they attend.