



## **COVID-19 Guidance For New Jersey Community Providers of Services for Individuals with Intellectual and Developmental Disabilities**

**Release Date: March 23, 2023**

**Effective Date: March 29, 2023**

### **Topic: Residential, Day Program, and Support Coordinator COVID-19 Policy**

#### **Policy**

Residents of provider-managed residential settings are able to engage in indoor, outdoor and off-site visits. Visitation cannot be refused based on the vaccination status of any party. Residential providers are required to allow visitation of any type and cannot independently stop visitation unless directed by a Federal, Local, or State Health Authority.

Residential, day program, and Support Coordinators should apply prevention strategies based on [COVID-19 Community Levels](#) for their general operations. Facilities that serve unrelated people who live in close proximity and share at least one common room (e.g., group or personal care homes and assisted living facilities) should also apply prevention strategies based on [COVID-19 Community Levels](#) for their general operations. Facility operators should balance the need for COVID-19 prevention with the impact from reducing access to daily services and programming. Facilities may not be able to apply all enhanced COVID-19 prevention strategies due to local resources, facility and population characteristics, and/or other factors. Therefore, they can add combinations of these enhanced prevention strategies as feasible for a layered approach to increase the level of protection.

**Regardless of vaccination status and upon entering the facility, all staff, contracted professionals, support coordinators, and visitors must be made aware of criteria and actions to prevent COVID-19 transmission to others as described below. This includes scheduled staff coming onto each shift. Day program participants and individuals who reside in congregate residential settings are to made aware of criteria and actions in a manner that is understandable to them, as applicable.**

**This policy is not applicable to first responders who are entering the facility to address an emergency.**

<b>Criteria</b>	<b>Action</b>
Positive viral test for SARS-CoV-2  <b>and/or</b>  Symptoms of COVID-19	Day Program Participants; Residents of Congregate Residential Settings; Staff; Support Coordinators; and Visitors: <ul style="list-style-type: none"><li>• Regardless of their vaccination status, if a person tests positive, or reports/displays symptoms for COVID-19 and either was not tested or is awaiting test results, they cannot return to work/program or engage in visitation until the following are met.<ul style="list-style-type: none"><li>• For persons who are unable to consistently wear a well-fitting mask while at program/visiting:<ul style="list-style-type: none"><li>○ 10 days have passed (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons);</li></ul></li><li>• For persons who are able to consistently wear a well-fitting mask while at program/visiting:<ul style="list-style-type: none"><li>○ 5 days have passed (day 0 is the first day of symptoms or the day of the positive viral test for asymptomatic persons)</li></ul></li></ul></li></ul>

	<p>followed by an additional 5 days of consistently wearing a well-fitting mask while at day program or visiting; and</p> <ul style="list-style-type: none"> <li>• 24 hours have passed since resolution of fever without the use of fever-reducing medication, as applicable; and</li> <li>• Symptoms have improved, as applicable. This can be as long as 20 days for participants with severe or critical illness<sup>1</sup>.</li> </ul> <p>Symptomatic persons who test negative may return to the work/program or resume visitation based on criteria for alternate diagnosis following resolution of fever for 24 hours without use of fever reducing medication, when applicable.</p>
Close contact <sup>2</sup> with someone with SARS-CoV-2 infection	<p>Day Program Participants; Residents of Congregate Residential Settings; Staff; Support Coordinators; and Visitors:</p> <ul style="list-style-type: none"> <li>• Regardless of vaccination status, asymptomatic persons who have had a close contact with someone positive for COVID-19 should not be restricted from work/program/visitation following their exposure.</li> <li>• Individuals served must wear a well-fitting mask as tolerated/medically advisable around others for 10 days from the date of their last close contact with someone with COVID-19.</li> <li>• Staff, Support Coordinators and Visitors must wear a well-fitting mask for 10 days following the date of their last close contact.</li> <li>• Day 0 starts the day they had close contact with someone positive for COVID-19, and day 1 is the first full day following the last close contact.</li> <li>• Staff and residents should get tested at least 5 full days after they last had close contact with someone with COVID-19, and follow isolation recommendations if they test positive. Testing should still occur even if symptoms do not develop.</li> </ul>

Providers are reminded that licensed community residences for individuals with intellectual and developmental disabilities (IDD), certified day programs for individuals with IDD and support coordinators are required to comply with [Executive Order No. 283](#), [Executive Order No. 290](#), [Executive Order No. 294](#) and Department of Health [Executive Directive 21-011](#). These orders and directives require the noted staff to receive the primary series for COVID-19 vaccination plus the first booster dose for which they are eligible in order to be considered up-to-date. The only exception would be if they are granted a qualified religious or medical exemption from their employer. In those instances, the exempted staff would need to be tested for COVID-19 once or twice weekly depending on Community Transmission Levels.

Day and Residential providers shall immediately notify their local health department of any confirmed or suspected cases of COVID-19 and follow their directives. They shall also cooperate with their local health department related to any contact tracing that may be needed. After that notification, confirmed cases of COVID-19 must also be reported to the Division through established Unusual Incident Reporting Procedures. See <https://nj.gov/humanservices/staff/opia/> for more information.

#### **Note for Support Coordinators**

Support Coordinators must complete a monthly contact, quarterly face-to-face visit and an annual face-to-face home visit. Video conferencing does not satisfy the face-to-face visit requirement. 100% of individuals are

<sup>1</sup> [https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html?s\\_cid=10496:cdc%20covid%20guidelines:sem.ga:p:RG:GM:gen:PTN:FY21](https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html?s_cid=10496:cdc%20covid%20guidelines:sem.ga:p:RG:GM:gen:PTN:FY21)

<sup>2</sup> Close contact is defined as ≥ 15 cumulative minutes within 24-hours of someone who has recently tested positive for COVID-19

expected to receive the required quarterly face-to-face visits in calendar year 2023.

Support Coordinators shall follow the policy (i.e. masking, social distancing, screening) of the Licensed Residential and Certified Day Program they are visiting as it may be more restrictive than described in this policy. The Criteria and Actions described in this policy are also to be used to inform face-to-face visits for persons outside of the above setting types. This includes persons living on their own, with family, etc. Support Coordinators are not to engage in visits unless they are in compliance with the Action(s) outlined herein.

When visiting persons living in non-congregate settings (i.e., on their own, with family, etc.), Support Coordinators are expected to respect the preferences the individual/family request in relation to masking and social distancing. As with any other person, a Support Coordinator may elect to wear a mask if that is their preference even if it is not required by the setting. Support Coordinators are encouraged to contact any setting they are visiting the day before a visit to confirm that visitation is possible.

**Support Coordinators shall monitor themselves for signs/symptoms of COVID-19 for at least 10 days after the visit. If symptoms occur, Support Coordinators shall follow CDC recommendations on testing and isolation or contact their health care provider for additional guidance. If positive for COVID-19, the Support Coordinator shall immediately notify any provider/family they visited for the period starting two days before they first experienced symptoms through the start of their isolation and complete an incident report to the Division.**

If an individual/family is not up-to-date with their COVID-19 vaccinations (including booster) and would like information on how to receive a COVID-19 vaccine, the Support Coordinator shall share the information found at <https://covid19.nj.gov/pages/vaccine> or, for homebound individuals, [NJ Homebound Vaccine](#) and reasonably assist with coordinating vaccination.

### **Masking and Social Distancing**

Day and/or residential providers render services in a variety of settings. Some of those settings may specialize in serving populations with specific needs (i.e., medical, behavioral, physical care needs, etc.). The Center for Disease Control and Prevention (CDC) has updated its [Use and Care of Masks](#) guidance which should be regularly reviewed for the most current information on this topic. This includes direction on when masking is to occur.

Day and/or residential providers may elect to follow this guidance or require a more restrictive policy based on the population being served in a specific location which may include daily screening. No policy shall be less restrictive than the parameters outlined in this document. In all cases where masking is required, it should not create a risk to workplace health, safety or job duty as assessed by the employer.

If a day or residential provider elects to follow this guidance or a more restrictive one, there must always be: a voluntary masking option in circumstances where masking may not be required; a requirement that all staff and persons served continue to be advised to stay [up-to-date](#)<sup>3</sup> with their COVID-19 vaccines in accordance with CDC guidelines (e.g., primary series and booster(s) when eligible); and be tested if they display symptoms.

Prior to adopting the policies below, providers should conduct an analysis of the population served in a specific location and determine that the new protocols outlined in this document do not pose an undue risk of severe illness from COVID-19 due to the underlying health conditions of the persons served at the location.

Providers are encouraged to regularly monitor the [CDC COVID-19 Community Levels](#) for the county in which the program is located and develop masking policies that best suit the unique needs of the persons served. Providers

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<sup>3</sup> Up-to-date with recommended vaccines means having received both primary doses in a two-dose series or a single-dose vaccine and booster shots recommended for the individual. See <https://nj.gov/infobank/eo/056murphy/pdf/EO-290.pdf> and <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html> for more information.

may also implement additional precautions such as universal masking and daily screening if primarily serving medically-fragile individuals.

Pursuant to [Executive Order No. 294](#) and NJDOH [Executive Directive 21-011](#), providers should continue to reference the [CDC Community Transmission Levels](#) to inform the frequency of mandated testing for staff granted a COVID-19 vaccination exemption. This metric is included in the NJDOH [COVID-19 Weekly Surveillance Report](#) (In most current report refer to #2 *Community Transmission Levels used in Healthcare Settings*). The provider should notify all persons served of any changes to their masking policy/social distancing policy at least five business days before the change in policy goes into effect.

Regardless of vaccination status, providers should ensure that staff, visitors, and persons served wear a mask and socially distance based on their personal preference and informed by their personal level of risk. All persons, especially those who are immunocompromised or at [high risk of severe illness](#) due to COVID-19, are encouraged to speak with their healthcare provider to determine recommendations on masking and social distancing. This may include wearing surgical masks or respirators (i.e., N95) and social distancing while indoors and on a vehicle.

#### **Procedure for Entering a Residence or Day Program – Staff and Support Coordinators**

All staff and support coordinators who, after being advised of recommended actions to prevent COVID-19 transmission to others, are permitted to enter the residence or day program shall:

- Perform hand hygiene upon entering the residence or day program.
- Follow standard precautions and provider guidance related to preventing COVID-19 spread, including [basic infection prevention and control measures](#).

Due to the evolving nature of isolation and quarantine protocols around COVID-19, providers are directed to follow [CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) and, as appropriate, [CDC Strategies to Mitigate Healthcare Personnel Staffing Shortages](#).

#### **Procedure for Entering a Day Program – Participants**

Regardless of vaccination status and to reduce the risk of COVID-19 transmission during transportation, providers shall require staff to wear a well-fitted mask while on the vehicle and increase ventilation through the opening of windows and use of vehicle HVAC systems to circulate fresh air, if safely permitted. All participants who are able should wear a well-fitted mask while on the vehicle. Individual/guardian/family shall be informed whether the provider is completing daily screening and that social distancing on a vehicle may not be possible when traveling to and from program, as well as during community outings. The CDC COVID-19 Community and/or Transmission Level does not indicate a directive to cease community outings.

#### **Procedure for Entering a Residence/Returning from an Off-Site Visit with Family/Friends – Residents**

Regardless of vaccination status, residential providers are required to continue monitoring all residents for sudden or emerging symptoms/signs of illness. This includes taking and recording their temperature. If they are showing symptoms and/or fever, they should be isolated away from other residents and a healthcare professional immediately consulted to determine if further isolation and/or COVID-19 testing is needed. If symptoms appear to be immediately life-threatening, 911 shall be called.

Regardless of vaccination status, symptomatic residents returning from an outing who report a close contact shall be tested for COVID-19 and the advice of a medical professional be followed based on test results, including direction on isolation/quarantine.

#### **Procedure for Entering a Residence or Day Program – Visitors**

Indoor visitation must be permitted for visitors. Visitors must wear a well-fitted mask if that is the policy of

the provider and physically distance from other staff/residents/participants/visitors with whom they are not visiting.

Providers are permitted to inquire about vaccination status of participants, visitors and staff so long as they follow all privacy requirements and are in compliance with HIPAA protections, (e.g., do not ask the status in front of others) and any other applicable federal or state law. Visitors are not required to provide this information. If vaccination status is unknown it is to be assumed the person is not vaccinated. Visitation cannot be refused based on the vaccination status of any party.

Those who enter a residence are advised to monitor for signs and symptoms of COVID-19 for at least 10-days after their visit. If symptoms occur, they should self-isolate at home, contact their healthcare provider, and immediately notify the residence of the date they visited, the individuals with whom they were in contact, and the locations within the home they visited. The residence will immediately screen the individuals of a reported contact, and implement necessary actions based on findings.

It is asked that non-urgent in-person visitation be deferred if the visitor, individual being visited and/or another resident/participant of the program is/are:

1. Positive for COVID-19 within the last 10 days;
2. Symptomatic of COVID-19 infection within the last 10 days;
3. Identified as a close contact to a known COVID-19 case within the last 10 days.

In the above circumstances, if the individual, their guardian (as applicable) and visitor(s) are aware of the risks associated with visitation (on-site or otherwise) as described at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html>, visitation is still permissible<sup>4</sup>. In these cases, visits should occur in the resident's room or other area away from others and the resident/participant/visitor should wear a well-fitting mask if tolerated/medically advisable. Providers shall advise visitors whether they are aware of any staff/residents/participants who have tested positive, are symptomatic or are not up-to-date with their COVID-19 vaccinations, including a booster shot, and been exposed to COVID-19 in the past 10 days to help inform their decision to visit. Please note that providers must maintain compliance with HIPAA and other applicable federal and state laws when engaging in the sharing the above information.

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<sup>4</sup> <https://www.cms.gov/files/document/qso-20-39-nh-revised.pdf>