



OPERATIONAL MEMO

TITLE:	UPDATED INFORMATION PERTAINING TO DAY PROGRAM SERVICES IN RESPONSE TO COVID-19
SUPERSEDES NUMBER:	HCPF OM 20-057
EFFECTIVE DATE:	JULY 20, 2020
DIVISION AND OFFICE:	BENEFITS AND SERVICES MANAGEMENT DIVISION, OFFICE OF COMMUNITY LIVING
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APPROVED BY: BONNIE SILVA	

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Purpose and Audience:

The purpose of this Informational Memo is to inform Home and Community-Based Services (HCBS) Day Program service providers and Case Management Agencies (CMAs) of required provisions for additional reopening of Day Program services in congregate settings. These provisions are applicable to the following services:

- Adult Day Services
- Day Habilitation
- Day Treatment (Brain Injury Waiver)
- Prevocational Services
- Supported Employment – Group

Information:

The criteria within this guidance should be viewed as the minimum standard for phased reopening. Providers can and should consider implementing tighter infection controls based on their individual settings and situations. At a minimum, settings shall apply the

contents of this guidance to incorporate into plans for resuming or expanding Day Program services, including:

1. Screening of participants and staff
2. Staffing capabilities
3. Personal Protective Equipment (PPE) supply (if a member or staff does not have a mask)
4. Infection control
5. Structural layout of the setting and total square footage
6. Specific medical needs of participants and their individual risk level
7. Communication plan.

Specifications related to these seven considerations are described in detail below. These are the minimum standards; providers are strongly encouraged to implement tighter infection controls where possible.

To provide services in a Day Program setting, the setting must comply with the following:

1. Screening of participants and staff:
 - Providers must actively screen both staff and participants in person, which includes temperature and COVID-19 symptom checks. All screenings shall be documented and retained for review by the department or local public health agency. COVID-19 related symptoms can include fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. Please continue to monitor the [CDC](#) website for updated symptoms. A screening tool may be helpful to ensure consistency. Please see an [example](#) provided by the Colorado Department of Public Health & Environment along with some additional information on [how to conduct a screening](#).
 - All staff should provide an attestation that they have been symptom free for the 14 days prior to returning to expanded reopening.
2. Staffing capabilities:
 - Providers must ensure they have enough staff to provide adequate support for participants and meet all staffing ratios as required in regulations.

- Providers are encouraged to reduce commingling between staff and participants; staff should work consistently with the same participants in order to limit exposure to both participants and staff and to help in the event contact tracing needs to occur.

3. PPE supply:

- Masks or face coverings are required at all times for participants and staff. If the member is not able to or willing to wear a mask, they may not participate in the program.

4. Infection control:

- Infection control protocols that are compliant with [CDPHE](#) and [CDC](#) guidelines must be in place and available to members or their families upon request.
- The setting must employ enhanced cleaning and disinfecting protocols for the setting, including outlining frequency of cleaning high-touch surfaces and bathrooms while in operation. Additional guidance on how to properly disinfect, including how often, may be found on the Colorado Department of Public Health & Environment website [here](#).

5. Structural layout of the setting and total square footage:

- The building or facility being used must not exceed capacity to the point of reducing safe and appropriate social distancing. The setting staff must encourage and maintain proper social distancing, and the provider must ensure there is a minimum of 50 square feet per person in the space for this to be appropriately carried out. The setting staff must also be able to maintain appropriate social distancing while staff and members are in motion, allowing safe passage between people to include during dining and other activities. Please see guidance provided by the Colorado Department of Public Health & Environment for appropriate social distancing information: <https://covid19.colorado.gov/safer-at-home/social-distancing-calculator-for-indoor-and-outdoor-events>.
- Providers must remain in compliance with all local health ordinances with regard to the operation of the setting. If allowed locally, providers may resume up to 50% of pre-pandemic capacity as described in the [Protect Our Neighbors](#) framework so long as the appropriate square footage and social distancing requirements above are met and maintained within the setting.

This does not include staff working in other parts of the building or separate floors as long as they do not come in contact with the participants of the Day Program.

- The setting must consider and communicate the capacity for each room, including activity areas, office spaces, meeting rooms, and public gathering areas such as entry areas, via posted signage. The provider must monitor to ensure the capacities for each room are not exceeded and should consider planning activities to accommodate this consistently.
- The setting should consider implementing single flow traffic patterns where feasible within the facility. This is most easily carried out by posting signage and/or taping directional arrows on the floors or walls. If directional arrows are used on the floors, they must be placed securely and in such a way that they do not pose a tripping or slipping hazard.
- The setting may need to consider starting with smaller groups and staggering days and hours for participants.

6. Specific medical needs of participants and their individual risk level:

- A provider must work with the participant, their family if applicable, and the participant's case manager to determine if the participant is ready to return to services. The provider must provide information to the participant and their family about all risk factors including the risks other participants may introduce to the environment. The information must be documented by the provider in the participant's file and the case manager in the state prescribed case management system. The provider may consider utilizing a readiness assessment with the participant and family to determine if the participant is ready and all parties feel the participant understands the risks. Examples of readiness assessments include: [New York](#), [Hawaii](#), [Ohio](#).
- If a participant resides in a home (with family or in a host home) that has a COVID-19 positive case or resides in a facility that has a case or an outbreak, that participant should not be allowed to attend until they have completed isolation for 10 days with at least three (3) days without symptoms.
- If a participant or staff begins showing symptoms while in the setting, the setting should cease any further activities, isolate the participant/staff, and sterilize the facility. No resumption of in-person services may occur prior to completion of a 10-day isolation period with at least three (3) days without

symptoms. All staff should be required to be tested prior to return with confirmed negative testing.

7. Communication plan:

- The provider must have written policies that outline provider and participant responsibilities as they relate to COVID-19, including but not limited to, policies on masks, terminations, refusal to serve, how to interact while in the setting, expectations on notification by the participant or family in notifying the provider if anyone in their home is COVID-19 positive, etc. These policies must clearly outline the providers responsibility in denial of services to protect the safety of others, and the participants responsibility to mitigate spread of COVID-19 to receive services. These policies shall be provided to the participant prior to resuming setting services for attendees.
- The provider must have a documented communication plan in the event of an outbreak or if a future shutdown must occur. The communication plan must include how staff, participants, the Colorado Department of Public Health & Environment (CDPHE), and the Colorado Department of Health Care Policy & Financing (HCPF) will be notified if there is a positive case, and how the provider will deal with a failed screen or the onset of symptoms by a participant or staff while present at the setting. Minimally, the plan must include measures to isolate the participant from others, how to make appropriate arrangements for the participant to leave the setting and criteria for when the participant may return.

Questions regarding this guidance can be sent to HCPF_HCBS_Questions@state.co.us.

Additional References for this document & Resource Links

- [Recommendations for Long-Term Care Facilities](#) (CDC)
- [Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
- [FAQS for Healthcare Providers Regarding Medicare Billing and Payment](#) (CMS)
- [Coronavirus Preparation and Response Toolkit](#) (Argentum)
- [Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for Coronavirus Disease 2019 \(COVID-19\)](#) (CDC)
- [Handwashing Video](#) (Ecolab)

- [Information Regarding COVID-19](#) AHCA/NCAL (American Health Care Association / National Center for Assisted Living)
- [Handwashing 101](#) (ServSafe)
- [Print-Only Materials to Support COVID-19 Recommendations](#)

Follow the [CDC website](#) to keep up with the general trends and what's happening. Communicating with your [state health department](#) and watching local news will help you with specifics.

Attachment(s):

None

Department Contact:

HCPF_HCBS_Questions@state.co.us

Department COVID-19 Webpage:

<https://www.colorado.gov/pacific/hcpf/COVID>

For specific information, please call the CDPHE Call Center at 303-692-2700. For general questions about COVID-19: Call CO-Help at 303-389-1687 or 1-877-462-2911 or email COHELP@RMPDC.org, for answers in English and Spanish (Español), Mandarin (普通话), and more.