

## Frequently Asked Questions regarding APD Guidance Documents and DEM Emergency Order 20-009

Below are questions received by APD and responses based upon APD's understanding of the Division of Emergency Management Emergency Order 20-009 (DEM EO 20-009, Emergency Order). For more information please refer to the Emergency Order and the Agency for Healthcare Administration FAQs on the Emergency Order.

**1. Are essential caregivers and essential workers the same thing?**

No. Essential caregivers are individuals providing services to residents without compensation. Essential workers are paid service providers.

**2. Can service providers be essential caregivers or compassionate care visitors?**

No. Not for residents for whom they provide paid services.

**3. It is our understanding that the essential/compassionate workers do not have to be socially distant from the person to whom they are providing services but that they do have to remain 6 feet away from all other clients and staff members. Several of these specialties, such as physical therapists, require staff assistance during their assessments or sessions. How is this to be handled?**

The DEM Emergency Order 20-009 addresses essential caregivers, compassionate care visitors, and general visitors, it does not apply to paid direct care service workers such as physical therapists. Facility staff responsibility for essential caregivers and compassionate care visitors in the facility is to "Monitor visitor adherence to appropriate use of face masks, PPE, and social distancing".

**4. It is our understanding that essential/compassionate workers are not restricted/prohibited from entering a facility that does not meet the COVID-free for 14 days requirement and can certainly correct that in our visitation procedures. Our question relates to essential workers or therapists who are consultants regularly visiting multiple locations. If an essential worker/therapist has been providing service in another long-term care facility that has active COVID case(s) within the past 14 days, are they able to enter our group home?**

The DEM Emergency Order 20-009 addresses essential caregivers, compassionate care visitors, and general visitors, it does not apply to paid direct care service workers such as physical therapists. The Emergency Order visitor restriction requiring that "The facility must have fourteen (14) days with no new facility-onset of staff COVID-19 cases where a positive staff person was in the facility in the ten (10) days prior to the positive test" is limited to general visitors.

In addition, if the resident to be visited is quarantined or if the resident is positive for or shows symptoms of COVID-19, visits are prohibited, except for compassionate care visitors in end of life situations.

**5. The Emergency Order appears to require that the number of visitors at any given time needs to be set at a certain capacity. We are unsure if the essential**

**workers/compassionate caregivers count towards the visitor capacity or if they are in a different category that is not capped. If they do count towards the capacity, could you provide guidance on how to implement that limit should an essential worker or compassionate caregiver arrive when we are already at capacity?**

Facilities must schedule visitor time and be able to manage visitors in a fair manner for all residents and must be able to maintain social distancing. Although the Order does not create a maximum visit length, facilities and essential caregivers should work together to establish reasonable visit length to accommodate the services provided, while recognizing the facility's responsibility to manage visitation.

- 6. It is our understanding that we are responsible to monitor all visitors, essential caregivers and compassionate care visitors in order to ensure compliance with wearing of PPE, social distancing, etc. Can you provide guidance on the type of monitoring that is required?**

Per the emergency order, the licensed residential facility has responsibility for monitoring that visitors appropriately use face masks, PPE, and follow social distance guidelines. This does not mean that the staff member must sit with the resident during the visit but must routinely check to make sure PPE is being worn and social distancing is being practiced with other residents and staff for essential and compassionate visitors and that social distancing with the resident is also being practiced with the resident having general visitors

- 7. It is our understanding that essential workers and compassionate caregivers are required to provide services in a resident's room or "facility designated area". What if the person has a roommate? Will the roommate need to leave the room or are visits in the bedroom allowed if the person has a roommate?**

To accommodate the social distancing requirements of at least six feet with staff and other residents and to limit the movement in the facility, staff may identify a facility-designated area within the building when the essential caregiver or the compassionate care visitor is unable to provide care or visit in the resident's room. Efforts should be made to ensure that these visits have an opportunity for private conversations among the resident and his/her visitor/caregiver.

- 8. Where in the home can visits occur?**

The Emergency Order specifies that visits can occur in the resident's bedroom or in facility designated areas. For general visitors, visits may be provided in outside spaces protected from the elements and that provide cooling devices if needed or in other indoor spaces which are not accessible by other residents or in the resident's private room if the person cannot leave the bedroom for health reasons.

- 9. In our behavioral homes, we are in need of some guidance on how to implement the use of crisis interventions such as PCM during visits or services. What should we do if a behavioral intervention is required while the visitor is present?**

The behavioral plan should be implemented as written. This may result in the visitor having to leave the facility or temporarily move away from the area if reactive strategies become necessary.

**10. What are the reporting requirements for positive COVID diagnoses in the ADT?**

If the ADT is the first to become aware of the positive COVID case, the ADT provider is to report the positive case to the regional APD office. The provider is also required to isolate the individual from the other ADT participants, contact the family or residential facility to pick the individual up from the ADT and inform them of the criteria the individual must meet before accessing in-person ADT services again.

The ADT must call the local County Department of Health for guidance on any quarantine measures to be taken. The ADT must inform other participants/their designated representatives of the positive case without violating the confidentiality of the individual with the positive COVID-19 case and inform them if there is a need to quarantine.

The ADT staff must sanitize the facility.

**11. Visitations at group homes are limited to 2 at a time. If visitors wear masks and social distance why does the number of guests matter that much, especially if they are outside?**

DEM EO 20-009 specifies the limitations on the number of visitors in the facility.

**12. Family members have been able to take the residents out for what has been termed “essential”, like doctor’s appointments. Any provision for individuals without a legal representative and who has not been adjudicated incompetent? Those individuals are legally competent adults.**

Licensed residential facilities are responsible for assisting residents in getting to needed medical appointments. The resident should use a mask while out in the community and be screened upon their return.

**13. If a resident decides to return to work, will the provider still be responsible for any issues that arise due to the individual's desire to return to work?**

Individuals who work in the community and live in a licensed facility will be asked to use a mask while working in the community and will be screened upon their return to the facility. If the resident subsequently tests positive for COVID-19, the residential provider will provide ongoing care in the facility, following isolation or quarantine protocols as needed.

**14. Now that families can come for visits in the group home, are residents allowed to go on outings including family home visits?**

Per DEM EO 20-009, “Residents leaving the facility temporarily for medical appointments or other activities, and residents receiving visits from health care providers, must wear a face mask, if tolerated by the resident’s condition. All residents must be screened upon return to the facility.”

Facility operators have a responsibility and obligation to protect the well-being of all of the residents and staff and may place reasonable restrictions upon return to the licensed residential facility after home visits and outings.

**15. How much flexibility can providers assume when establishing visitation schedules that meet the needs of the individuals they serve?**

Providers must be flexible when developing an agreeable schedule in concert with the resident, essential caregivers and compassionate care visitors, including evening and weekends, to accommodate work or childcare barriers. The same level of flexibility needs to be used when scheduling visitation appointments for general visitors to ensure the staff ratios are appropriate to monitor visitor adherence of the appropriate use of masks, PPE, and social distancing.

**16. We are confused about the changes sent regarding virtual ADT, reopening ADT's and still being under Governors executive order for another 60 days. Can the group homes return to on-site ADT? We are getting conflicting answers.**

Once the ADT program has submitted their operating plan to the Region and had it approved, the ADT program may serve facility residents at the ADT. ADT programs may also continue providing virtual ADT services per the guidelines provided.

**17. For us the priority is lower ratios during the pandemic. All of our individuals need to be a one to five ratio for health and safety. Any chance APD would adjust rates from 1:10 to 1:5 until more clients return to the ADT? Work oriented ADTs can't do remote work such as mowing lawns and sub-contract work.**

Changes to ratio from a 1:10 ratio to a 1:5 ratio must meet medical necessity criteria and the service descriptors in the iBudget Handbook.

**18. Will there be any assistance with PPE supplies and building modifications?**

APD has no resources available for this purpose. Providers are encouraged to explore other sources of assistance.

**19. What does the suspension of ADT services mean for documentation requirements for ADT? We don't have the manpower to continue to conduct annual IPs and, of course, quarterlies since we won't be having any consistent contact with the participants until the program resumes onsite. Do you know if APD is going to put guidance out to providers related to this?**

The documentation requirements have not been suspended.

**20. How long will Curative testing continue in APD's licensed residential settings?**

Testing will continue at least through the end of September.

**21. Does the APD Guidance Document entitled " Facility Residents Returning to work" also include people who previously attended an Adult Day Training Program?**

This guidance document specifically pertains to individuals who work in jobs in the community for which they are paid. If the person previously attended an Adult Day Training Program and the program is now open and has an approved operating plan, the person may go to the Adult Day Training Program if the person/ the person's legal representative wishes for them to return to the ADT Program.

**22. If an employee at the resident's place of employment tests positive for COVID-19, will the resident need to be quarantined for a period of 14 days and not be allowed to return to work?**

If the employee at the resident's place of employment does not work in close proximity to the resident or the employee and resident were wearing PPE, the resident would not have to be placed in quarantine. It is important that the facility operator has a discussion with the employer to assess proximity.

**23. Does the Guidance document about community based iBudget waiver services pertain to individuals returning to ADT?**

The guidance document entitled " Protocols for Community Based iBudget Florida Waiver Services" pertains to the resumption of services outside of the licensed residential facility and protocols that would need to be in place before these resumed including approval from the person or the legal representative and the responsibilities of the provider who renders these services in the community or in the licensed residential setting. If the person previously attended an Adult Day Training Program and the program is now open and has an approved operating plan, the person may go to the Adult Day Training Program if the person/the person's legal representative wishes for them to return to the ADT Program.

**24. Can a residential facility provide PPE to APD monitoring staff to prevent possible cross contamination from staff travelling to several facilities in a day?**

APD will furnish PPE for our employees who visit the facility. However, if the facility prefers to furnish these supplies for the APD staff person to prevent any possibility or cross contamination, that is acceptable.

**25. Distinction between handwashing and hand sanitizing. Are these interchangeable?**

These terms are not interchangeable. Handwashing entails using soap and water for a prolonged period and the CDC website has several handouts providers may use to educate individuals on handwashing. Hand sanitizing is more of an on-the-go hand hygiene method to use when hand washing is not possible and relies on a sanitizing gel solution with an alcohol content of 60 – 95%. According to the Center for Disease Control and Prevention (CDC), soap and water is preferable to sanitizing gel, because the gel may not be as effective as soap in terms of eliminating all types of germs, including some viruses but both are better than doing nothing.

**26. Need for clarity/standards on monitoring visit criteria. Facility conducting hazard assessment of workplace.**

**Question: This element in the CMS tool seemed to be referring to assessing things like shared materials but no clarifying references exist in the APD tool. There could be a wide interpretation of “hazard assessment”. Are there guidelines on this?**

A visual inspection of the facility must indicate that there are no safety hazards such as improperly stored cleaning materials.

**Facility assuring appropriate ventilation and properly operating water systems.  
Question: What do they consider appropriate ventilation? Is there reference material? Again, room for wide interpretation.**

The facility must have a ventilation system that allows for the flow of fresh air and elimination of fumes related to household cleaners. The facility must have running water to accommodate hand hygiene.

**27. ADT reopening plan approval process – do facilities have to wait for approval and, if so, will APD require regional offices to assure prompt turnaround on review and approvals?**

Yes, an ADT facility must submit its operating plan to the Region and have it approved prior to reopening. Plans submitted will be reviewed and feedback will be provided within 10 business days of receipt.