



COMMONWEALTH of VIRGINIA

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MEMORANDUM

TO: ALL DBHDS LICENSED PROVIDERS

FROM: Jae Benz, Director, Office of Licensing
Taneika Goldman, State Human Rights Director
Katherine Means, Senior Director of Clinical Quality Management

DATE: March 26, 2021

RE: Return to Field Operations

On March 12, 2020, Governor Northam issued Executive Order 51 declaring a state of emergency in Virginia related to the COVID-19 public health crisis. As a result of the order and the public health crisis, the Office of Licensing (OL) and Office of Human Rights (OHR) put into place emergency protocols to govern field operations during the COVID-19 emergency period. The emergency protocols limited onsite visits to those where individuals were determined to be at imminent risk of harm and suspended activities requiring in person encounters where physical space is shared.

Beginning April 1, 2021, OL and OHR will shift from its current disposition where the majority of visits, inspections, and investigations are virtual, to one where some, but not all, field operations are conducted face to face. This transition will begin April 1, but it will take some time and is predicated on several factors; such as the evolving COVID-19 situation in Virginia, serious incident reports of provider outbreaks, and additional data from the Virginia Department of Health (VDH) and the Centers for Disease Control and Prevention (CDC). In addition, the DBHDS's Quality Service Review provider, the Health Service Advisory Group (HSAG), will commence with conducting face-to-face interviews and direct observations. DBHDS staff and HSAG staff will attempt to coordinate visits and record requests whenever feasible in order to

minimize disruption and risk of infection wherever possible. **Please note, any activities that have already been initiated before April 1, 2021 by OL or OHR, will be completed virtually.**

As OL, OHR, and HSAG transition back to onsite activities in April, staff will conduct pre-screening assessments for safety, to identify concerns for infections, and request that staff and individuals (when able) wear masks, adhere to social distancing guidelines and adhere to current CDC and VDH guidelines. All DBHDS and HSAG staff will be wearing personal protective equipment (PPE) which may include masks, gloves, and gowns as appropriate to the location and set up of the onsite activity. OL and OHR staff will also discuss all provider safety protocols prior to going onsite in order to ensure the safest environment for providers, their staff, individuals, and our team members.

The following transition to field operations will begin on or after April 1, 2021:

- **Office of Human Rights**

- Resumption of “AIM” visits onsite (for allegations of physical abuse with serious injuries, allegations involving restraint with a serious injuries and allegations involving sexual assault)
- Independent and joint investigations with OL, where individuals are determined to be at imminent risk of harm, onsite
- Home and Community Based Services (HCBS) Waiver New Provider validations, onsite

- **Office of Licensing**

Per, the Governor’s amendment in the 2020-2022 biennium budget, DBHDS, at its discretion, may conduct less than one annual unannounced inspection of each service offered by each licensed provider for the duration of the Governor’s emergency declaration for COVID-19; therefore, the department is prioritizing annual unannounced inspections of licensed services directly affected by the Commonwealth’s settlement agreement with the United States Department of Justice.

- Annual onsite inspections will resume for providers of DD services who have not yet received a request to submit documentation for their annual reviews in accordance with the OL annual checklist and as outlined below.
 - Inspections where documents have already been submitted will be continued as a remote inspection
 - For inspections that have not yet been initiated, OL will offer providers a choice of onsite or remote inspection.
 - Investigations that meet internal criteria for requiring an onsite inspection will be conducted onsite.
 - Onsite Inspections will be required for providers on a provisional or conditional license prior to issuing an annual license.

Remote Inspections

- Mental health and substance use disorder providers whose license is up for renewal will continue to receive remote inspections.
 - Service modifications will be processed in order of the Commonwealth's need for the additional service or location. Onsite inspections will be completed virtually unless there are concerns related to the physical plant.
- **HSAG Quality Service Reviews (OSRs)**
 - Commence conducting face-to-face interviews and direct observations with individual waiver service recipients, family members, or guardians; case managers; and service providers' at each of the provider's service sites to the extent possible.

Please note, the Office of Human Rights' Community Look Behind reviews will continue to be conducted remotely at least through the end of the calendar year as well as provider training. Additionally, Local Human Rights Committee (LHRC) and State Human Rights Committee (SHRC) meetings will remain virtual during the state of emergency. For the Office of Licensing, most service modifications will continue to be remote, as noted above.

Safety Standards for Office of Human Rights and Office of Licensing Staff

Prior to conducting an onsite visit team members will conduct a phone call to the provider to complete a COVID-19 pre-screening questionnaire and inform the provider of the OL and OHR *onsite safety protocols* and inquire about the provider's protocols. If the provider answers YES to any of the prescreening questions, the licensing specialist or human rights advocate will consult with their manager to determine whether an onsite visit must occur that day or if it should be postponed.

The licensing specialist or human rights advocate will send a list of documents they will be reviewing during the onsite visit to the provider in advance, so that the provider can have the documents pulled and ready for review whenever possible. OHR or OL may also request for the provider to electronically submit their detailed safety plan regarding COVID-19 for review prior to the onsite visit.

All human rights advocates and licensing specialists going into the field are required to conduct a self-screen regarding symptoms of COVID-19. Licensing specialists and human rights advocates will utilize the same COVID screening questions that are asked of the provider prior to conducting the onsite visit. If a team member answers "yes" to any of the prescreening questions or has experienced any of the following symptoms within 48 hours of the onsite visit, or has a temperature >100.4 F on the day of the onsite visit, they will NOT conduct the onsite visit.

- Fever or Chills

- Sore Throat
- Cough
- Congestion or Runny Nose
- Difficulty Breathing
- Nausea or Vomiting
- Fatigue
- Diarrhea
- Muscle/Body Aches
- New Loss of Taste or Smell
- Headache

Onsite Visit Safety Protocols for OL and OHR Staff:

- When possible, a limit of two provider staff members in the shared physical space where the review will occur and the number of individuals supported should be only those to be interviewed if other alternatives can be arranged;
- Provider staff participating in the visit are required to wear a face covering. If a provider staff member is unable to wear a face covering due to a medical condition, the provider/facility should have another staff member who is able to wear a face covering participate instead;
- All provider staff are required to adhere to six feet of social distancing at all times;
- Provider staff are expected to have a sanitized location that allows for the privacy and safety of the human rights advocate/licensing specialist when they arrive;
- Ask provider to consider the use of a porch, patio or garage for a meeting space;
- When possible, face to face meetings should not last longer than 15 minutes. Human rights advocates/licensing specialists should prioritize communication with individuals/staff and observation of the environment. Documents can be reviewed in the office;
- OL and OHR staff will don the appropriate PPE, in accordance with provider protocols, before entering the provider site. A face covering is always required. Other PPE may include a gown, gloves, NIOSH-approved respirator (N95 mask), shoe coverings, face shield or goggles.
- Only bring necessary equipment to an onsite visit in order to minimize the number of items that need to be cleaned and disinfected afterwards. Consider using folders or envelopes to segregate paper records from other materials.
- Using restrooms within the provider location while conducting an onsite visit is not recommended;
- Avoid shaking hands with personnel or others on site at the provider location;
- Minimize shared use of equipment such as pens
- Be aware of and limit contact with frequently touched surfaces such as Counters, Tabletops, Doorknobs, Bathroom fixtures and when possible avoid touching your mouth, nose, or eyes when handling frequently touched items.
- Consider if any materials utilized during the onsite visit (i.e. pen, paper, laptop, cell phone) need to be disinfected and use a wipe to do so

- Dispose of any non-reusable materials properly
- PPE should be doffed/removed as soon as possible at the conclusion of the onsite visit and prior to entry into a vehicle;
- Wash hands/use hand sanitizer prior to removing a face mask and utilize hand sanitizer or handy wipe (with at least 60% alcohol base) once all PPE has been removed;
- If removal and disposal of PPE at the provider location is a challenge, park away from the location and carry a garbage bag that can be sealed to dispose of PPE items prior to entering a vehicle. The garbage bag with used PPE should be kept in the trunk of the vehicle and disposed of as soon as possible. At this time, PPE related to COVID-19 is not identified as medical waste and red bags are not required for disposal.

While OL and OHR are specifically referenced in this section, it is important to note that the general safety standards are required for all DBHDS staff conducting work in the community, as well as DBHDS contracted vendors, such as HSAG. The intent is that the amount of time spent in person will be minimized to the extent needed to conduct the work in an efficient, effective, and safe manner.

Notification of Exposure to COVID-19

According to the CDC, for COVID-19, a close contact is defined as any person who was within 6 feet of an infected person for a total of 15 minutes or more starting from 48 hours before the person began feeling sick or received a positive COVID-19 test result, whichever is earlier. In the event that any DBHDS or HSAG staff develops COVID-19 within 48 hours of an on-site visit, the provider and/or individual(s) subject to the visit will be notified within 24 hours of confirmation of the positive COVID-19 status.

Additionally, the CDC recommends that anyone who has been in close contact with a person who is positive for COVID-19, remain quarantined for 14 days, based on the incubation period of COVID-19, and to reduce the risk that infected persons may unknowingly transmit infection to others. DBHDS acknowledges that there is a risk of staff unknowingly transmitting infection and therefore, if a provider and/or individual has a positive case of COVID-19 **within 14 days** of a DBHDS or HSAG visit, the provider and individual should contact the DBHDS staff and/or HSAG staff within 24 hours of knowledge of the COVID-19 positive case, so that staff can cease conducting on-site visits and determine the need to isolate or quarantine.

In the event of a COVID-19 positive case within 14 days of a DBHDS or HSAG visit, contact:

- HSAG: Amy Osborn, NHA, PMP, Sr. Executive Director,
O: 813.865.3190 | C: 813.503.5867 | Email: aosborn@hsag.com
- DBHDS: Please contact your licensing specialist or human rights advocate directly

Please note that while this memo describes a plan for initiating field operations, this plan may be subject to change based on the status of COVID-19 within Virginia, orders enacted by the Governor or Commissioner of DBHDS and the discretion of the Director of the Office of Licensing or State Human Rights Director. We appreciate your ongoing flexibility during the public health emergency and continued commitment to the safety of the individuals you support and your staff. If you have questions regarding these changes or safety protocols, please contact your licensing specialist or human rights advocate.

For HSAG or QSR questions please contact Shauna Hooker, Clinical Quality Improvement Specialist, at dbhds_qsr@dbhds.virginia.gov.