



COVID-19 Guidance for Re-Opening In-Person Community Support, Work Support, and Career Planning Services Under MaineCare Sections 18, 20, 21 and 29

The Maine Department of Health and Human Services, Office of Aging and Disability Services (OADS) remains dedicated to health and public safety as the Department continues to respond to the coronavirus pandemic (COVID-19). The Department recognizes the importance, especially during this time of heightened health and safety uncertainty, of providing flexible ways for people with disabilities to continue to connect to others and their communities. Following the CDC's most recent guidance which includes a [COVID-19 Prevention Checklist](#) and [Guidance for HealthCare Providers](#), community day and employment service providers in this State may voluntarily choose to open their programs and/or provide in-person services. Information for community and employment service providers as they plan to safely resume in-person services is covered in this guidance.

In-Person Community Support, Work Support, and Career Planning (effective immediately)

Providers who choose to re-start in-person community/employment services must adhere to the following guidelines:

1. **Group Size Limitation.** No more than 10 individuals (including staff) attending/present at the same time in a center-based Community Support Program or on a Work Support Group employment site. [Governor Mills Re-Opening Plan](#).
2. **Screening and Documentation.** All personnel and individuals attending in-person day programs or receiving employment services must be screened for COVID-19 symptoms each time they enter the program or are provided services. Providers must maintain documentation of all screening performed.
3. **Personal Protective Equipment/Face Coverings (PPE).** PPE, including face coverings, must be available for all staff and members and utilized as required by CDC. Face Coverings must be used by all staff and members. [Me CDC Face Covering Information](#)
4. **Hand Hygiene.** All employees and members must practice regular handwashing upon arrival to and before leaving the program/services. Hand sanitizer may be used in situations where soap and water are unavailable. Posting of handwashing instructions and reminders in bathrooms and kitchens is required.
5. **Visitor Policy.** A no-visitor policy to Community Support programs is allowed during the COVID-19 emergency and must be posted and shared with members, families, others.

6. **Cleaning and Disinfecting.** Necessary cleaning supplies must be provided and utilized by staff to ensure that regular cleaning/disinfecting occurs as specified in CDC Re-opening Guidance. [CDC Re-Open Cleaning Guidance](#).
7. **COVID-19 Exposure or Positive Result.** Every Exposure or Positive Case must be documented and reported in accordance with the COVID-19 Reportable Event Guidance and Procedures. [COVID-19 Reportable Event Guidance and Procedures](#).

Community Support in-person services may be provided in a flexible manner outside of a building/program such as in the person's home or at an alternative setting. Examples may include taking a walk in the neighborhood, playing basketball in the local outdoor courts, hiking in the woods, or at other venues where the ability to practice social distancing is supported.

Work Support and Career Planning in-person services may be provided in community places where businesses follow all applicable social distancing and health safety protocols.

Telehealth Option:

Community and Employment Telehealth Services continue as an option for waiver members during the COVID-19 emergency if the member chooses to receive services remotely. All services must be provided based on the person-centered plan and allowable ratio of DSP to member support, as follows:

- Community Support and Telehealth (1 DSP to up to 3 Members) [CS Telehealth](#)
- Work/Career Telehealth (1 DSP to 1 Member, except for Work-Group) [W/CP Telehealth](#)
- Home Support ¼-Hour Telehealth (1 DSP to 1 Member) [HS Telehealth](#)

Additional Information:

- Waiver members may choose to remain at home and not attend Community Support or receive in-person employment services during the emergency.
- Waiver members in a high-risk group may best and safely be served by staying home and re-evaluating the situation weekly.
- Providers should not discharge waiver members for non-attendance during the emergency.
- Waiver members may supply their own face coverings and service provider must also have face coverings available for members and staff who do not provide their own.
- Waiver members traveling using public transportation, NET, or other group ride share must be supported to maintain social distancing and have access to PPE (face coverings) during the transportation. [NET Guidance](#)
- Case Managers and Care Coordinators may request to visit a provider Community Support setting following health safety protocols in order to ensure health and safety of the member and monitor that services are being delivered consistent with the Person-Centered Plan.

- Providers need to communicate COVID-19 safety precautions and plans to members, family, Residential Providers and Case Managers/Care Coordinators.
- Employment Services staff need to coordinate with the employer and waiver member for return to work and provide support for new health safety protocols at the business.
- Career Planning staff may meet in community locations or businesses with the waiver member, following all applicable health safety protocols.
- Community Supports may be provided at an alternative location such as a home, hotel, or shelter during the COVID-19 emergency, following all applicable health safety protocols.
- Waiver members may receive both telehealth and in-person services during the COVID-19 emergency.
- Providers must assess changes to providing in-person services if there is a change in the level of cases or community spread and communicate this to OADS@maine.gov

If a waiver member lives in a setting that has an active COVID-19 case they MUST stay home for a minimum of 14 days. If Staff are exposed, they MUST not report to work for a minimum of 14 days.

Other Information and Resources:

DECD and CDC's most recent guidance which includes a COVID-19 Prevention Checklist

<https://www.maine.gov/decd/sites/maine.gov.decd/files/inline-files/COVID%20Checklist%20General%20Guidance%20updated.pdf>

<https://www.maine.gov/decd/sites/maine.gov.decd/files/inline-files/COVID%20Checklist%20for%20ME%20Phase%201%20Retail%20Business.pdf>

Plain Language Information on COVID-19

<https://selfadvocacyinfo.org/wp-content/uploads/2020/03/Plain-Language-Information-on-Coronavirus.pdf>

Administration for Community Living COVID-19 Resources

<https://acl.gov/COVID-19>

Maine CDC Face Covering Information

<https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/InformationOnFaceClothCoverings.pdf>

US CDC Poster on Infection Control

https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/documents/stop-the-spread-of-germs-poster_english.pdf

PROVIDER ASSURANCE FORM

The following assurances are required from a provider of Community Support, Work Support, Career Planning for each setting where services will resume.

1. **Settings:** MaineCare Waiver Providers may provide services in either a congregate and/or individualized setting. For purposes of completing this Provider Assurance Form, a provider that operates multiple settings should identify and list them all on a single Form. Additionally, providers with disperse settings where Community Support or Work Support/Career Planning primarily take place in community-based places should list this information on the Form as one setting (not multiple locations) (such as the provider's headquarters location).
2. **Submission of Completed Form:** Completed Provider Assurance Forms must be submitted electronically to the Maine Department of Health and Human Services, Office of Aging and Disability Services (OADS) at the following e-mail address: OADS@maine.gov.
3. **Receipt and Confirmation:** Once a properly completed Provider Assurance Form is received, OADS will confirm receipt by return e-mail to be provided within one business day.
4. **Services:** Providers may resume providing services once a properly completed Provider Assurance Form is submitted to OADS and a confirmation e-mail has been received by the provider. For providers who have maintained services throughout the state of emergency, those services may continue as long as the provider promptly completes and submits the required Provider Assurance Form to OADS.

Provider Assurance:

By completing and signing this Provider Assurance Form, the provider acknowledges reading and agreeing to follow, at all of its congregate and/or individualized settings, the health and safety practices and requirements set forth in the *COVID-19 Guidance: In-Person Community Support, Work Support, and Career Planning MaineCare Sections 18, 20, 21 and 29* document prepared by OADS, as amended.

Provider Name: Enter Provider Name

Main Office Address: Enter Main Office Address

1. Setting Name: Enter Setting Name
 - a. Street/Town located: Enter Street/Town Located
 - b. Service(s) Provided in Setting: Enter Service(s) Provided in Setting
 - c. Setting Phone Number/e-mail: Enter Setting Phone Number/E-mail

2. Setting Name: Enter Setting Name
 - a. Street/Town located: Enter Street/Town Located
 - b. Service(s) Provided in Setting: Enter Service(s) Provided in Setting

- c. Setting Phone Number/e-mail: Enter Setting Phone Number/E-mail
- 3. Setting Name: Enter Setting Name
 - a. Street/Town located: Enter Street/Town Located
 - b. Service(s) Provided in Setting: Enter Service(s) Provided in Setting
 - c. Setting Phone Number/e-mail: Enter Setting Phone Number/E-mail
- 4. Setting Name: Enter Setting Name
 - a. Street/Town located: Enter Street/Town Located
 - b. Service(s) Provided in Setting: Enter Service(s) Provided in Setting
 - c. Setting Phone Number/e-mail: Enter Setting Phone Number/E-mail
- 5. Setting Name: Enter Setting Name
 - a. Street/Town located: Enter Street/Town Located
 - b. Service(s) Provided in Setting: Enter Service(s) Provided in Setting
 - c. Setting Phone Number/e-mail: Enter Setting Phone Number/E-mail
- 6. Setting Name: Enter Setting Name
 - a. Street/Town located: Enter Street/Town Located
 - b. Service(s) Provided in Setting: Enter Service(s) Provided in Setting
 - c. Setting Phone Number/e-mail: Enter Setting Phone Number/E-mail

Acknowledgment of and attestation to the above statements:

Printed Name Title

Signature (e-signature)

Date (M/D/Y)