



# **COVID-19 RESPONSE for Home and Community-based Services Residential Providers**

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This document provides guidance to HCS program providers on response actions in the event of a COVID-19 positive case.



**TEXAS**  
Health and Human  
Services

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## 2. Table of Changes

Document Version	Date	Change
2.0	5/5/20	pp. 8-9, to conform to GA-18
2.0	5/5/20	p. 9, added link to CDC guidance
2.0	5/5/20	p. 11, clarified when HHSC's actions are taken
2.0	5/5/20	p. 11, to conform to CDC guidance
2.0	5/5/20	p. 13, per stakeholder feedback
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2.0	5/5/20	pp. 26-27, added HCW return-to-work
2.0	5/5/20	Sections VI, IX, Attachment 1: reorganized lists for readability
2.0	5/5/20	Moved glossary of acronyms
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3.0	5/27/20	pp. 5-7, 12: Added references to new Attachment 7 with graphics on PPE use
3.0	5/27/20	pp. 5, 9, 12: Added reference to contact tracing app
3.0	5/27/20	p. 6: added paragraph on in-home day habilitation
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3.0	5/27/20	pp. 28-29: Added background info on day habilitation
3.0	5/27/20	Moved background and considerations to Attachment 6
4.0	7/21/20	Significant reorganization to eliminate duplication and focus on program provider actions
4.0	7/23/20	Updated to reflect new CDC guidance on HCW return-to-work and discontinuation of isolation
4.0	7/23/20	Included new resources and links page
4.0	7/23/20	Included references to DSHS day habilitation guidance
4.0	7/23/20	Updated to new template
4.1	8/27/20	Included TAC §9.198 and §9.199 references
4.2	9/29/20	Included GA-30 Updates and Visitation Precautions
4.3	4/22/21	Updates to Executive Orders and PPE Clarification; updated attachments to reflect current CDC guidance; provided additional guidance on screening and day habilitation

## 3. Introduction

### Purpose

This response plan was developed to support a proclamation by the Governor on March 13, 2020, certifying that COVID-19 poses an imminent threat to the state of Texas. As a result of the proclamation, HHSC adopted emergency rules to reduce the risk of spreading COVID-19.

This plan provides Home and Community-based Services (HCS) residential service providers with guidance in the event of a positive COVID-19 case associated with the program provider. HCS residential services are provided in host home/companion care (HH/CC) residences, three-person, or four-person residences. Three- and four-person residences are leased or owned by the program provider. This plan was written for three- and four-person residences; however, there are sections that apply to HH/CC as well.

This document also provides HCS providers immediate actions to consider and actions for extended periods after a provider is made aware of a probable COVID-19 infection of an individual, staff, or essential caregiver.

### Goals

- Rapid identification of COVID-19 situation in an HCS residence
- Prevention of spread within the residence
- Protection of individuals, staff, and visitors
- Provision of care for an infected individual(s)
- Recovery from an in-residence HCS COVID-19 event

### Overview

Recipients of long-term care (LTC) services are more susceptible to COVID-19 infection and the detrimental impact of the virus than the general population due to living in close proximity with others and their reliance on support from staff who often work on multiple shifts and in multiple locations. In addition to the susceptibility of individuals, an LTC environment presents challenges to infection control and the ability to contain an outbreak, with potentially rapid spread among a highly vulnerable population. These challenges can be exacerbated by shortages of staff and personal protective equipment (PPE).

This Response Plan also provides guidance to service providers when entering an HCS residences to provide critical assistance. This plan will describe what immediate actions a service provider can take when they are made aware of a probable or positive COVID-19 infection of an individual, service provider, or essential caregiver, as well as actions to take over the longer term.

## 4. Required Reporting and Notifications

In accordance with [40 TAC §9.198\(d\)](#), all HCS program providers must make certain notifications when an individual or staff has a confirmed or probable case of COVID-19.

All HCS program providers must report all confirmed COVID-19 cases to the local health department (LHD) with jurisdiction over the provider. In instances where there is no local health authority, report to the Department of State Health Services (DSHS) directly.

Additionally, HCS program providers must report confirmed cases of COVID-19 for staff and individuals to HHSC at [waiversurvey.certification@hhsc.state.tx.us](mailto:waiversurvey.certification@hhsc.state.tx.us). This e-mail must be sent encrypted and include the following information:

- Provider name
- Component code
- Contract number
- Point of contact name and contact information
- For each individual with COVID-19:
  - ▶ Name and CARE ID
  - ▶ Number at home
  - ▶ Number in hospital
- Number of staff

If an individual is confirmed to have COVID-19 or if COVID-19 is confirmed in the residence, a program provider must notify an individual's legally authorized representative (LAR).

If there is probable or confirmed cases among program provider staff or individuals living in the same residence, the program provider must also notify any individual who resides in the residence and his or her LAR.

## 5. Required Screening and Staff Precautions

[HCS program providers must protect the health, safety, and welfare of individuals receiving HCS program services. To protect individuals against exposure to COVID-19, HHSC has adopted rules for all program providers regarding screening for signs and symptoms of COVID-19.

40 TAC §9.198(c)(1) requires program providers to screen all visitors outside the residence before allowing them to enter. This applies to all residence types, including HH/CC. The provider must document the screening results in a log containing the following information:

- Name of person screened,
- Date screened,
- Time of screening, and
- Results of screening.

**Note:** Emergency services personnel entering the property in an emergency situation, personal visitors participating in a vehicle parade, and personal visitors participating in a closed window visit do not have to be screened.

The log may contain protected health information, and the provider should protect it in accordance with applicable state and federal law. See [Attachment 14](#) (*Sample HCS Symptom Monitoring Log*) for an example of a screening log.

40 TAC §9.198(e)(11) requires the provider to screen individuals for signs and symptoms of COVID-19 at least twice a day. If an individual leaves the residence and returns, the program provider must screen the individual upon return but cannot prohibit the individual from entering the residence even if he or she meets any of the screening criteria.

HHSC also recommends program providers keep up to date with all guidance from [DSHS](#) and the [CDC](#) for identifying symptoms and potential exposure to COVID-19.]

The following guidance will help prevent the transmission of COVID-19 to individuals:

- Require service providers to self-monitor daily, including non-working days.
- Require services providers to report any known exposure to COVID-19 or COVID-19 symptoms via phone prior to reporting for work. If symptomatic, staff should not report to work.
- To avoid transmission between residences, limit service providers from working at multiple residences.

If service providers have worked in a residence where an individual has tested positive for COVID-19, in accordance with [\[GA-34\]](#) and [40 TAC §9.198\(g\)](#), the

program provider must minimize the movement of staff between residences unless doing so will result in staff shortages.

Follow the CDC's [return to work](#) guidance for staff recovering from COVID-19. See [Attachment 12](#) (*Return to Work Criteria*).



## 6. Executive Orders & Rule Adoption

All HCS program providers must comply with Executive Orders issued by Governor Abbott and all rules adopted by HHSC. Provisions applicable to program providers include:

- [People may visit long-term care facilities, including HCS residences, in accordance with guidance from HHSC. Long-term care facilities should follow infection control policies and practices set forth by HHSC, including minimizing the movement of staff between facilities whenever possible. ([GA-34](#))]
- Emergency Rules regarding COVID-19 mitigation and visitation in [40 TAC §9.198 and 9.199](#)

## 7. Preparing for COVID-19

A COVID-19 outbreak can occur at any time; therefore, to comply with [40 TAC §9.198\(e\)](#), the program provider must develop and implement an infection control policy that focuses on education and planning. The program provider must, on an initial and ongoing basis, provide training on COVID-19 infection control to service providers as well as staff and individuals receiving services, including those in a HH/CC setting.

### Education

- Monitor CDC guidance on [infection control](#).
- Train staff service providers and staff on [proper use of PPE](#).
- Review [isolation guidance](#) and use of PPE with service providers.
- Review handwashing, surface cleaning, and other environmental hygiene precautions with service providers.
- Educate individuals and any visitors regarding the importance of handwashing. Assist individuals in performing proper [hand hygiene](#) if they are unable to do so themselves. Educate individuals to cover their coughs and sneezes with a tissue, then throw the tissue away in the trash, and wash their hands.
- If a residence hosts in-home day habilitation as allowed under [\[Information Letter 21-16\]](#), program providers should teach individuals how to minimizing the risk through instruction on physical distancing, hand hygiene, and the use of masks as tolerated.
- Provide information related to COVID-19 and changes related to policies and procedures in an accessible and easy-to-understand format, in an appropriate language, and at a literacy level appropriate for all staff and employees.

### Planning

- Clean and disinfect the residence thoroughly and routinely.
- Review your infection control policies and procedures and emergency plan to ensure it accounts for COVID-19.
- Implement policies requiring the isolation of individuals who are sick to separate them from those who are not.
- Per [\[40 TAC §9.198\(g\)\]](#), develop a staffing policy that minimizes sharing staff between program providers and residences, unless it would result in a staffing shortage. Program providers should also communicate internally about COVID-19 positive and probable cases to limit possible COVID-19 exposures.
- Develop a communication plan, including a list of external contacts and phone numbers.
- Develop a staffing contingency plan to implement if a significant number of staff are unavailable to work.

- Consider conducting drills to allow staff to practice how they would isolate an individual upon receiving a COVID-19 diagnosis.
- To the extent possible, keep an up-to-date list of all service providers who work in other residences.
- Review your contract with day habilitation providers. Ensure that contracted day habilitation providers agree to comply with [\[40 TAC §9.198\(h\)\]](#) and [DSHS Guidance for Day Habilitation Sites](#).

## Infection Control Policy

In accordance with 40 TAC [§9.198\(e\)\(1\)](#), a program provider must develop and implement an infection control policy that prescribes a cleaning and disinfecting schedule for the residence, including high touch areas and equipment used for more than one individual. The program provider must update this policy if CDC guidance changes. The program provider must also revise the policy if its own internal quality assurance processes identify a shortcoming in the policy and/or process.

## Essential Caregiver Policy and Procedures

Before allowing essential caregivers into the residence, the program provider must develop and implement policies and procedures that comply with [\[40 TAC §9.199\(c\)\(1\)\(F\) for Expanded Visitation and §9.199\(d\)\(1\)\(F\) for Limited Visitation\]](#):

- The policy must require a written agreement that the essential caregiver visitor understands and agrees to follow the applicable policies, procedures, and requirements;
- The policy must describe how the program provider will train each essential caregiver visitor on proper personal protective equipment (PPE) usage and infection control measures, hand hygiene, and cough and sneeze etiquette;
- The policy must require essential caregiver visitors to wear a facemask and any other PPE in accordance with [CDC guidance](#) and the program provider's policy while in the residence;
- The policy must limit the essential caregiver to the visitation area designated by the program provider to minimize the caregiver's ability to interact with other individuals and staff. The visit may occur outdoors, in the individual's bedroom, or in another area in the home that limits the essential caregiver visitor's movement through the residence and interaction with other individuals and staff.
- [\[Program provider staff do not need to escort the visitor or monitor the visit.\]](#)

## 8. Responding to COVID-19

By following this plan and the emergency rules in 40 TAC §9.198 and §9.199, the program provider can potentially prevent the spread of COVID-19 into the residence. The program provider's goals in responding to COVID-19 are to:

- Prevent further disease spread;
- Protect from infection;
- Care for infected individuals; and
- Communicate.

See [Attachment 1](#) (*Program Provider Response*), [Attachment 2](#) (*Isolation Planning in HCS Residences*), and [Attachment 3](#) (*Planning for a Positive COVID-19*) for visual aids outlining the provider response activities.

### Prevent Further Disease Spread

Once COVID-19 is detected in the residence, the program provider must take immediate action to prevent further disease spread.

Find out:

- Which individuals and service providers are potentially infected?
- Do exposed service providers work in other residences?
- Who has been tested?

To do:

- Isolate those who are sick and those who have been exposed.
  - ▶ *Isolation refers to practices that separate persons who are sick to protect those who are not sick.*
- To the extent possible, isolate those negative for COVID-19 from those who are positive or who have unknown COVID-19 status.
- If individuals cannot be isolated within the residence, the program provider must convene the service planning team to identify alternative residential arrangements.
- Screen all individuals daily for signs and symptoms.
- Determine the need for restrictions.

## Protect from Infection

Find out:

- Do you have enough personal protective equipment?
- Is it adequate to care for a COVID-19 positive individual?
- Do you have enough staff or do you need to implement your staffing contingency plan?

To do:

- Comply with CDC, DSHS, and HHSC infection control guidance.
- Obtain and [use PPE appropriately](#).
- Do a thorough cleaning and disinfection of the residence.
- Contact other residences where those exposed might have visited, worked, or attended in-home day habilitation.
- Consult with your local health department (LHD) regarding testing.
- Limit service providers in contact with those infected or exposed.
- Ensure that individuals attending in-home day habilitation wear face masks, if tolerated.
- Ensure service providers for in-home day habilitation wear face masks.
- Helpful guidance:
  - ▶ [Attachment 5](#) – *SPICE*
  - ▶ [Attachment 6](#) – *Use of PPE in HCS Residences*
  - ▶ [Attachment 7](#) – *Sequence for Putting on Personal Protective Equipment*
  - ▶ [Attachment 8](#) – *How to Safely Remove PPE: Example 1*
  - ▶ [Attachment 9](#) – *How to Safely Remove PPE: Example 2*
  - ▶ [Attachment 10](#) – *How to Wear a Medical Mask Safely*
  - ▶ [Attachment 11](#) – *Reusing Your Facemask*

## Care for Infected Individuals

Find out:

- What level of care do they need? Is hospitalization required?
- How and when will the individual be able to reintegrate into the residence?  
Coordinate with your LHD or DSHS as needed.

To do:

- Ensure disposal of used PPE in accordance with state/federal guidelines.
- Coordinate with the individual's health care professionals or EMS as needed.
- Screen individuals who are exhibiting symptoms three times a day to identify worsening symptoms that might require hospitalization.
- If possible, designate a separate bathroom for individuals with COVID-19 symptoms.

## Communicate

Find out:

- Who are your points of contact with HHSC, local government, clinical staff, and others?

To do:

- Notify required entities of the positive case(s). See [Section 4](#).
- Notify individuals, families/LARs, Local IDD Authority Service Coordinators, and service providers of individuals living in the residence.
- Track tested, positive, isolated, quarantined, hospitalized, and deaths.
- Communicate individuals' diagnoses and symptoms with transferring and receiving health care facilities.

## **9. HHSC Activities with Program Providers with COVID-19 Cases**

Waiver Survey and Certification (WSC) is notified each time any HCS program provider becomes aware of a positive case. WSC begins outreach with the first notification and continues to be in communication until all cases are resolved. If new cases arise, they are added to the WSC tracking and WSC continues outreach. As part of these outreach efforts, WSC will:

- Identify points of contact with the program provider and maintain communication.
- Initiate desk reviews and outreach to program providers to conduct a focused review of infection control processes.
  - ▶ Is the program provider prohibiting outdoor visits, open window visits, vehicle parades, and plexiglass indoor visits?
  - ▶ Review the program provider's isolation plans. How are individuals isolated in the residence?
  - ▶ Does the residence have sufficient amounts of PPE?
  - ▶ Is the residence screening individuals and staff? How often?
  - ▶ Are others (contract staff, family members) being screened?
  - ▶ Are program providers notifying service providers, individuals, and families of positive COVID-19 cases in the residence?
  - ▶ Do service providers work at other residences, with other program providers, or at other health-care or long-term care facilities (such as state supported living centers)?
  - ▶ Is the residence ensuring timely individual care and clinical support?
  - ▶ Is the residence implementing isolation and quarantine as appropriate?
- Begin tracking:
  - ▶ Number of individuals positive for COVID-19
  - ▶ Number of staff positive for COVID-19
  - ▶ Number of hospitalizations of individuals with COVID-19
  - ▶ Number of deaths of individuals with COVID-19
  - ▶ Program providers by number of positive cases
- Communicate with the local health department/local health authority and DSHS as warranted.
- Communicate updated guidance to program providers.
- Review applicable rules and regulations with program providers.
- Maintain communication with program providers until reviews are complete to obtain updates.

## **10. State/Regional/Local Support**

The Texas Health and Human Services Commission (HHSC) serves as the lead state agency in the state's response to a COVID-19 event in the HCS program. HHSC actions include:

- Development of testing recommendations, in consultation with DSHS.
- Ensuring appropriate/assistance with individual movement.
- Providing subject matter experts: Waiver Survey and Certification, health-care acquired infections, epidemiology.
- Coordination of HHSC, DSHS, emergency management and local actions.



## 11. Day Habilitation Attendance

Individuals may attend external day habilitation if they choose to do so. Day habilitation sites can provide services to individuals living in an HCS residence under contract with an HCS program provider. Since individuals are part of the community, the following routinely enter day habilitation: visitors, including family members; program provider staff; volunteers; consultants; external providers; and contractors. Many provide essential services for the day habilitation to function or provide services critical to the individual's care.

The HCS program provider should only contract with a day habilitation site that adheres to [\[40 TAC §9.198\(h\)\]](#), which states the day habilitation must comply with the [most current guidance](#) from DSHS for these sites.

**[NOTE: Per [Information Letter 21-16](#), HCS program providers may provide day habilitation to an individual in the individual's permanent or temporary residence without having the justification required by Section 4320 of the HCS Billing Guidelines. This includes individuals residing in their own homes or family homes.]**

Per [\[40 TAC §9.198\(h\)\(1\)\]](#), the program provider also must facilitate and document an individual's decision to return to day habilitation outside the residence. The discussion with the individual should include but is not limited to:

- Options and alternatives
- Potential risks of attending day habilitation, and
- PPE, hygiene, and physical distancing

**[Before an individual can attend a specific day habilitation, the program provider must ensure the day habilitation has PPE available for the individual. The only exception to this is if the individual lives in a HH/CC residence. Additionally, the program provider must include in its contract with the day habilitation that the day habilitation will communicate with individuals, program providers, staff, and family when the day habilitation site is aware of a probable or confirmed case of COVID-19 among day habilitation site staff or individuals. The contract must also prohibit a day habilitation site from releasing personally identifying information regarding confirmed or probable cases.]**

Prohibiting an individual from attending day habilitation is a restriction of rights. Such a restriction is a significant action that can be undertaken only on a case-by-case basis, and only with the approval of the individual's service planning team. Program providers are required to promote and protect the individual's rights under [40 TAC §9.173\(b\)](#).

## **12. Infection Control Precautions Related to Visitations**

In accordance with 40 TAC §§9.198 and 9.199, a program provider must develop and implement an infection control policy that prescribes a cleaning and disinfecting schedule for visitation. The policy must include how the program provider will:

- Ensure physical distancing during visitation.
- Require all visitors to wear masks or face coverings over both the nose and mouth throughout the visit and encourage the individual to do so, if tolerated.
- Screen all visitors.
- Sanitize all furniture used during the visit after use.
- Schedule visits as necessary to allow time for sanitation between visits.
- Require visitors and encourage individuals to perform hand hygiene before the visit and make hand hygiene supplies available.
- Designate space for each visit that limits the ability of visitors to interact with other individuals and limits movement through the residence.

## 13. Supplemental Resources

### List of Acronyms

Acronym	Full Name
CARE	The Client Assignment and Registration System
CDC	The Centers for Disease Control and Prevention
CMS	The Centers for Medicare and Medicaid Service
DSHS	Texas Department of State Health Services
EMS	Emergency medical services
HCP	Health care personnel
HCS	Home and Community-based Services
HCW	Healthcare worker
HH/CC	Host home/companion care
HHSC	Texas Health and Human Service Commission
ICF/IID	Intermediate Care Facility for Persons with an Intellectual Disability
IDD	Intellectual and Developmental Disabilities
IL	Information letter issued by the Medicaid division of HHSC
IPC	Individual Plan of Care
LAR	Legally authorized representative
LHD	Local health department
LTC	Long-term care
LTCR	Long-term Care Regulation
LVN	Licensed vocational nurse
PPE	Personal protective equipment
PL	Provider letter issued by LTCR
RN	Registered nurse
WSC	Waiver Survey and Certification

## Resources and Links

[Title 40, Part 1, Texas Administrative Code, Chapter 9, §9.198 and §9.199](#), HCS Program Provider Response to COVID-19 Emergency Rule

[[Provider Letter 2021-09](#) provides HHSC guidance on expanded and limited visitation.]

[[Information Letter 2021-16](#) provides HHSC guidance on in-home day habilitation.]

[[Provider Letter 2021-57](#) provides HHSC guidance for conducting tours to prospective residents/individuals.]

[Texas Health Trace app](#) helps identify persons with exposure to a known case of COVID-19.

HHSC guidance:

- Medicaid Policy: [Frequently Asked Questions](#)
- LTCR Policy: [Updated COVID-19 FAQ for HCS and TxHmL Providers](#)
- [Helping Individuals with IDD Prevent the Spread of COVID-19](#)
- Sign up to receive [HHSC updates](#)

DSHS guidance for:

- [Day Habilitation Sites](#)
- [People with Disabilities](#)
- [Individuals with Chronic Conditions](#)
- [COVID-19 Vaccines](#)

CDC guidance for:

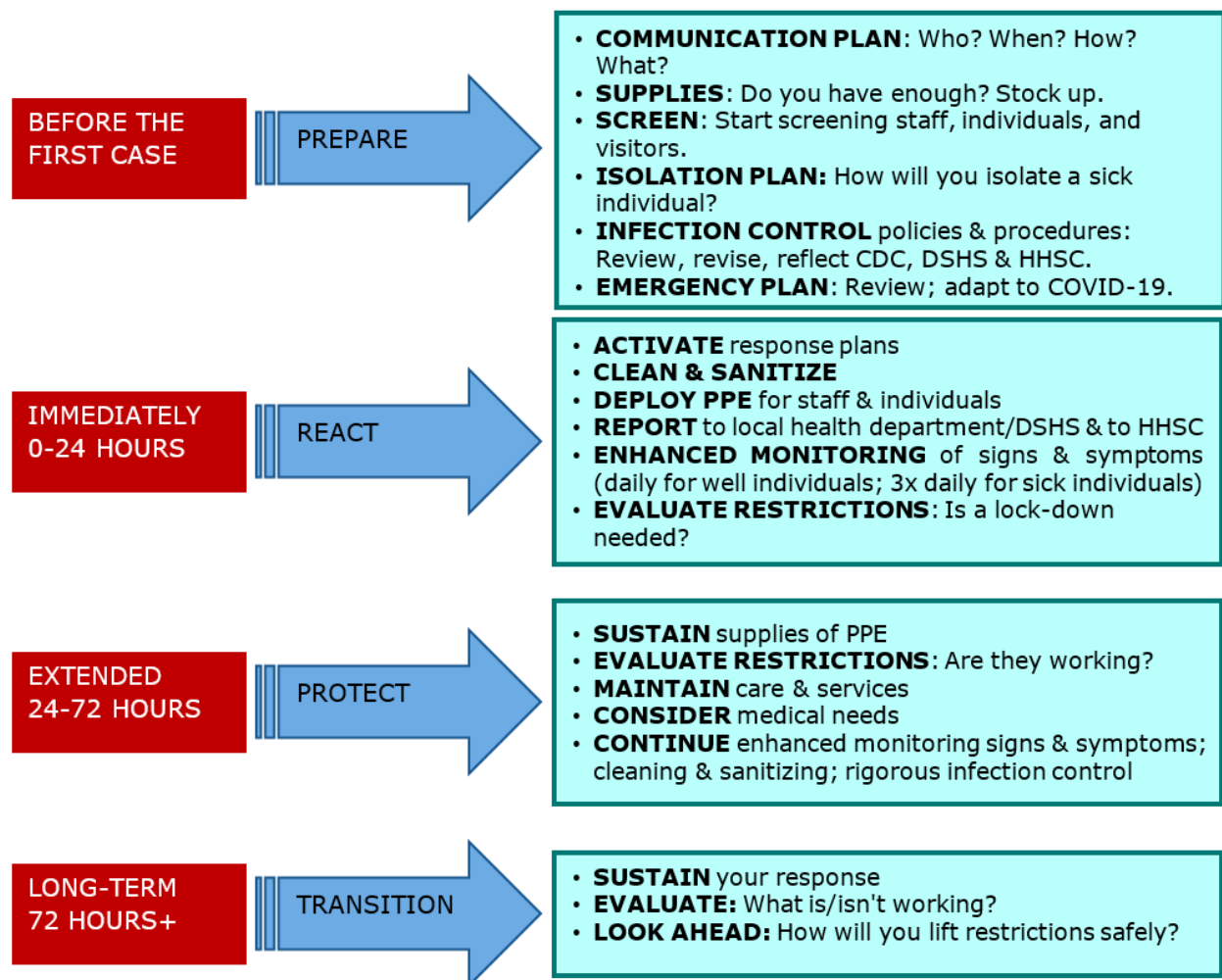
- [Direct Service Providers, Caregivers, Parents, and People with Developmental and Behavioral Disorders](#)
- [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#)
- [Criteria for Return-to-Work for Healthcare Personnel](#)
- [Guidance for Wearing Masks](#)
- [Optimizing Supplies of PPE during Shortages](#)
- [Infection Prevention and Control Recommendations](#)
- [Using PPE](#)
- [Cleaning and Disinfection for Households](#)
- [Guidance for Direct Service Providers](#)
- [Risk Assessment and Work Restrictions for HCP Exposed to COVID-19](#)
- [Guidance for Group Homes for Persons with IDD](#)
- [Hand Hygiene Recommendations](#)
- [Cleaning and Disinfecting Non-emergency Transport Vehicles](#)

The [Association for Professionals in Infection Control and Epidemiology](#) has resources on COVID-19 and infection control.

## Attachment 1: Program Provider Response



What can you do to identify a COVID-19 situation, help prevent the spread within a residence, and care for infected individuals?



## **TEXT ONLY VERSION:**

### **Before the First Case Prepare**

- Communication plan: Who? When? How? What?
- Supplies: Do you have enough? Stock up.
- Screen: Start screening staff, individuals, and visitors.
- Isolation plan: How will you isolate a sick individual?
- Infection control policies & procedures: Review, revise, reflect CDC, DSHS & HHSC.
- Emergency plan: Review; adapt to COVID-19.

### **Immediately 0-24 Hours React**

- Activate response plans
- Clean & sanitize
- Deploy PPE for staff & individuals
- Report to local health department/DSHS & to HHSC
- Enhanced monitoring of signs & symptoms (daily for well individuals; 3x daily for sick individuals)
- Evaluate restrictions: Is a lock-down needed?

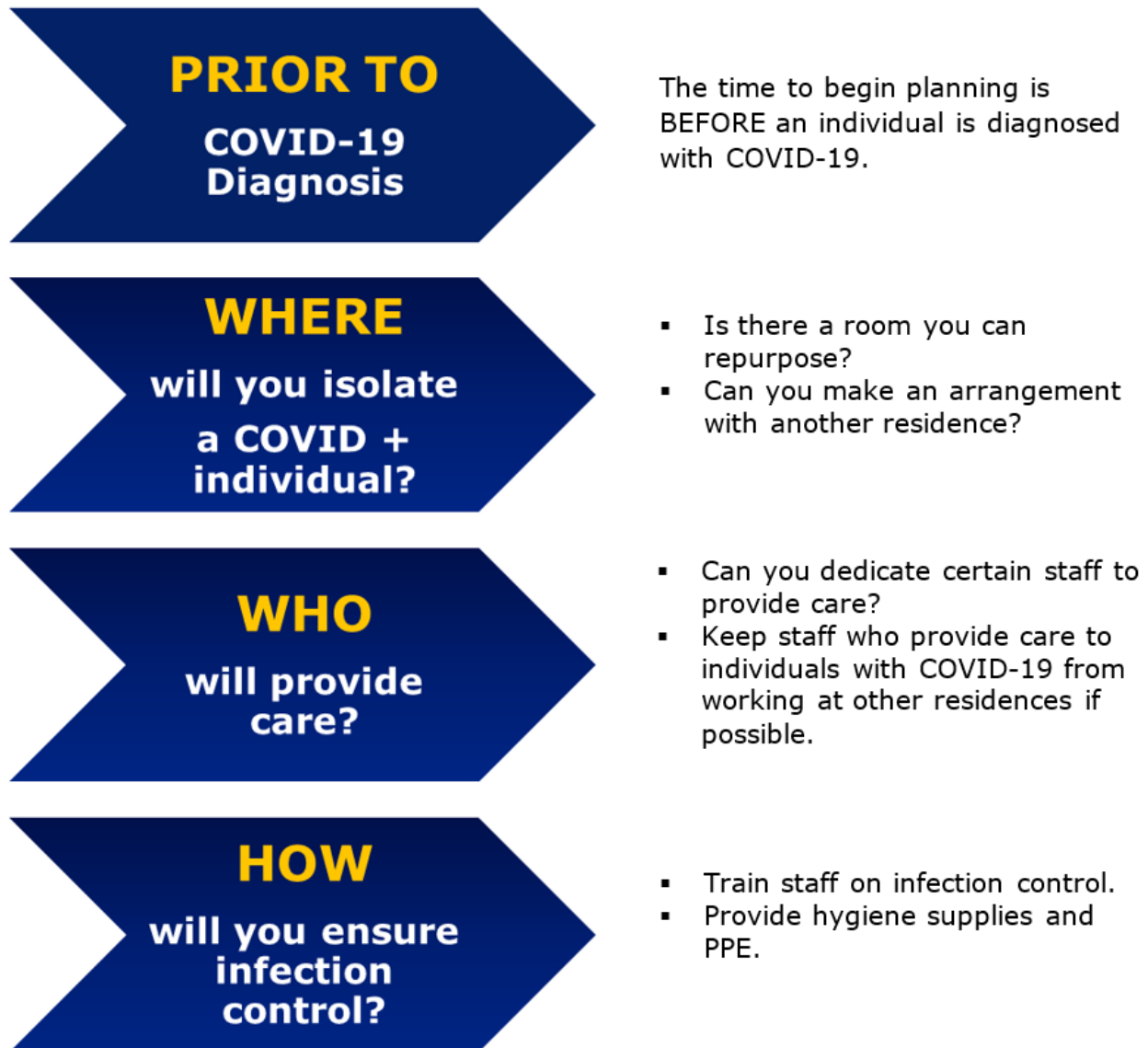
### **Extended 24-72 Hours Protect**

- Sustain supplies of PPE
- Evaluate restrictions: Are they working?
- Maintain care & services
- Consider medical needs
- Continue enhanced monitoring signs & symptoms; cleaning & sanitizing; rigorous infection control

### **Long-Term 72 Hours+ Transition**

- Sustain your response
- Evaluate: What is/isn't working?
- Look Ahead: How will you lift restrictions safely?

## Attachment 2: Isolation Planning in HCS Residences



### TEXT ONLY VERSION:

Prior to COVID-19 Diagnosis

- The time to begin planning is BEFORE an individual is diagnosed with COVID-19.

Where will you isolate a COVID + individual?

- Is there a room you can repurpose?
- Can you make an arrangement with another residence?

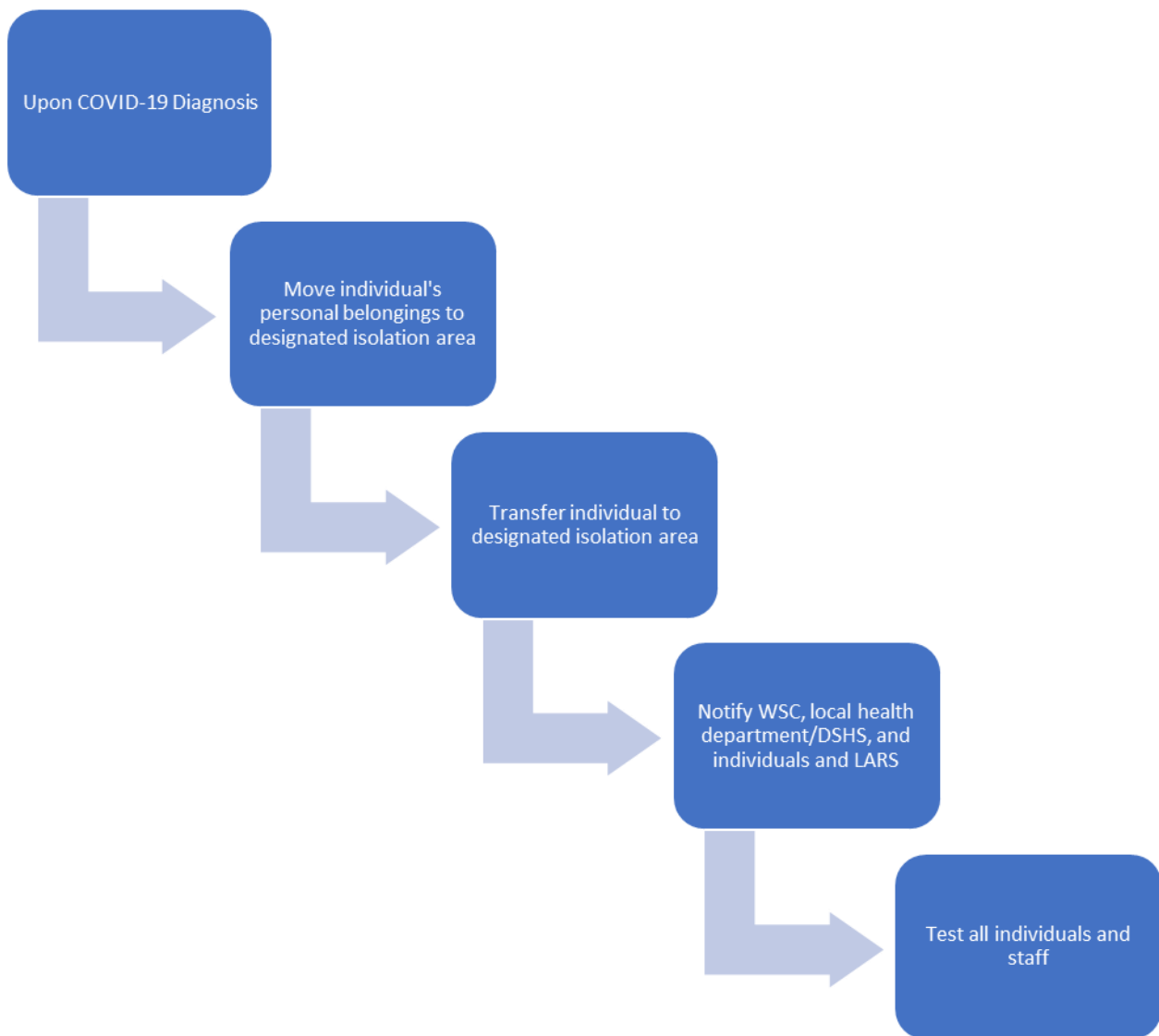
Who will provide care?

- Can you dedicate certain staff to provide care?
- Keep staff who provide care to individuals with COVID-19 from working at other residences if possible.

How will you ensure infection control?

- Train staff on infection control.
- Provide hygiene supplies and PPE.

## Attachment 3: Planning for a Positive COVID-19

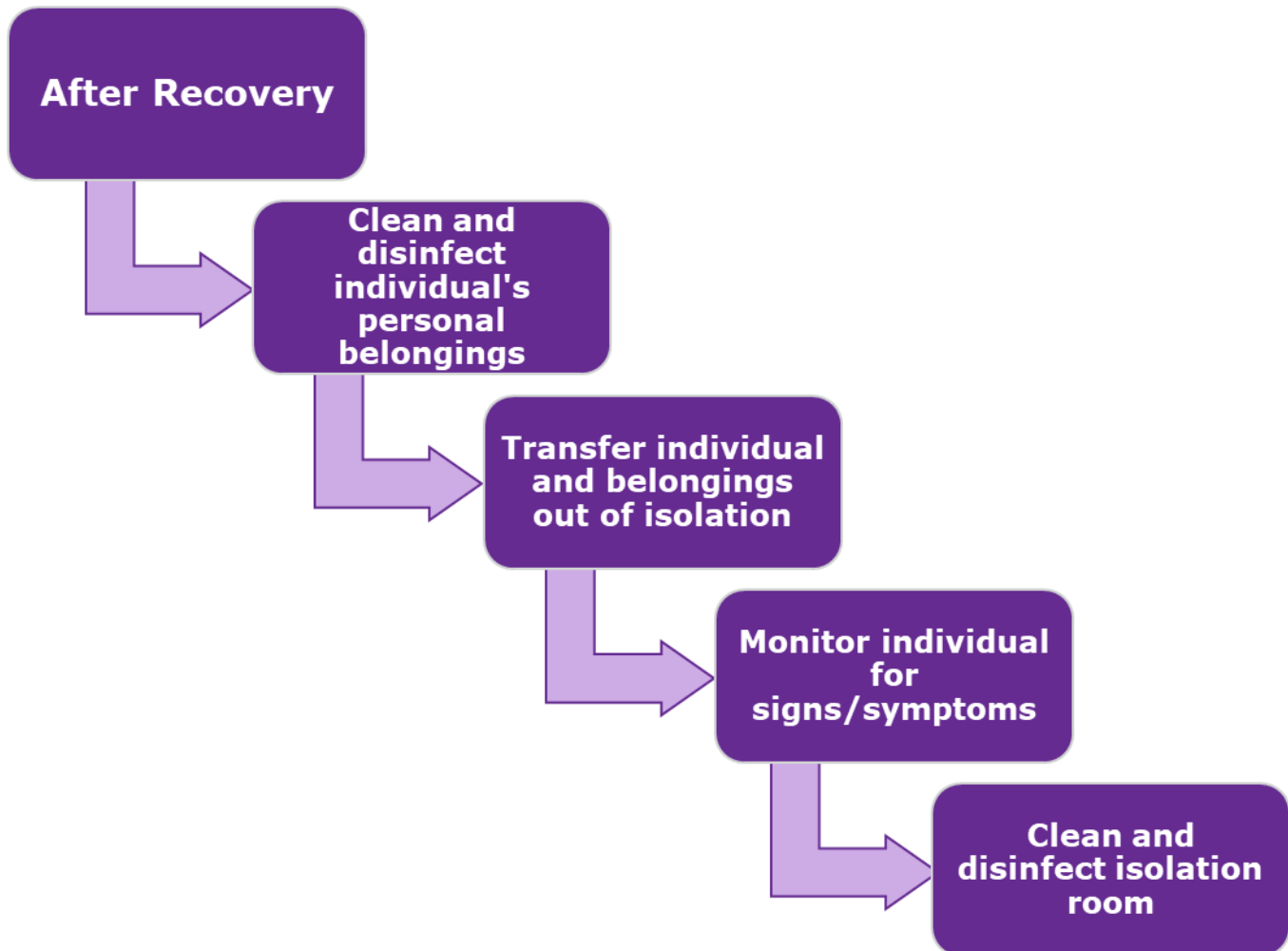


### TEXT ONLY VERSION:

- Upon COVID-19 Diagnosis
- Move individual's personal belongings to designated isolation area
- Transfer individual to designated isolation area
- Notify WSC, local health department/DSHS, and individuals and LARS
- Test all individuals and staff



## Attachment 4: Upon Recovery From COVID-19



### TEXT ONLY VERSION:

- After Recovery
- Clean and disinfect individual's personal belongings
- Transfer individual and belongings out of isolation
- Monitor individual for signs/symptoms
- Clean and disinfect isolation room

## Attachment 5: SPICE

Focus on the following five basic actions to anchor your activities. SPICE is not intended to be all-encompassing.

- **S**urveillance – monitor each individual at least daily (if well) or three times a day (if sick) for symptoms.
  - Sign and Symptoms
  - Temperature Checks
  - Testing
- **P**rotection/PPE – protect workforce and individuals through the use of soap and water; hand sanitizer; facemask. If coughing or potential splash precautions are needed, wear a gown and face/eye shields. Refer to DSHS guidance and see [Attachment 6, Use of PPE in HCS Residences](#).
  - Clinical and support staff
  - Individuals
  - Supply/Burn-rate
- **I**solate – isolate individuals with confirmed cases to the extent possible.
  - Individual(s)
  - Staff
  - Others
- **C**ommunicate – notify appropriate parties of a positive case.
  - CEO contact #:
  - Local health department # or DSHS:
  - HHSC Waiver Survey & Certification #:
  - LAR(s) and Individuals #:
- **E**valuate – assess infection control processes, spread of infection and mitigation efforts, staffing availability.

## Attachment 6: Use of PPE in HCS Residences

Links to CDC guidance: [Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 \(COVID-19\) Pandemic](#) and [Using Personal Protective Equipment \(PPE\)](#).

- To address asymptomatic transmission, the CDC recommends that providers consider implementing policies requiring everyone entering the residence to wear a cloth face covering (if tolerated) while in the building, regardless of symptoms. **EXCEPTION:** Face masks and cloth face coverings should not be placed on anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- A cloth face covering is appropriate for visitors performing critical assistance, as well as program provider staff when not caring for an individual with positive COVID-19 status.
  - If a person wearing a cloth face covering touches their face, they should be instructed to wash their hands after.
  - Individuals who are sick can take off the mask when in their own room but should put it on when others enter their room or when they leave their room.
- Cloth face coverings should be laundered daily or when they become soiled, damp, or hard to breathe through. Proper hand hygiene should be performed immediately before and after any contact with a cloth face covering.
- Individuals who are ill should wear a facemask as much as possible (unless contraindicated), except for when they are eating or drinking, taking medications, or performing personal hygiene like bathing or oral care.
- When caring for individuals with COVID-19, program provider staff should:
  - Follow standard precautions.
  - Use an N95 facemask or respirator (if available and if they have been trained and appropriately fit tested) rather than a cloth face covering or facemask.
  - Use eye protection.
  - Use nonsterile, disposable gloves and isolation gowns, which are used for routine care in healthcare settings.
- After leaving the room of an individual with COVID-19, program provider staff can remove a facemask and store it for reuse. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean paper bag or breathable container.

## Attachment 7: Sequence for Putting on Personal Protective Equipment

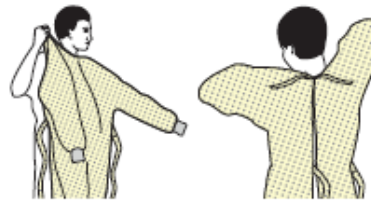
CDC guidance on donning/taking off PPE available [online](#).

### SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

#### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



#### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



#### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



#### 4. GLOVES

- Extend to cover wrist of isolation gown



### USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



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## **TEXT ONLY VERSION: Sequence for Putting on Personal Protective Equipment**

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PE should be tailored to the specific type of PPE.

1. GOWN
  - Fully cover torso from neck to knees, arms end to wrist, and wrap around the back.
  - Fasten in back of neck and waist
2. MASK OR RESPIRATOR
  - Secure ties and elastic bands at middle of head and neck
  - Fit flexible band to nose bridge
  - Fit snug to face and below chin
  - Fit-check respirator
3. GOGGLES OR FACE SHIELD
  - Place over face and eyes and adjust to fit
4. GLOVES
  - Extend to cover wrist of isolation gown

Use safe work practices to protect yourself and limit the spread of contamination.

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

## Attachment 8: How to Safely Remove PPE: Example 1

### HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



#### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



#### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container



#### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



#### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**



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## **TEXT VERSION ONLY: HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except for respiratory, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. Gloves
  - Outside of gloves are contaminated!
  - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Using a gloved hand, grasp the palm area of the gloved hand and peel off the first glove
  - Hold removed glove in gloved hand
  - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
  - Discard gloves in a waste container
2. Goggles or Face Shield
  - Outside of goggles or face shield are contaminated!
  - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Remove goggles or face shield from the back by lifting head band or ear pieces
  - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
3. Gown
  - Gown front and sleeves are contaminated
  - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based sanitizer
  - Unfasten gown ties, taking care sleeves don't contact your body when reaching for ties
  - Pull gown away from neck and shoulders, touching inside of gown only
  - Turn gown inside out
  - Fold or roll into a bundle and discard in a waste container.
4. Mask or Respirator
  - Front of mask/respirator is contaminated – DO NOT TOUCH!
  - If your hands get contaminated during mask/respirator removal, immediately wash hands or use alcohol-based sanitizer
  - Grasp bottom ties or elastic of the mask/respirator, then the ones at the top, and remove without touching the front
  - Discard in waste container
5. Wash hands or use alcohol-based hand sanitizer immediately after removing all PPE.

Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.



## Attachment 9: How to Safely Remove PPE: Example 2

### HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

#### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



#### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

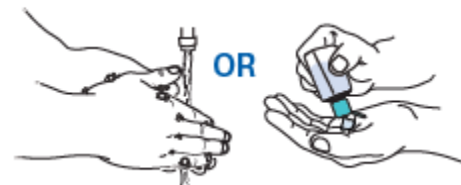


#### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



#### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**





## **TEXT VERSION ONLY: HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2**

Here is another way to safely remove PPE without contaminating your clothing, skin or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respiratory after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. Gown and Gloves
  - Gown front and sleeves and the outside of gloves are contaminated!
  - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp the gown in the front and pull away from your body so that the ties break, touching of gown only with gloved hands
  - While removing the gown, fold or roll the gown inside out into a bundle
  - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hand. Place the gown and gloves into a waste container.
2. Goggles or Face Shield
  - Outside of goggles or face shield are contaminated!
  - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
  - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container.
3. Mask or Respirator
  - Front of mask/respirator are contaminated!
  - If your hands get contaminated during mask or respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
  - Discard in a waste container
4. Wash hands or use alcohol-based hand sanitizer immediately after removing all PPE.

Perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE

## Attachment 10: How to Wear a Medical Mask Safely

# HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/epi-win](https://who.int/epi-win)


## Do's →

- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use, preferably into a closed bin
- Wash your hands after discarding the mask

## Don'ts →

- Do not use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within the reach of others
- Do not re-use the mask

**Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.**

**EPI·win**  **World Health Organization**

## **TEXT ONLY VERSION: How to Wear a Medical Mask Safely**

### ***Do's***

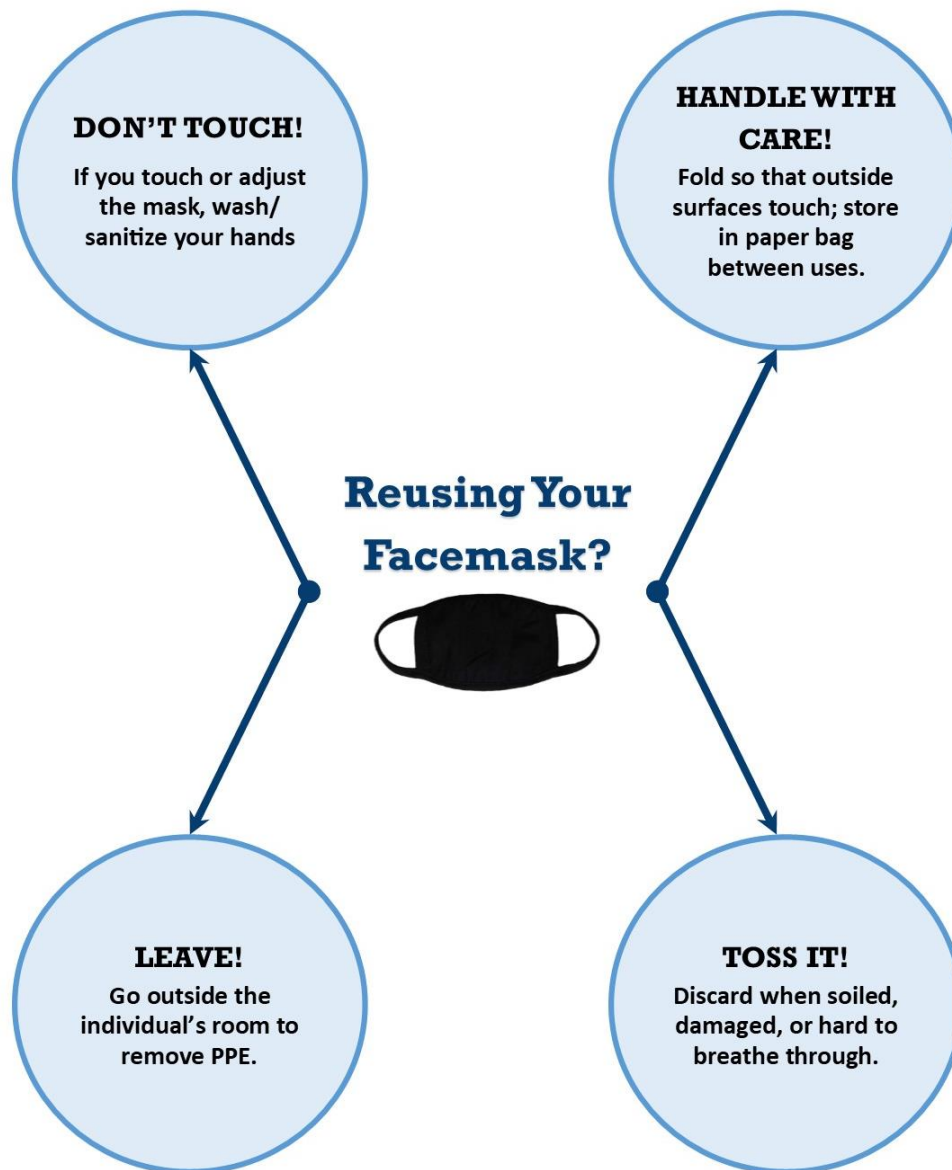
- Wash your hands before touching the mask
- Inspect the mask for tears or holes
- Find the top side, where the metal piece or stiff edge is
- Ensure the colored-side faces outwards
- Place the metal piece or stiff edge over your nose
- Cover your mouth, nose, and chin
- Adjust the mask to your face without leaving gaps on the sides
- Avoid touching the mask
- Remove the mask from behind the ears or head
- Keep the mask away from you and surfaces while removing it
- Discard the mask immediately after use preferably into a closed bin
- Wash your hands after discarding the mask

### ***Don't's:***

- Do not Use a ripped or damp mask
- Do not wear the mask only over mouth or nose
- Do not wear a loose mask
- Do not touch the front of the mask
- Do not remove the mask to talk to someone or do other things that would require touching the mask
- Do not leave your used mask within reach of others
- Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1-meter distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

## Attachment 11: Reusing Your Facemask



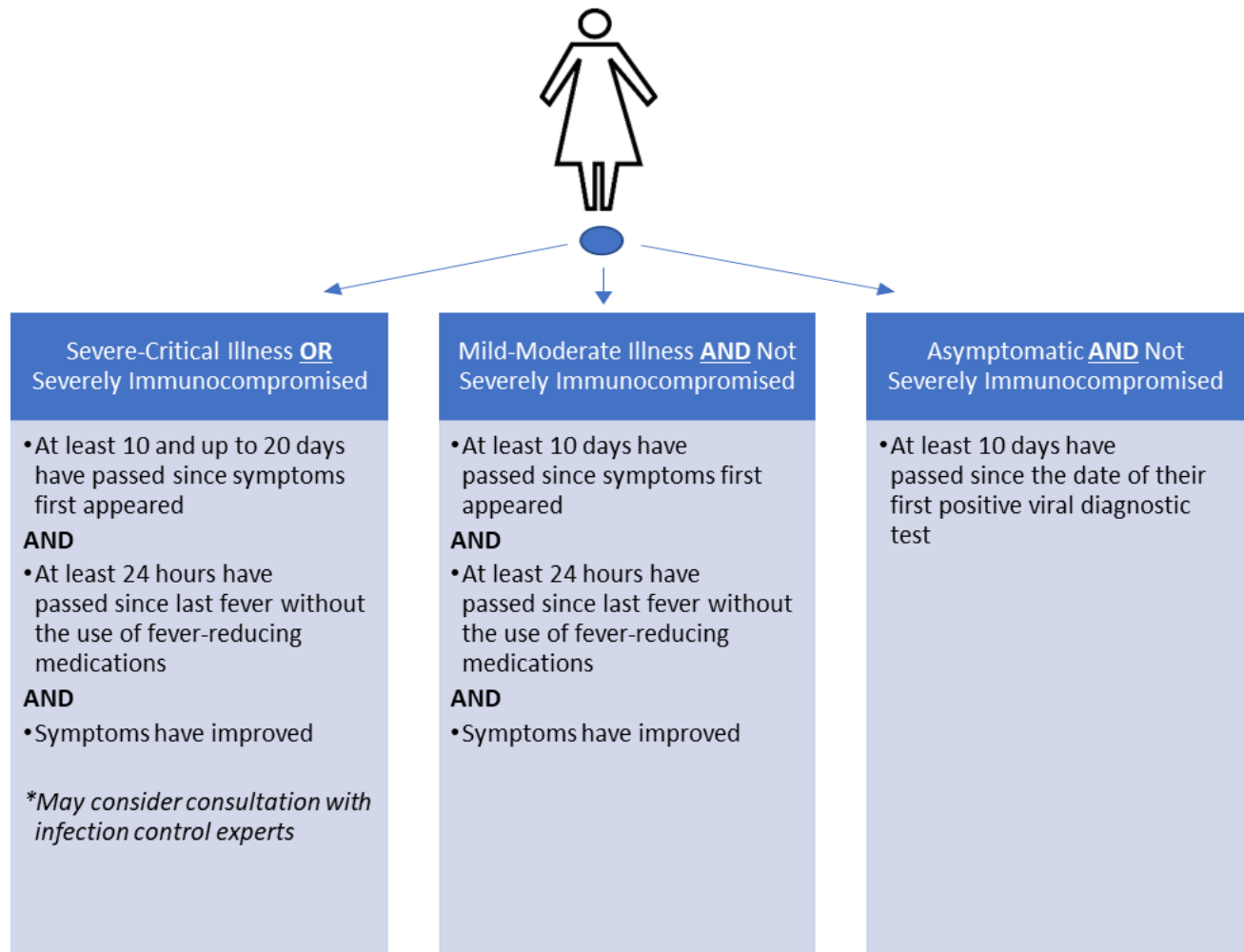
### TEXT ONLY VERSION: Reusing Your Facemask?

- Don't touch! If you touch or adjust the mask, wash/sanitize your hands.
- Handle with Care! Fold so that the outside surfaces touch; store in paper bag between uses.
- Toss it! Discard when soiled, damaged or hard to breathe through.
- Leave! Go outside the individual's room to remove PPE.
- Toss it! Discard when soiled, damaged, or hard to breathe through.

## Attachment 12: Return to Work Criteria

When can a health care professional (HCP) return to work? The CDC published the following [guidance](#).

### HCP with COVID-19



After returning to work, staff should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility.
- A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms. Immediately stop work, leave the residence, and seek immediate care if symptoms recur or worsen.

## **TEXT-ONLY VERSION: Return to Work Criteria**

When can staff return to work? The CDC published the following [guidance](#).

### **Severe-Critical Illness *or* Severely Immunocompromised**

- **At least** 10 days and up to 20 days have passed since symptoms first appeared ***and***
- **At least** 24 hours have passed since last fever without use of fever-reducing medications ***and***
- Symptoms have improved
- May consider consultation with infection control experts

### **Mild-Moderate Illness *and* not Severely Immunocompromised**

- **At least** 10 days have passed since symptoms first appeared ***and***
- **At least** 24 hours have passed since last fever without use of fever-reducing medications ***and***
- Symptoms have improved

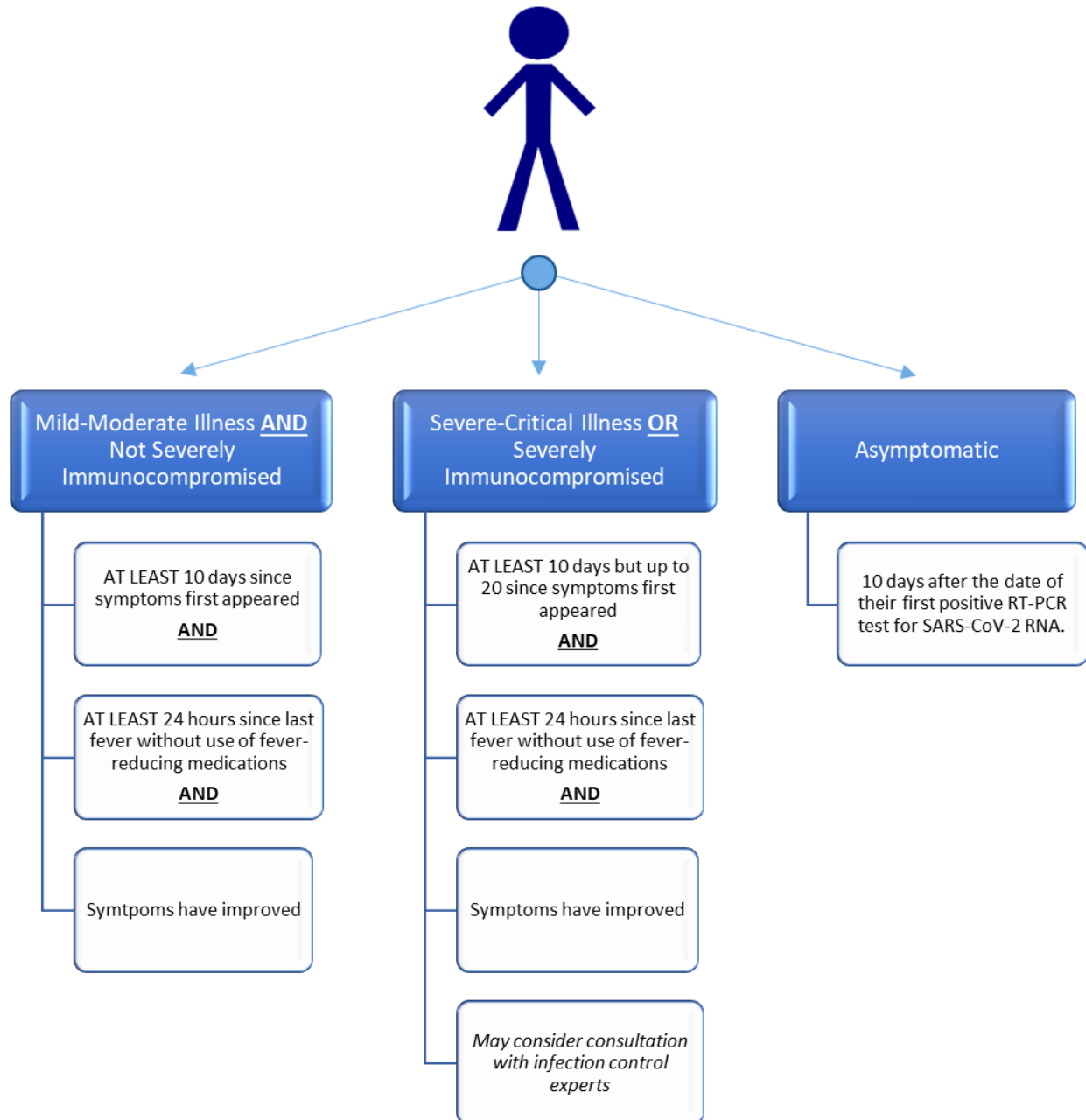
### **Asymptomatic *and* not Severely Immunocompromised**

- **At least** 10 days have passed since the date of their first positive viral diagnostic test

## Attachment 13: Duration of Isolation for Adults with COVID-19

When can individuals end isolation? The CDC published the following [guidance](#).

### Individual with COVID-19



## TEXT-ONLY VERSION: Duration of Isolation for Adults with COVID-19

When can individuals end isolation? The CDC published the following [guidance](#).

### Mild-Moderate Illness *and* not Severely Immunocompromised

- **At least** 10 days have passed since symptoms first appeared *and*
- **At least** 24 hours have passed since last fever without use of fever-reducing medications *and*
- Symptoms have improved

### Symptoms have improved Severe-Critical Illness *or* Severely Immunocompromised

- **At least** 10 days and up to 20 days have passed *since symptoms first appeared and*
- **At least** 24 hours have passed since last fever without use of fever-reducing medications *and*
- Symptoms have improved
- *May consider consultation with infection control experts*

### Asymptomatic

- **At least** 10 days since the date of their first positive RT-PCR test for SARS-CoV-2 RNA.



## Attachment 14: Sample HCS Symptom Monitoring Log

Instructions: Screen all staff at the beginning of their shift. Actively take their temperature and document shortness of breath, new or change in cough, and sore throat. Mark the symptoms below with 'Y' for Yes if present and 'N' for No if absent. Don't leave any spaces blank. If temperature is greater than 100.4° F or any symptom is marked Y, direct staff to put on a facemask and leave the workplace.

DATE:

[illegible]

## **Attachment 15: Program Background and Considerations**

### **Description of an HCS Residence**

HCS is a Medicaid waiver program approved by the Centers for Medicare and Medicaid Services (CMS) pursuant to §1915(c) of the Social Security Act. It provides community-based services and supports to eligible individuals as an alternative to the ICF/IID program. The program is limited to the number of individuals in specified target groups and to the geographic areas approved by CMS.

Allowable HCS services include: transition assistance services; professional therapies; nursing services; residential assistance (excluding room and board); supported home living; respite; day habilitation; employment assistance; supportive employment; adaptive aids; minor home modifications; and dental treatment.

### **HCS Residences and COVID-19**

#### **Environment**

Since individuals receiving HCS program services have the right to live in a normative residential living environment, an HCS residence is integrated into the community and required to be typical of other residences in the community. These residential settings include a mix of semi-private and private individual bedrooms. Kitchens, bathrooms, and living areas are intended for use by both individuals and staff. The HCS environment extends to community settings such as day habilitation and work in the community through the inclusion of supported employment and employment assistance.

#### **Impact of environment on COVID-19 response:**

The relatively small size of a typical residence makes it challenging for providers to effectively support physical distancing measures or accommodate quarantine measures including isolation. A single shared kitchen can pose infection control challenges when both individuals and staff access the kitchen throughout the day.

The program provider can assist an individual who needs to isolate by moving dining and other activities, including medication administration, to their bedroom. Current state guidance states that communal activities, including dining, should be discouraged, and no more than 10 people, maintaining at least 6 feet of separation, be in a room at any time.

In-home day habilitation services are temporarily approved for all individuals in the HCS program. Increased numbers of individuals staying home from day habilitation and employment can result in additional staffing needs for program providers and in emotional and behavioral challenges for individuals.

## **Residence Demographics**

HCS residences are located in urban, suburban, and rural locales, each of which has characteristics affecting workforce availability, health care system support, and interactions with public health, emergency care, and jurisdictional administration. Texas currently has 15,728 HCS residences.

### **Impact of demographics on COVID-19 response:**

Statewide, the industry has experienced challenges in staff hiring and retention and in obtaining PPE. HCS residences in more densely populated locations are likely to experience higher risk for exposure among staff and visitors. As a result, residences in urban areas have a higher risk of infection and face more challenges controlling spread when there is infection. They also might face staffing shortages because of competitive job markets.

Residences in more rural locations have less health care system support, might not have local health authorities, and have smaller staffing pools, making it harder to cover shortages that result from presumptive exposure. Residences in rural areas might also be more challenged to find equipment, such as PPE, necessary to care for COVID-19 positive individuals.

## **Provider Considerations**

Residences differ in age, size, available space, and equipment. Services and the level of available care provided in a residence vary based on the needs of the individuals residing there. Ventilator support and specialized training of health care providers on-site will also vary.

### **Impact of provider considerations on COVID-19 response:**

In some residences, the service provider will have few or no options to isolate an individual. The small maximum census of these residences limits the number of individuals for which each residence can provide care. An individual testing positive for COVID-19 will increase the need for staff and resources required to provide care, which can strain a residence, especially if other individuals with intensive personal care needs live there.

## **Individual Demographics**

Each individual receiving services in the HCS program is unique and require differing levels of support to meet their needs.

### **Impact of individual demographics on COVID-19 response:**

All individuals need assistance from direct service providers and often clinical professionals who are in increasingly short supply as the pandemic continues. Depending on level of cognitive functioning, individuals might be unable to express when they experience symptoms and could unknowingly (and without staff knowing) spread the virus if infected.

This population also is less likely to understand why physical distancing, the use of PPE, and quarantine are necessary and can present challenging behaviors when service providers attempt to enforce such restrictions. Other individuals require specialized medical care, including specialized diets, ventilator care, gastrostomy (feeding) tubes, and wound care for pressure sores. These specialized needs require a combination of skilled and non-skilled caregivers. Having COVID-19 infections in a residence increases demands on and for staff.

## **HCS Staffing Considerations**

The HCS workforce includes medical professionals and direct care service providers including: registered nurses (RNs), licensed vocational nurses (LVNs), direct service providers for residential and day habilitation services, behavior support staff and other skilled and non-skilled workers. The level of staffing required depends on each individual's Person Directed Plan and Individual Plan of Care (IPC).

### **Impact of HCS staffing considerations on COVID-19 response:**

Some individuals in the HCS program require partial or total assistance from staff for daily activities such as dining, bathing, grooming, and ambulating. Caring for someone with COVID-19 requires additional time and resources, including PPE, that maintain infection control and protect other individuals and staff. As service providers are exposed, become symptomatic or test positive for COVID-19, the available workforce will decline making it challenging for program providers to provide care.

HCS residences do not normally have a physician or nurse on-site. Typically, the individuals spend their time with direct service providers. Program providers often own multiple residences and share service providers between these residences; therefore, if a service provider member has COVID-19, they may expose individuals and service providers in more than one residence, making it difficult to contain spread.

## **Visitors**

Since HCS residences are part of the community, visitors routinely enter the residence. Many perform essential services necessary for service delivery or to maintain the residence. 40 TAC §9.198 and §9.199, describes requirements for visitation to HCS residences. Provider Letter 2021-09, issued March 25, 2021, describes expanded and limited visitation options.

## **Essential Caregiver**

Is a family member or other outside caregiver, including a friend, volunteer, private personal caregiver, or court-appointed guardian, who is at least 18 years old, designated to provide regular care and support to an individual.

## **Impact of visitors on COVID-19 response:**

Even with proper screening of essential visitors prior to allowing them to enter the residence, every person allowed inside increases the risk of infection. Some people will present as asymptomatic during screening but will have COVID-19 and unknowingly spread the virus. Some might not follow standard precautions such as proper hand-washing, use of hand sanitizer, use of PPE, isolation protocols, and limiting the number of areas in the residence that they access, all of which increases the risk of infection for individuals and service providers.

## **Day Habilitation Sites**

A day habilitation site is an unregulated location that provides services to individuals, including persons receiving services under the HCS waiver program.

Program providers contract with day habilitation providers to provide services. Individuals are transported to the day habilitation during the day and returned to their residence in the evening. The day habilitation provides meals and personal assistance while individuals are at the day habilitation and transportation as needed. While specific requirements differ between programs, day habilitation supports the individual's plan of care and treatment goals by providing individualized activities that assist the individual in acquiring, retaining, and improving self-help, socialization, and adaptive skills that help them live successfully in the community.

## **Impact of Day Habilitation Sites on COVID-19 Response**

Individuals and their families or representatives can choose their own day habilitation site; therefore, a single residence can include individuals attending multiple day habilitation, and a single day habilitation might include individuals from multiple residences. These arrangements increase the number of persons each individual has contact with, which can facilitate the spread of infection.

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