



# NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

## **Updated COVID-19 Guidance for Congregate Care Residential Treatment Programs Contracted by The New Jersey Department of Children and Families April 14, 2021**

The New Jersey Department of Children and Families (DCF) continues to monitor the spread of COVID-19 and its impact on children, families, our staff and partner providers throughout the state. The federal Centers for Disease Control and Prevention (CDC), and the New Jersey Department of Health (DOH) provide ongoing guidance and direction regarding necessary precautions to prevent transmission of the virus.

DCF also has developed recommendations for its service providers, offering solutions to situations that impact shared constituencies. The guidance herein applies to congregate care residential treatment programs for youth and families funded through the Department of Children and Families' (DCF) cost reimbursement and fee-for-service contracts, including all programs listed in Appendix A. At this time, all programs are expected to adhere to the "no eject, no reject" policy as required by contract. This document supersedes "COVID-19 Guidance for Congregate Care Residential Treatment Programs Contracted by the New Jersey Department of Children and Families," dated July 15, 2020 and shall be in effect until rescinded or revised.

The requirements included in this document are imposed in conjunction with other applicable laws and regulations. In the rare event that these requirements are in conflict with another law or regulation, the more stringent requirement shall be enforced.

### **I. GENERAL EXPECTATIONS**

#### **A. Monitoring for COVID-19**

Congregate care residential treatment providers shall ensure that they monitor the New Jersey COVID-19 Information Hub at: <https://www.covid19.nj.gov>, Governor Phil Murphy's Executive Orders at: <https://nj.gov/infobank/eo/056murphy/>, and the CDC COVID-19 resource site at: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html> for the most up-to-date information for employers, health care workers, congregate living providers, and the general public.

Relevant CDC guidance to support these policies and practices can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. Providers are minimally expected to develop and implement policies, practices and guidelines that are consistent with the CDC and other state-issued guidance to prevent transmission of the virus, including:

- Instruction to staff and residents on hand hygiene and limiting surfaces touched;
- Instruction to staff regarding usage of personal protective equipment (PPE);
- Limiting physical contact among persons in the facility, i.e., remaining six feet apart at all times, including during mealtimes and during educational, therapeutic, and recreational activities, unless otherwise required for the health and safety of a resident.

## **B. Screening for COVID-19**

All persons entering program facilities should be wearing or provided face coverings prior to entry. Programs shall screen all persons entering a program facility, including all staff, residents, visitors and vendors, for COVID-19 symptoms by taking the person's temperature with a non-oral thermometer and asking the following screening questions:

- In the past 10 days, have you experienced any symptoms associated with COVID-19, such as fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea? (Note: This list does not include all possible symptoms associated with COVID-19. The CDC is continuing to update the list of possible symptoms; providers should continue to review the CDC's symptom list at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> and [update screening questions as needed.](#))
- If yes, have you been fever free for the past 24 hours, and have your other symptoms improved?
- In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID-19, under investigation for COVID-19, diagnosed with COVID-19 who has not yet cleared isolation guidelines, or ill with a respiratory illness?
- Within the past 14 days, have you traveled out of state? (Note: the CDC maintains an updated list of Travel Notices at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. The State of New Jersey maintains an updated Travel Advisory list at: <https://covid19.nj.gov/faqs/nj-information/general-public/which-states-are-on-the-travel-advisory-list-are-there-travel-restrictions-to-or-from-new-jersey>. Providers should continue to review the CDC and the State of New Jersey's travel advisories and [update screening questions as needed.](#))

## **C. Recommended Protocols While in Facility**

- All people entering the facility must wear a face covering. If a person does not have a face covering, the facility shall provide one.
- The facility must provide instructions on proper hand hygiene, i.e., the location of handwashing stations, and proper use of face covering. All people entering the facility must comply with proper hand hygiene and use of face coverings.
- All persons in the facility shall limit their movement to those areas necessary.
- All persons shall practice physical distancing, i.e., remain six feet apart, and limit interactions and physical contact, i.e., handshaking or hugging, with others as much as possible.
- Programs should review and implement the CDC’s cleaning guidelines for congregate care facilities at: <https://www.cdc.gov/coronavirus/2019-ncov/community/shared-congregate-house/guidance-shared-congregate-housing.html>.

## II. PROVISION OF CLINICAL SERVICES VIA TELEHEALTH

Clinical and treatment services, with the exceptions of medication administration and direct supervision, may be provided through telehealth, for which the standard of care can be maintained in accordance with the guidelines in Appendix B and Appendix C. Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

## III. TEMPORARY CHANGES TO PROGRAM OPERATIONS

### A. Admission Criteria

All contracted programs shall adhere to established referral and admission processes, with certain adjustments, to prevent transmission of the virus:

- Pre-admission “meet and greet” visits shall be conducted via telehealth rather than face-to-face.
- If there is a programmatic concern related to COVID-19 that will affect the admission process, programs shall immediately notify DCF via the DCF Congregate Care Provider Survey, as well as via email to the designated DCF program lead.

All programs are expected to adhere to the “no eject, no reject” policy as required by contract.

Providers shall develop, write and implement COVID-19 prescreening criteria for admissions. Providers shall maintain written copies of these criteria on site. **These criteria shall include the criteria in this guidance and any additional recommended screening criteria that may be issued by DCF.** Prior to any admission, the prospective resident and any dependent children shall be prescreened utilizing the criteria developed by the provider.

During the admissions process, providers shall adhere to physical distancing and health and hygiene standards. For example:

- Require prospective residents to wash hands or use an alcohol-based hand sanitizer (60-90%) upon entering the facility
- Limit sharing of pens between different people (or clean pens with alcohol wipes after use)
- If a keyboard or electronic device is being used for admissions, ensure it is cleaned and disinfected between uses
- Maintain source control and at least 6 feet distance between staff and prospective residents during the admissions process.

It is understood that providers may experience difficulties in achieving regulatory compliance with admission requirements for physicals and dental/vision/hearing exams. DCF is waiving these requirements for their licensed programs unless otherwise required by Department of Health Regulations such that:

- A preadmission physical exam completed by a physician is not required but may be provided by telehealth
- The program shall ensure that a registered nurse conducts a preadmission health screening to include screening for COVID-19 symptoms

These requirements are detailed in the [“Notice of Rule Waiver/Modification/Suspension Pursuant to Executive Order No. 103 Covid-19 State Of Emergency,”](https://www.nj.gov/dcf/news/DCF-Notice-of-Rule-Waiver-Modification-Suspension.pdf) which can be found at: <https://www.nj.gov/dcf/news/DCF-Notice-of-Rule-Waiver-Modification-Suspension.pdf>.

## **B. Facility Staff**

Staff are expected to comply with monitoring and screening procedures provided in sections I(A) and I(B) above. If a staff member has a fever above 100.4 or any symptoms suggestive of COVID-19, that person should be sent home. In addition, all staff members who have **not** been fully vaccinated (at least two weeks after they have received the final dose of a vaccine), should be sent home if they answered “yes” to the question: In the last 14 days, have you had contact with someone with a confirmed diagnosis of COVID- 19, under investigation for COVID-19, diagnosed with COVID-19 who has not yet cleared isolation guidelines, or ill with a respiratory illness?

Additional guidance for staff screening may be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>. Once in a facility, all staff are expected to comply with the protocols outlined in section I(C), above.

## **C. Home Passes for Youth**

At this time, home visitation passes, with the exception of passes for court-ordered home visitation, are suspended. Facilities should encourage on-site visits in accordance with all

provisions in this guidance document and shall establish alternative methods for residents to stay connected with family, attorneys and other supports, i.e., phone, videoconferencing, etc. The provider shall advise all program residents and parents/guardians of the guidelines for home passes.

If home visitation takes place, providers shall advise all program residents and parents/guardians of the following guidelines:

- While under supervision of the caregiver(s), the youth shall wear a face covering (unless medically contraindicated) and practice physical distancing and hand hygiene.
- Caregivers shall ensure that the youth comply with all NJ public health orders in effect at the time of the home visit.

Upon return from home visitation, the provider shall screen the resident for possible exposure to COVID-19 in accordance with Section I(B), above. If the resident has a fever above 100.4, answers “yes” to any of the screening questions, or exhibits any symptoms suggestive of COVID-19, the provider shall seek medical attention for the resident as described in section IV, below. The resident must quarantine upon their return to the facility in accordance with CDC guidance as follows:

- All residents who leave the facility must be quarantined in separate rooms and kept separated from others in the facility for 14 days upon their return to the facility.
- If the facility is not able to quarantine residents separately upon return, residents will not be permitted to leave on the home visit or, in the event that they do leave, will not be permitted to return to the facility until the facility has space for the individual’s quarantine.
- Facilities should develop and implement a plan in preparation for the return of residents leaving the facility for home visits.

#### **D. Return from Elopement**

In the event that a resident leaves a facility without approval and returns, the program shall screen and monitor the resident in accordance with sections I(A) and I(B), above.

If the resident has a fever above 100.4 or answers “yes” to any of the screening questions, staff must seek medical attention for the resident as described in Section IV, below. Regardless of the results of the screening process, all residents returning from elopement must wear a face covering for 14 days.

#### **E. Program Visits**

Program visits shall be permitted, with no more than one visit per resident per day. Participants are limited to parents, children, siblings, necessary supervisors (providers, CP&P and/or resource parents), and other caregivers to reduce unnecessary exposure to other individuals. To the extent the program can accommodate, visits may include more than one visitor (i.e. two parents, a parent and sibling, etc.). The limitation of one visit per resident

per day does not include visits from DCF staff or law enforcement. Programs are expected to maintain a log of all visitors, including contact information, for up to 30 days to assist with contact tracing, if indicated. Remote technologies may be used to facilitate connections with the child’s extended family members, friends, attorneys or others.

Programs experiencing an active COVID-19 outbreak among residents shall suspend all indoor and outdoor visitation until normal operations have safely resumed.

If the visitor has a fever above 100.4, or answers “yes” to any of the screening questions, that individual cannot participate in the visit and the visit may need to be rescheduled. When possible, remote visits should occur until in-person visits can safely resume.

If, after undergoing screening, the visitor is permitted to enter the facility, the visitor shall comply with recommended protocols in section I(C), above. In addition:

- Visitor check-in areas should be equipped with physical barriers, if possible.
- Visits should be restricted to designated areas.
- High-touch areas, i.e., door handles, tables, chairs, and other surfaces, should be disinfected between visits.
- Weather permitting and as clinically appropriate, visitors may meet with residents outdoors.
- Parents may have physical contact with their children, but should avoid touching faces.

#### **F. Vendors and Transportation Providers**

Programs shall screen and monitor all vendors and transportation providers in accordance with sections I(B) and I(C), above. If the vendor or transportation provider has a fever above 100.4 or answers “yes” to any of the screening questions, they may not enter the facility or provide services to residents or staff.

If, after undergoing screening, the vendor or transportation provider is permitted to enter the facility, the vendor or transportation provider shall comply with the protocols outlined in I(D), above.

It is recommended that supply vendors drop off supplies at a dedicated location, such as a loading dock, instead of entering the facility. Medication and/or other supplies that must be received by an employee should be delivered using customary drop off procedures.

Consult the guidelines for transportation vendors for additional precautions depending on the mode of transportation at: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>.

#### **G. Education**

Programs are reminded that they are required to facilitate the delivery of home education provided by the child's or youth's school district during the child's or youth's residence in the program. Children or youth must be afforded time, materials and space necessary to accommodate delivery of these educational services. To the greatest extent practicable, this includes allowing appropriately limited access to email and the internet and allowing open communication between the child or youth and teachers or school officials. Computers, tablets, or other devices shared among staff and/or residents should be cleaned before being used by another individual.

#### **IV. MANAGING COVID SYMPTOMATIC AND COVID+ RESIDENTS AND STAFF**

##### **A. Residents: Symptomatic, Under Investigation or COVID+**

- **Residents: Symptomatic or under investigation for COVID-19**

If a resident is symptomatic or under investigation for COVID-19, the agency should follow all CDC guidance included at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html> and <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>. In addition, the agency shall:

- Consult a medical professional regarding testing, diagnosis and treatment.
- Ensure that the resident is isolated to their room and refrains from engaging in group activities, including meals and recreation.
- Require the resident to wear a face covering. Medical facemasks are preferred for symptomatic individuals.
- If caring for the person requires direct contact or limits the ability to physically distance, require staff to wear a face covering, gloves, and protective goggles.
- Follow CDC guidelines for cleaning and disinfecting the facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- Monitor all residents and staff twice daily for increased body temperature or other symptoms.
- Complete notifications as described in Section IV(C), below.

- **Residents: COVID+**

If a resident tests positive for COVID-19, the agency shall follow all steps outlined in section IV(A)(1), above, as well as the notification process outlined in section IV(C), below. The agency shall work with the local Department of Health or other qualified medical professionals to adapt program-specific protocols and staffing plans.

The decision as to when a resident can leave isolation should be made in consultation with the resident's doctor and pursuant to the CDC guidelines for discontinuation of isolation for persons with COVID-19 not in healthcare settings, available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

## B. Staff: Symptomatic, Under Investigation or COVID+

If a **staff member is symptomatic or under investigation for COVID-19 or reports testing positive for COVID 19**, the agency shall:

- Instruct the staff member not to remove their face covering, to stop working immediately and to return home.
- Permit the staff member to return to work **only** once permitted by a medical professional and cleared for discontinuation of isolation per DOH guidelines at: [https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef\\_Discont\\_Isolation\\_and\\_TBP.pdf](https://www.nj.gov/health/cd/documents/topics/NCOV/COVID-QuickRef_Discont_Isolation_and_TBP.pdf) and the CDC guidelines at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.
- Monitor all residents and staff twice daily for increased body temperature and other symptoms.
- Follow CDC guidelines for cleaning and disinfecting the facility: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- Complete notifications as described in Section IV(C), below.

## C. Notifications

- **Notifications when Residents or Staff are Symptomatic or Under Investigation for COVID-19**

When a resident or staff member **exhibits symptoms or is under investigation for COVID-19**, the program shall:

- Notify the local health department for guidance if there are specific concerns around infection control or other issues.
- Notify DCF through the DCF Congregate Care Provider Survey.

- **Notifications when Residents or Staff are COVID(+)**

When a resident or staff member **tests positive for COVID-19**, the program shall:

- Notify the local health department
- Notify DCF through the DCF Congregate Care Provider Survey
- Inform the resident's parent(s) or legal guardian if resident is COVID(+).
- Inform the resident's parent(s) or legal guardians if other residents have been exposed.
- Complete and submit an Unusual Incident Report through UIRMS as required by [Administrative Order 2:05](#) . The report should include the positive result, actions taken to prevent further transmission, and notification to the local health department.



## V. STAFFING SHORTAGE RESPONSE

When an immediate staffing shortage occurs or is anticipated in a program, provider agencies shall enact their organizational plan for emergency staffing. This may include:

- Seeking staff already on duty to volunteer to work overtime.
- Contacting off-duty staff to seek those who would be willing to work alternative shift(s).
- Mandating staff on duty to remain on duty until relief can be provided.
- Requiring clinical, administrative, and other non-direct care staff (who are cleared to work with the children when applicable) to provide direct care activities.
- Contacting other provider agencies to potentially seek volunteers to work in the agency.
- Contacting staffing agencies to seek persons who may be able to work in the agency.
- Consulting with the DCF Office of Licensing regarding organizational plans that need to be approved through licensing (as applicable).

Agencies shall communicate to DCF **all** anticipated and immediate staffing shortages. This information shall be communicated by:

- Responding to the DCF Congregate Care Provider Survey
- Contacting PerformCare at 1-877-652-7624 during non-business hours in the event of an emergency.

DCF has waived certain requirements for credentialing of program staff detailed in the ["Notice Of Rule Waiver/Modification/Suspension Pursuant To Executive Order No. 103 Covid-19 State Of Emergency,"](https://www.nj.gov/dcf/news/DCF-Notice-of-Rule-Waiver-Modification-Suspension.pdf) which can be found at: <https://www.nj.gov/dcf/news/DCF-Notice-of-Rule-Waiver-Modification-Suspension.pdf>, to expedite onboarding of new staff.

## VI. ALTERNATIVE PLACEMENT/ MASS CARE

All DCF funded residential treatment programs shall plan and prepare to shelter in place until no longer possible.

### A. Preparation for Relocation

Providers are expected to maintain an electronic and paper copy of a resident census demographic and risk profile in the format attached as Appendix D, which must be reviewed and updated daily. The census must document:

- Resident demographics
- Diagnoses
- Medication prescribing and dosing information
- Resident allergies
- Resident risk factors

An electronic version of the resident census demographic and risk profile is available at:  
<https://www.nj.gov/dcf/news/YouthDemographicRiskProfile.pdf>

**B. Alternative Placement/Mass Care Setting in DCF-funded Congregate Care Programs**

When program is no longer able to ensure the health and safety of residents by sheltering in place, the provider agency shall:

- Immediately notify PerformCare at 1-877-652-7624.
- Work with DCF staff to develop an emergency plan to maintain the health and safety of the residents.
- Alert all agency staff and residents to the plan that will be implemented
- Be prepared to supply DCF with any and all resources that remain at the site that may be necessary to maintain the health and safety of each resident. These resources should include:
  - The resident census described above
  - All medical records, including Medication Administration Records (MARs)
  - All legal documents pertaining to each resident
  - Any staff able to safely work
  - Any and all medications for residents
  - Any food surpluses
  - Any medical equipment, including PPE
  - Transportation
  - Any other supplies

**Appendices:**

Appendix A: [Congregate Care Residential Treatment Programs For Youth And Families Funded Through The Department Of Children And Families' \(DCF\) Cost Reimbursement And Fee-For-Service Contracts](#)

Appendix B: [Standards of Care for Remote Service Delivery](#)

Appendix C: [DMAHS March 21, 2020 Newsletter](#)

Appendix D: [Resident Census Demographic Risk Profile](#)

## APPENDIX A

### Congregate Care Residential Treatment Programs for Youth And Families Funded Through The Department Of Children And Families' (DCF) Cost Reimbursement And Fee-For-Service Contracts

#### Emergency Residential Programs

##### Behavioral Health

STAS – Stabilization and Treatment Services – Child Welfare  
EDRU – Emergency Diagnostic Reception Unit (transitioning to STAS programs)  
CSAP HT – Crisis Stabilization and Assessment Program – Human Trafficking  
DAP - Detention Alternative Program

##### Intellectual/Developmental Disabilities

CSAP IDD – Crisis Stabilization and Assessment Program for Youth with Intellectual and Developmental Disabilities

##### Substance Use Treatment

Medically Assisted Withdrawal for Youth

#### Youth Residential Treatment Programs

##### Behavioral Health

IRTS – Intensive Residential Treatment Service  
PCH – Psychiatric Community Home  
SPEC – Specialty Program  
RTC – Residential Treatment Center  
GH – Group Home  
TH – Treatment Home  
OOS – Out of State Program

##### Intellectual/Developmental Disabilities

INT IDD – Intensive Services for Intellectual Developmental Disabilities  
IPCH IDD – Intensive Psychiatric Community Home for Intellectual Developmental Disabilities  
PCH IDD – Psychiatric Community Home for Intellectual Developmental Disabilities  
SPEC IDD – Specialty Program for Intellectual Developmental Disabilities  
RTC BH/DD – Residential Treatment Center for Behavioral Health and Intellectual Developmental Disabilities  
GH 2 IDD – Group Home 2 for Intellectual Developmental Disabilities  
GH 1 IDD - Group Home 1 for Intellectual Developmental Disabilities  
SSH IDD - Special Skills Home for Intellectual Developmental Disabilities  
RESP IDD – Respite for Intellectual Developmental Disabilities  
OOS IDD – Out of State Program for Intellectual Developmental Disabilities

**Substance Use Treatment**

RTC BHSU – Residential Treatment Center Behavioral Health Substance Use

RTC STSU – Residential Treatment Short Term Substance Use

RTC LTSU – Residential Treatment Long Term Substance Use

**Adult Substance Use Disorder Residential Treatment Programs**

**Admission Requests to be Directed to the CSOC Office of Integrated Health and Wellness**

Mommy and Me Long-Term Residential Treatment

Mommy and Me Halfway House Residential Treatment

## APPENDIX B Standards of Care for Remote Service Delivery

### I. Licensed clinicians are expected to adhere to applicable laws and regulations in provision of tele-health services

The New Jersey Telemedicine Act lays out standards for provision of telemedicine services, issuance of prescriptions via telemedicine services, and payment for services. Additionally, state boards have issued proposed regulations for various licensed professionals including psychologists, psychoanalysts, social workers, and nurses.

On March 19, 2020, Governor Murphy signed legislation expanding access to telehealth services. For the duration of the public health emergency, any healthcare practitioner is authorized to provide and bill for services using telehealth to the extent appropriate under the standard of care. Providers should ensure that the services patients receive using telehealth are appropriate, medically necessary, and meet current quality of care standards.

### II. Standards of care for provision of remote services

Combined audio/visual technology is the preferred method of remote service delivery. When that is not available, use of audio only is acceptable.

Providers who intend to use remote service delivery methods must submit to DCF, an attestation of your organization's adherence to these Standards. DCF's business offices will be sending Attestation Forms and detailed instructions regarding submitting attestations during the week of March 30, 2020 and providers will be expected to submit their attestation by April 13.

### III. Telehealth methods are acceptable methods of delivering certain components of residential treatment services within the Children's System of Care.

The NJ Department of Human Services has issued telehealth guidance that applies to the delivery of physical and behavioral health care. As a result of these changes to the usual operation of the state's Medicaid-funded services, the following applies to Children's System of Care services: Clinical treatment service components of residential treatment services may be delivered using tele-health approaches provided that such approaches comply with applicable law, applicable regulation, and guidance provided by the NJ Department of Human Services, Division of Medical Assistance and Health **Services including the March 21, 2020 Newsletter, which is enclosed here as Appendix D.** Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

### IV. Telehealth methods are acceptable methods of delivering certain components of residential treatment services within contracted substance use treatment programs.

Staff providing services through telehealth **may not** be included in staff:resident ratios required by licensure.

Questions regarding the Standards of Care or attestation process should be submitted to [askdcf@dcf.nj.gov](mailto:askdcf@dcf.nj.gov)