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# COVID-19 Specialty Behavioral Health Service Guidance

**Behavioral Health Services Division**

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## **Purpose of This Document**

This document is designed to offer support and guidance to specialty behavioral healthcare provider agencies during the COVID-19 public health emergency. Information contained in this document will be superseded by any information released by HHS. This document serves as support and guidance for both Medicaid and non-Medicaid funded services. This document is NOT a mandate and is offered as a tool ONLY.

This guide includes guidance for the following specialty behavioral health services: Opiate Treatment Programs, Intensive Outpatient Programs, Comprehensive Community Support Services, Assertive Community Treatment, Competency to Stand Trial Evaluations, Homeless Shelters, Transitional Living Services, Psycho Social Rehabilitation, Homeless and Other Shelters, and Residential Treatment Centers.

## **How do we address reducing transmission in an agency?**

- The Centers for Disease Control and Prevention has provided interim infection prevention and control recommendations in health care settings.
- Anyone with a respiratory illness (e.g., cough, runny nose) should be given a mask before entering the space.
- Provide hand sanitizer at the front desk and at each dosing window.
- Clean all surfaces and knobs several times each day with EPA-approved sanitizers.
- Provide educational pamphlets to patients and staff on how patients can respond to COVID-19.

## **BH Agencies can use following script to assist in patient screening:**

### **COVID – 19 Script Questions**

1. Have you had a fever in the last 72 hours or any respiratory illness?
2. Have you or someone you are close to been out of the country in the last 30 days?
3. Have you or those you live with recently been to areas within the US that reported coronavirus?
4. Have you or someone you are close to had prolonged contact with anyone who has flu like symptoms such as fever, cough, or shortness of breath?

## **Can BH Agencies treat someone in a separate room if they present with a fever or cough?**

Yes. Please develop procedures for staff to take patients who present at the agency with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed. Staff should use interim infection prevention and control recommendations in health care settings published by the Centers for Disease Control and Prevention.

If you are experiencing a shortage of PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

### **General Guidance for All Behavioral Health Providers**

#### **Plan:**

Although it is not possible to know the course of the outbreak of COVID-19 in the United States, preparing now is the best way to protect people experiencing behavioral health (mental health and substance use) issues, service provider staff, and volunteers from this disease. An outbreak of COVID-19 in your community could cause illness among people, contribute to an increase in emergency shelter usage, and/or lead to illness and absenteeism among provider agency staff.

Establish ongoing communication with your local public health department to facilitate access to relevant information before and during an outbreak. Having an emergency plan in place can help reduce the impact of the outbreak. During your planning process, service providers should collaborate, share information, and review plans with community leaders and local public health officials to help protect their staff, clients, and guests. Set a time to discuss what providers should do if cases of COVID-19 are suspected in their facility, if a confirmed case of COVID-19 is identified in a client, or a staff person have alternative care and work plans available. Identify if alternate care sites are available for clients with confirmed COVID-19 or if service providers should plan to isolate cases within their facility.

Clients who are exhibiting symptoms congruent with COVID-19 should be offered excused absences from group and individual treatment until (1) COVID-19 infection is ruled out through definitive testing or (2) symptoms subside. It will be important that providers use creative planning in order to ensure that the client's ability to obtain their psychiatric medication is not jeopardized by attendance policies.

It is important that everyone, regardless of age or disability, take the same precautions to avoid illness. These include everyday preventative actions to help prevent the spread of all respiratory diseases, including colds, flu and COVID-19.

New Mexico is working diligently to make sure the state is prepared and communicating the latest information about COVID-19. Providers should review and update contingency plans for service delivery and implementation to ensure continuity of necessary services.

If a staff member or client test positive please contact the NMDOH COVID-19 hotline immediately - **1-855-600-3453**.

## **Monitor Emotional Health of Staff and Patients:**

- Emotional reactions to stressful situations such as new viruses are expected. Remind staff that feeling sad, anxious, overwhelmed, or having trouble sleeping or other symptoms of distress is normal.
- If symptoms become worse, last longer than a month, or if they struggle to participate in their usual daily activities, have them reach out for support and help.

*The national Disaster Distress Helpline is available with 24/7 emotional support and crisis counseling for anyone experiencing distress or other mental health concerns. Calls (1-800-985-5990) and texts (text TalkWithUs to 66746) are answered by trained counselors who will listen to your concerns, explore coping and other available supports, and offer referrals to community resources for follow-up care and support.*

NM Crisis and Access Line: 1-855-662-7474 Warm Line: 1-855-466-7100

## **Substance Use Disorders, Homelessness and Additional Risk**

Because it attacks the lungs, the coronavirus that causes COVID-19 could be an especially serious threat to those who smoke tobacco or marijuana or who vape. People with opioid use disorder (OUD) and methamphetamine use disorder may also be vulnerable due to those drugs' effects on respiratory and pulmonary health. Additionally, individuals with a substance use disorder are more likely to experience homelessness or incarceration than those in the general population, and these circumstances pose unique challenges regarding transmission of the virus that causes COVID-19. Further, in a time when access to alcohol may be reduced an increase of mortality from withdrawal is likely. We would like to increase access to ambulatory detox. Currently, ambulatory detox is billable, please contact BHSD for support and guidance in establishing this service. To assist in reducing the likelihood of entering into withdrawal please do not encourage clients with AUDs to stop use all together. All these possibilities should be a focus of active surveillance as we work to understand this emerging health threat.

## **Resources**

New Mexico Screening Sites <https://cv.nmhealth.org/public-health-screening-and-testing/>

New Mexicans who report symptoms of COVID-19 infection, such as fever, cough, or shortness of breath, should call their health care provider or the NMDOH COVID-19 hotline immediately (1-855-600-3453).

Click here for a listing of Public Health Offices <https://nmhealth.org/location/public/>

Click here for current COVID-19 data from the NM Department of Health  
<https://cv.nmhealth.org/>

Click here for COVID-19 CDC information <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Click here for CDC Interim Business Guidance [https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html)

Click here for CDC Guidance on Healthcare Facilities <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/guidance-hcf.html>

CDC Interim Guidance for People Experiencing Unsheltered Homelessness  
[https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/unsheltered-homelessness.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhomeless-shelters%2Funsheltered-homelessness.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/unsheltered-homelessness.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fhomeless-shelters%2Funsheltered-homelessness.html)

NM Crisis and Access Line: 1-855-662-7474 Warm Line: 1-855-466-7100

National Suicide Prevention Lifeline: 1-800-273-8255

If you are experiencing a shortage of PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

### **Self-Care Resources**

CDC Managing Stress and Anxiety <https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html>

Supporting Families During COVID-19 <https://childmind.org/coping-during-covid-19-resources-for-parents/>

Self Care Resources for COVID-19 <https://healthleadsusa.org/communications-center/blog/self-care-resources-during-covid-19/>

Headspace App Try for Free <https://www.headspace.com/headspace-meditation-app>

***Remind staff of the potential for distant socialization versus social distancing to reframe the situation and support mental health.***

**Please see this table for codes that are billable during the public health crisis:**

<b>BH Telephonic Visits - Authorized Codes</b>			
90832	90833	90834	90836
90837	90838	90839	90840
90846	90847	90849	H0049
H0050	G0175	S0220	G0444
G0443	G0406	G0407	G0408
H0015	H0025	H0031	H0038
H0039	H2000	H2011	H2015
H2033	T1001	T1007	90785
90791	90792	99201	99202
99203	99204	99205	99211
99212	99213	99214	99215
99217	99218	99219	99220
90853	90863	99241	99242
99244	99245	99406	99243
Rev code 0912	S0201	H2010	H2014
H2017			

These services will be paid as if the member received services onsite and in person. This will remain an option for providers through the termination of the emergency declaration and applies to both initiation of care as well as treatment of established patients. Initiation of care can be for any reason, including member self-referral.

Providers are directed to bill for BH telephonic visits using location code 02 - Telephonic Visit on the claim form. If location code 02 is on the claim form, the services are billable to the MCO and should be paid at the normal rate for the service. All other normal modifiers should be included on the claim if otherwise required. The originating site HCPCS code Q3014 is not billable for these services since the normal office visit payment is to be made instead. FQHCs and other facilities that are not able to use location code 02 on the claim may use revenue code 0728 on the claim.

These visits will be considered as equivalent to in-person visits through the termination of the emergency declaration and counted toward HEDIS, NCQA, and other performance and target measures assigned by HSD. In accordance with existing policy, providers are expected to maintain all appropriate medical records. Any medical data requiring in person presence (e.g., height, weight, etc.) are to be noted in the record as "Excused per

expected to maintain all appropriate medical records. Any medical data requiring in person presence (e.g., height, weight, etc.) are to be noted in the record as "Excused per state declaration re: COVID-19".

Telephonic BH visits must be synchronous; that is, consisting of live voice conversation with the patient or family. Asynchronous or "store and forward" visits are not payable under this provision.

Telephonic BH services must be provided by a practitioner who is contracted with the MCO and within the practitioner's normally allowed scope of practice.

For provider agencies who only bill Falling Colors BHSD Star please use the GT modifier on claims files to indicate telephonic services.

Provider agencies using Treatfirst can provide intakes telephonically.

### **In-Home Telephone and Telehealth**

Any provider utilizing telephonic or telehealth services while they are home and/or while their clients are home should document the following:

- Patient's location/address during the session
- Patient's phone number
- Name(s) of other individual(s) in the home/outside contact person
- Phone numbers for above
- Who the patient would call for emergency services and that phone number
- Did the patient provider verbal consent for an in-home session?
- Did the patient acknowledge that the in-home session may use cellular data and result in a higher phone bill?

Agencies may wish to institute debriefings and lessons learned meetings where they can solicit information from staff about how these sessions are unfolding and what policy changes they may need to make. Please note: in home telephone and telehealth services can lead to a reduced inhibition or awareness of surroundings. It may be useful to start telephone and telehealth services on an individual basis prior to launching any group services to help clients understand expectations.

Telehealth Support <https://southwesttrc.org/>

SAMHSA Telehealth <https://www.integration.samhsa.gov/operations-administration/telebehavioral-health>

National Consortium of Telehealth <https://www.telehealthresourcecenter.org/>

## **Assertive Community Treatment**

BHSD recommends suspension of in person group services, however, if your agency has the means and precautions in place to continue group care with appropriate social distancing protocols, then proceed. Please see the above table for billing codes. This will serve as guidance until SAMHSA issues guidance for ACT services. ACT teams are to continue medically necessary care for patients, including but not limited to injections, medication delivery and other health care that is essential. All non-essential medical care, ex. annual physicals, may be suspended for the period of the public health crisis. Please document in the patient record that COVID-19 interfered with meeting anticipated timelines. To limit exposure risk, it is recommended that all mental health and substance use care be transitioned to telephonic and/or telehealth services immediately. If the agency already had telemedicine protocols in place they may be used at this time for video-based services.

Assertive Community Treatment teams will continue to accept referrals and follow intake processes that are already established. ACT Teams will continue assertive outreach and client engagement. Please document in the patient record what barriers exist to completing a full assessment and intake process when accepting new patients onto the ACT team during the public health crisis. Provider agencies may limit the care rendered or new patients but should not deny services.

Please arrange for nurses to have PPE for intramuscular injections and to screen for signs and symptoms of COVID-19 among patients. If you are experiencing a shortage of PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

For ACT patients who are on clozapine, we will disseminate any updates from the FDA regarding blood monitoring protocols. Please ensure careful medical review for any changes in antipsychotic regimens, including titrations from clozapine. Please see FDA and clozapine REMS guidelines:

The FDA and Clozapine REMS confirm that prescribers and pharmacies have discretion to order and dispense clozapine without an absolute neutrophil count reported within the specified timeframes. The following is posted on the Clozapine REMS website (<https://www.clozapinerems.com/CpmgClozapineUI/home.u#>):

**\*\*\*Important Program Update (as of 01/23/2020)\*\*\***

### **ANC Current Lab Requirements**

Absolute Neutrophil Count not current (i.e., within 7, 15, or 31 days of the lab draw date) based

on the patient's monitoring frequency (MF) will not prevent a patient from receiving clozapine from the pharmacy.

Although 'ANC not current' will not prevent a patient from receiving clozapine from the pharmacy, pharmacies are encouraged to submit the ANC to the Clozapine REMS Program when the pharmacist is made aware of a more current ANC than the most recent lab value reported in the PDA response.

Transporting clients should be reserved for essential medical services. Any transport should be clinically reviewed to ensure that services are time sensitive and there is essential clinical need.

#### Staff activities

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all members of the facility community understand that it is their responsibility to reduce community transmission.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

#### **Competency to Stand Trial Evaluations**

Please see the included press release for the Administrative Office of the Courts. Please also see the attached Supreme Court Order. There will be no blanket closures. Judges will have discretion in allowing telephonic or video participation to limit the gathering of people.

For the period of the public health emergency use of video will be permitted to continue competency to stand trial evaluations for those defendants in custody. It is recommended at this time that competency to stand trial evaluations for defendants out of custody are not conducted in person; use the same protocol for in custody defendants.

The following temporary protocol will be used by competency to stand trial evaluators to conduct video evaluations (must work with an onsite assistant):

- The video is on with the assistant and defendant in a secured room. No recording will take place. The assistant must be trained by the evaluator and have a signed informed consent and confidentiality agreement on file prior to the beginning of the evaluation.
- The evaluator will direct the assistant to give the defendant an Informed Consent form describing to the defendant the nature of the evaluation.

- The evaluator will direct the assistant to give the defendant an Informed Consent form describing to the defendant the use of video evaluation.
- The evaluator will excuse the assistant. The evaluator will conduct the following: a structured interview, a legal interview and an abbreviated mental status exam.
- If the interviews reveal a need to collect additional information the assistant will be asked to return to the room. The evaluator will direct the assistant to give the release of information to the defendant and describe who the ROI will go to and what it will be used to collect.
- After the evaluation is complete, the assistant will fax or email the completed forms to the evaluator.
- If the evaluator is unable to make a recommendation regarding competency or non-competency due to the lack of testing during this time, they will immediately send notification to the court. If the evaluator can make a recommendation regarding competency or non-competency the report will be sent to court as quickly as possible.

For the duration of the public health emergency this guidance is in effect for both in custody and out of custody defendants.

### **Comprehensive Community Support Services**

BHSD recommends suspension of in-person group services, however, if your agency has the means and precautions in place to continue group care with precautions, then proceed. Please see the above table for billing codes. This will serve as guidance until SAMHSA issues guidance for CCSS services. In person services can continue if reviewed by the clinical supervisor to ensure that infection control, social distancing and clinical benefit are considered. Please be certain to document how these services align with the five domains of care.

Transporting clients should be reserved for essential medical services. Any transport should be clinically reviewed by the supervisor or director of the agency to ensure that services are time sensitive and there is essential clinical need.

Please follow all policies and procedures that the agency has, as they may be more restrictive than these recommendations from BHSD.

### **Intensive Outpatient Programs**

BHSD recommends suspension of in-person group services, however, if your agency has the means and precautions in place to continue group care with precautions, then proceed. Individual services can be continued with effort to maintain social distancing and strict infection control measures. If your agency will be utilizing telephone-based interventions for individual

and family services, please use standard billing codes. Please see above table and guidance for billing.

#### Staff activities

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all members of the facility community understand that it is their responsibility to reduce community transmission.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

#### **Opiate Treatment Programs**

Please see guidance issued from the State Opiate Treatment Authority (SOTA). The communication from the SOTA and SAMHA supersede any other guidance for OTPs. Please see the above table allowing H0025 (Counseling) by telephone for the period of the public health emergency. Please see the included OTP guidance at the end of this document.

#### **Psycho Social Rehabilitation**

Services can continue with strict infection control and social distancing protocols in place.

#### Social Distancing:

“Social distancing” refers to the practice of maintaining a greater than usual physical distance from others to mitigate community transmission. It involves the following:

- Whenever possible, maintaining a distance of 6 ft from all other people.
- Avoiding unnecessary physical contact e.g. avoid shaking hands.
- Avoiding activities that involve a large gathering of people. (At this time, large is defined as 10 or more people; this may change, so please follow the most current governor’s order)
- Avoiding the use of personal items by multiple people (e.g., towels).
- Generally avoiding situations that involve close contact (e.g., crowded dining rooms).

Participant activities and social schedules may be impacted by the closure of all dine-in restaurants, recreational facilities, shopping malls, gyms, and other non-essential commercial facilities.

Any small group or individual services that can be rendered as telephonic or telehealth services can be billed, please see the above table.

Facilities can encourage social distancing by:

- Food provision
  - Stagger mealtimes to reduce crowding in shared dining facilities.
  - Instruct clients/residents to sit 6 ft apart while eating. If facility space does not allow for this, maximize distance between diners
- Recreational/common areas
  - Stagger schedules for common area use (for instance, divide the common area into zones and stagger group usage across those zones).
  - Avoid activities that result in a large gathering of people (e.g., house meetings) and instead opt for smaller group meetings.

Staff activities

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all staff and members of the facility community understand that it is their responsibility to reduce community transmission.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

### **Residential Treatment Centers**

- Screen for signs of illness all who enter the program or interact with patients or residents, including all staff, visitors, and vendors.
- Individuals with any of the conditions below should be restricted from entering the program site:
  - Sick with high fever, cough, or sneezing
  - Recent international travel (i.e., within the past 14 days) from a COVID-19-affected geographic area
  - Close contact with a person diagnosed with COVID-19 in the past 24 hours.
- Minimize groups of patients, residents, and/or staff. If group sessions continue, participants should be a minimum of 6 feet apart from one another.

### Other precautions:

- Visitors who reside in a community where community transmission is occurring should be asked not to visit the program.
- If signs or symptoms of a respiratory infection, such as fever, cough, shortness of breath, or sore throat develop while an individual is on-site, the individual should put on a mask and move to an isolated area of your program. Notify the program director immediately.
- New Mexicans who report symptoms of COVID-19 infection, such as fever, cough, or shortness of breath, should call their health care provider or the NMDOH COVID-19 hotline immediately (**1-855-600-3453**).
- Keep a daily log of names and contact information for employees, patients, residents, visitors, and vendors.
- Programs should contact any entities that have staff regularly visiting their programs (e.g., contracted/per diem staffing agencies, pharmacy delivery organizations, cleaning agencies, etc.) to review and approve their protocols for identifying and preventing the spread of respiratory diseases, including COVID-19.
- Ensure client safety and wellbeing by conducting signs of life safety checks. Consider performing additional checks for patients and residents with pre-existing health issues or respiratory issues.

### Personal prevention measures:

Patients, residents, staff, and volunteers should be reminded to:

- Wash hands often with soap and water for **at least 20 seconds**. Wash hands:
  - Before eating; and
  - After going to the bathroom; and
  - After blowing your nose, coughing, or sneezing; and
  - Upon entering and exiting the program site.
- If soap and water are not available, use an alcohol-based hand sanitizer with at least sixty percent (60%) alcohol.
- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes using a tissue or the inside of your elbow (not your hands). Immediately throw the tissue in the trash.
- Stay away from people who are sick and stay home if you feel sick.
- Don't touch your eyes, nose or mouth without first carefully washing your hands.
- Avoid sharing dishes, drinking glasses, eating utensils, or towels.
- Wash dirty dishes in a dishwasher or, if by hand, with warm water and soap.
- Laundry can be washed in a standard washing machine with warm water. It is not necessary to separate laundry used by a client from other household laundry.
- In order to avoid germs, do not shake dirty laundry or "hug" dirty laundry to your chest to carry it.

### **Other protective measures:**

- Post signs at the entrance with instructions for hand hygiene and identifying individuals with symptoms of respiratory infection.
- Decisions about when to scale back or cancel activities should be made in consultation with your local public health official(s) and informed by a review of the COVID-19 situation in your community.
- Cancel large gathering and do not attend large gatherings.
- Monitor and manage ill patients and residents, including limiting participation in and transportation to outside activities (such as day programs and jobs).
- Monitor exposed personnel.
- Implement strict infection control measures.
- Adhere to reporting protocols to public health authorities.
- Train and educate program personnel about preventing the transmission of respiratory pathogens such as COVID-19.

### **Disinfection**

To prevent the spread of germs and help protect against COVID-19, programs should increase the frequency of their regular cleaning and disinfection program, using an **EPA Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2 (the Cause of COVID-19)** to frequently clean high-touch surfaces including elevator buttons, entry and exit buttons, door handles, faucets, railings, knobs, counters, handrails and grab bars.

- Clean all rooms with a focus on hard surfaces (including desks, tables, countertops, sinks, and vehicle interiors) with a disinfectant on the EPA list. Use alcohol wipes to clean keyboards, touchscreens, tablets and phones.
- In dining rooms, clean and disinfect tabletops, arms of chairs, salt and pepper shakers and other condiment before and after each use. Seating arrangements in dining rooms should allow for at least six feet of distancing between patients and residents.
- Custodial staff should be trained to use disinfectants in a safe and effective manner and to clean up potentially infectious materials and body fluid spills.
- When a program patient or resident is discharged or leaves the program permanently, their room should be cleaned and disinfected in preparation for the next patient or resident.

### **Personal Protective Equipment**

Programs are encouraged to re-educate personnel on proper use of personal protective equipment (PPE) and when to use different types of PPE. If you are experiencing a shortage of

PPE, email the New Mexico Department of Health Emergency Operations Center at [Section.DOC-Logistics@state.nm.us](mailto:Section.DOC-Logistics@state.nm.us). If you have questions, you can call 505-476-8284 Monday through Friday between 8:00 am and 5:00 pm.

- CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
- Facemasks should be used by people who show symptoms of illness to help prevent the spread of germs.
- Precautions are based on the principles that all blood, body fluids, secretions, excretions (except sweat), nonintact skin, and mucous membranes may contain transmissible infectious agents.

### **What should a program do if it suspects a case of COVID-19 among its patients or residents?**

Any program serving a patient or resident with suspected or confirmed COVID-19 should immediately contact the Department of Health's COVID-19 hotline (1-855-600-3453) to review the risk assessment and discuss laboratory testing and control measures.

These control measures include:

- Providing PPE, such as a face mask, for the patient or resident exhibiting symptoms of COVID-19.
- Isolating the patient or resident in a private room with the door closed.
- Asking the individual about symptoms of COVID-19 (fever, cough, difficulty breathing).
  - Other symptoms could include: chills, sore throat, headache, muscle aches, abdominal pain, vomiting, and diarrhea. If you are in the same room as the individual, wear a face mask and stand at least 6 feet away.
- If available, program medical staff should immediately assess the individual using appropriate PPE, if possible.
- If the individual requires immediate medical care, call 911 for an ambulance and inform EMS of the individual's symptoms and concern for COVID-19.

### **What should a program do if staff exhibit signs or symptoms of COVID-19?**

Employees exhibiting symptoms of illness (fever, cough, difficulty breathing) should be sent home immediately and should contact the Department of Health COVID-19 hotline (1-855-600-3453) or their healthcare provider. Staff should not return to work until they are free of fever, signs of a fever, and any other symptoms for at least 14 days, without use of fever-reducing or other symptom altering medicines (e.g. cough suppressants).

If an employee is diagnosed with COVID-19 they cannot return to work until they have been authorized to leave their home.

If the needs of the program exceed current staffing capacity or ability, please contact your state program manager for further direction.

### **Ongoing Management of the Program Site**

**All programs should continue to:**

- Review their current policies and procedures to minimize exposures to respiratory pathogens such as influenza and COVID-19.
- Review emergency preparedness plans and assess for continued operation in case of an emergency.
- Assess both their program needs and workforce capacity to accommodate the potential need for supplies, an increased number of private rooms and the potential decrease in staffing availability.
  - Develop plans to monitor absenteeism at the site.
  - Cross-train personnel to perform essential functions so the site can operate even if key staff are absent.

### **Plan Ahead**

Develop a plan for:

1. Transporting patients or residents (or staff while at work) with symptoms to and from medical facilities for testing.
2. Patient and resident isolation if a patient or resident develops COVID-19 and needs to be isolated and cared for at the facility. Inform and coordinate plan with local public health.
3. Use of personal protective equipment for caring for patients or residents with symptoms of respiratory infection. Inform and coordinate plan with local public health.
4. A liberal employee sick leave policy that is not a disincentive for remaining home if sick.
5. Plan for alternate staffing patterns such as longer shifts, if needed due to staff illness.

Inventory and maintain essential items including, but not limited to, disinfectant cleaning supplies, hand sanitizer, rubber gloves, face masks, disposable plates and cutlery, facial tissue and toilet paper, and personal protective equipment.

### **Shelters, Homeless Shelters, Oxford Houses, Crisis Housing**

Persons experiencing homelessness may be at risk for infection during an outbreak of COVID-19. This interim guidance is intended to support response planning by homeless service providers, including overnight emergency shelters, day shelters, and meal service providers.

## Social Distancing

1. “Social distancing” refers to the practice of maintaining a greater than usual physical distance from others to mitigate community transmission. It involves the following:
  - Whenever possible, maintaining a distance of 6 ft from all other people.
  - Avoiding unnecessary physical contact e.g. avoid shaking hands.
  - Avoiding activities that involve a large (10 or greater) gathering of people.
  - Avoiding the use of personal items by multiple people (e.g., towels).
  - Generally avoiding situations that involve close contact (e.g., crowded dining rooms).
  - Resident activities and social schedules may be impacted by the closure of all dine-in restaurants, recreational facilities, shopping malls, gyms, and other non-essential commercial facilities.

Facilities can encourage social distancing by:

### Food provision

- Stagger mealtimes to reduce crowding in shared dining facilities.
- Instruct clients/residents to sit 6 ft apart while eating. If facility space does not allow for this, maximize distance between diners.

### Bathing

- Create a staggered bathing schedule to reduce the potential for lines/crowding in the bathroom.

### Sleeping arrangements

- Structure sleeping area such that beds at least 6 ft apart. If facility space does not allow for this, maximize distance between beds.
- Arrange beds in a “head-to-toe” or “toe-to-toe” fashion.
- Place barriers (lockers, curtains, etc.) between beds.
- If possible, reduce the number of residents per unit/room.
- Separate (with a wall and closed door) the sleeping quarters of suspected positive cases from the rest of the community. If this isn’t possible, place the bed of the suspected case in a position that will minimize interaction with other residents (e.g., corner of smallest room).
- Take special pains to protect the vulnerable population (i.e., elderly and/or those with underlying medical conditions) by placing them especially far from residents with symptoms.

### Recreational/common areas

- Stagger schedules for common area use (for instance, divide the common area into zones and stagger group usage across those zones).

- Avoid activities that result in a large gathering of people (e.g., house meetings) and instead opt for smaller group meetings.

#### Transportation

- Avoid unnecessary travel.
- For necessary travel, ensure that travelers are properly spaced in the vehicle (i.e., do not crowd vehicle).

#### Communication

- Avoid superfluous face-to-face interactions. E.g., information distribution can be managed online.

#### Staff activities

- Avoid unnecessary staff meetings, and especially avoid meetings with 10 or more participants.
- When possible, opt for conference calls instead of in-person meetings.
- Remind staff of the potential of distant socialization versus social distancing to reframe the situation and support mental health.

It is essential that the importance of social distancing is clearly and repeatedly conveyed to all staff and clients/residents. Ensure that all members of the facility community understand that it is their responsibility to reduce community transmission.

## 2. General Facility Preparations

- Update the Emergency Operation Plan (EOP) and share with staff.
- Educate staff on clinical management and infection control of COVID-19.
- Stay informed about the local COVID-19 situation.
- Maintain an optimal supply of personal protective equipment; be proactive against shortages when possible.
- Prepare to safely triage and manage patients/clients with COVID-19.

## 3. General Facility Management Recommendations

- Actively encourage sick employees to stay home, place posters.
- Emphasize respiratory etiquette and hand hygiene by all employees, provide tissues, receptacles, hand sanitizer, soap and water.
- Perform routine environmental cleaning.
- Advise employees before traveling to take certain steps.
- Prepare to change business practices to maintain critical function if needed (e.g., identify alternate suppliers, hire temporary employees, extend hours).

## 4. Emergency Operations Plan (EOP)

- Identify key contacts at the New Mexico Department of Health.
- Identify a list of healthcare facilities in your area.

- Identify list of alternate care sites (healthcare coalitions).
  - Include contingency plans (increased employee absenteeism, extending hours, cross-training employees, temp employees).
  - Create a plan and share it with employees.
5. Recommendations Regarding Communications Management
- Communicate about COVID-19 and everyday preventive actions.
  - Create a communication plan for distributing timely and accurate information during an outbreak.
  - Implement everyday preventive actions and provide instructions to your workers about actions to prevent disease spread.
  - Communicate with your local health department – call if you have clients with suspected COVID-19 in your facility.
  - Prepare for increased demands for medical and mental health services, to the extent possible.
  - Help counter stigma and discrimination in your community.
  - Schedule on-going coordination calls.
6. Operational Process Recommendations
- Ensure that clients receive assistance in preventing disease spread and accessing care, as needed.
  - In general sleeping areas (for those who are not experiencing respiratory symptoms), ensure that beds/mats are at least 6 feet apart, and request that all clients sleep head-to-toe.
  - Provide access to water, tissues, and plastic bags for the proper disposal of used tissues.
  - Ensure bathrooms and other sinks are consistently stocked with soap and drying materials for handwashing.
  - At check-in, provide any client with respiratory symptoms (cough, fever) with a surgical mask.
  - Monitor clients who could be at high risk for complications from COVID-19.
  - Confine clients with mild respiratory symptoms consistent with COVID-19 infection to individual rooms, if possible, and have them avoid common areas.
  - If you identify any client with severe symptoms, notify your public health department and arrange for the client to receive immediate medical care.

### **Transitional Living Services**

Please see the above guidance for Residential Treatment Centers and Shelters.

March 30, 2020

To: Hotel General Managers, Managers, and Supervisors:

Thank you so much for stepping up in the interest of all of our communities by providing safe and secure housing for our neighbors who have been directed to your facility to safely isolate while they may be at risk of community infection, or while they should self-isolate. Your generous and thoughtful action will help ensure that hospital resources remain available to those most in need of that level of care, while also slowing the spread of the virus in our community.

This guidance is designed to provide recommendations to hotel properties in order to maximize the probability of success in this novel undertaking. As we prepare for the spread of the COVID-19 virus, these are some precautions hotel managers and staff can take to improve guest and employee health and safety.

Guests who are referred to your facility through the Emergency Operations Center will receive an orientation guide to what to expect (attached). Please feel free to add information about your facility without altering the content we've provided.

Of particular note: Each guest will have a Certified Peer Support Specialist or Case Manager assigned to them. Their work will be done almost exclusively at a distance. It would be wise for you to keep a list of the displaced guests you are housing, and connect that list to their individual support, with their contact information. They will be able to help you respond should anything unexpected arise.

Again, thank you so much for your assistance in this difficult time. Stay safe!

Sincerely,

Neal A. Bowen, PhD  
Director, Behavioral Health Services Division  
37 Plaza LA Prensa  
Santa Fe, NM 87504

## **BHSD Guidance for Hosting Hotel Guests during COVID-19**

This guidance provides recommendations for hotels about how to safely host guests during the COVID-19 public health crisis. As we prepare for the potential spread of the COVID-19 virus, there are some precautions hotel managers and staff can take to improve guest and employee health and safety. Early evidence suggests that the virus that causes COVID-19 can spread more easily than the virus that causes seasonal influenza, and it appears that the COVID-19 disease is more deadly than seasonal influenza.

Individuals who have had a positive test result for COVID-19 or who are awaiting test results may be referred to hotels from hospitals. This will keep precious hospital rooms open for people who need them, and allow individuals with a positive or pending test to self-isolate safely and effectively. Some of these people may be coming from homeless shelters or transitional living facilities, and others may need to stay away from home to avoid infecting their families.

People who may qualify for hotel stays related to COVID-19:

- Positive COVID-19 Test Results
- Pending Test Results
- Additional Underlying Health Concerns
- Over the Age of 60

All guests who are referred to a hotel from a homeless shelter or transitional living facility will receive orientation by the Office of Peer Recovery and Engagement (OPRE) to learn about expectations and safety protocols while staying at the hotel (*housing without support services doesn't work very well.*) Anyone who has experienced displacement will be assigned a peer support worker who will assist your guest to understand isolation protocols and infection control measures, identify food or other social support needs, and connect the guests to services in their community.

In order to maintain safety for everyone on the property the hotel management may consider additional security to monitor who is staying on the property as a guest and who is not to prevent visits to those in isolation.

We do not wish to increase stigma for those experiencing displaced housing during the public health emergency. It is a service that your business may provide to house those who are incredibly vulnerable during this time. While you may wish to increase security please be cautious of discrimination and assumptions about those who are seeking shelter on your property.

### **Prevention protocols all New Mexicans should follow**

The following can help prevent the spread of coronavirus and protect yourself, your guests and your employees from becoming infected:

- Wash hands often with soap and water for at least 20 seconds.
- Avoid touching eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick – maintain social distancing and stay about 6 feet apart whenever possible.

Social distancing policies currently in effect in New Mexico restrict when and where people can gather to stop or slow the spread of COVID-19. These include limiting the number of people who may gather – currently no more than 5 people in New Mexico – as well as closing buildings and businesses, or canceling events. You may need to monitor your lobby or other public areas to ensure no more than 5 people – guests, employees, or a combination – are present at one time.

### **Preventative actions for orientation of all guests**

- Post signs throughout the facility related to social distancing protocols and infection control measures.
- Post signs about the signs and symptoms of COVID-19.
- Provide brief orientation to preventative measures at check-in.
- Avoid shaking hands as a social greeting.
- Support hand and respiratory hygiene as well as cough etiquette by guests and employees.
- Ensure employees clean their hands according to CDC guidelines, including before and after contact with guests before and after contact with surfaces or equipment.

### **Preventative actions for hotel workers**

- Train housekeeping staff to use the disinfectants safely and correctly. Staff should wear gloves when cleaning. Many of these cleaning products need to remain on hard surfaces for several minutes in order to work. Follow the manufacturer's instructions for proper use to get the most virus killing protection. Schedule and perform routine cleaning and disinfection of all contact surfaces in public areas, guest rooms, television remote controls, toilet flush handles, door handles, water faucet handles, and flooring.
- Train hotel staff and post signage to remind guests and workers to wash hands with soap and warm water frequently, for at least 20 seconds each time. If possible, provide alcohol-based hand sanitizer that contains at least 60% alcohol in all guest contact areas and to all staff. In addition, staff should be advised not to touch their faces and to practice "social distancing" by standing at least six feet away from guests and other workers.
- Educate staff on the most common signs and symptoms of coronavirus infection, which are fever, dry cough, and shortness of breath. Symptoms typically occur 1-14 days after exposure, though a small proportion of people who are infected don't have symptoms.

### **Preventative actions to eliminate the spread of COVID-19**

- Switch to and use disinfectant products that have been pre-approved by the U.S. Environmental Protection Agency (EPA) for use against emerging viral pathogens.
- Disinfectants should be applied during routine cleaning of guest rooms, public spaces, health club areas and meeting rooms

- Linens may become contaminated with the virus, so it is also important to add disinfectant when washing laundry. Bed scarfs and bedspreads should be washed more frequently.
- Public spaces, and the front desk, need to be cleaned frequently. If possible, provide disposable disinfectant wipes to front-of-house staff to disinfect surfaces between guests. High touch areas in public spaces include tables in the lobby area, buttons on elevators, water fountains, and ice and vending machines. Pens at the front desk and room keys and key cards should also be cleaned with disinfectant.
- You should maintain records that will help you trace who has been in contact with any infected individuals that have been to your property. Review and implement a record keeping process to maintain records of guest and staff movement. These records should be kept for a minimum of 90 days. This includes maintaining guest registration records, employee work assignments, documentation of key control procedures including the electronic lock records, and security camera closed circuit tapes. This is especially important if someone in your hotel has been confirmed to have the virus.
- Consult with the local or county health department to determine appropriate actions if a guest or worker presents symptoms of COVID-19 disease, as well as how to respond if asked to quarantine guests. Public health officials at the state, federal, and local level have the legal authority to implement control measures to prevent the spread of communicable disease, such as isolation and quarantine, travel restrictions, and medical treatment.

## **Guests who become ill**

**Anyone who develops symptoms of fever, cough or shortness of breath should seek medical advice by phoning the NMDOH's dedicated COVID-19 number 1-855-600-3453.** It is also important to phone ahead before going to the hospital or doctor's office to get guidance. If you need to get urgent medical help for your guest:

- call 911 and ask for an ambulance
- tell the ambulance officers that your guest may have COVID-19 infection.

Staff should avoid contact with guests who become unwell if possible and seek appropriate medical advice if this occurs. Please increase infection control measures as needed.

## **Resources**

### New Mexico Department of Health

Check the NMDOH and CDC websites daily for updated guidance to reduce spread of COVID-19.

- New Mexico Department of Health <https://cv.nmhealth.org/>
- Centers for Disease Control <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

NMDOH hotline for people who are experiencing symptoms of COVID-19: **1-855-600-3453**

NMDOH direct line for non-health related questions or concerns: 1-833-551-0518

The Office of Peer Recovery and Engagement (OPRE)

If you experience any difficulty interacting with a homeless guest or their peer support worker, please contact Melisha Montano, OPRE Director, at 505-490-3408.

NMCAL and Peer Warm Line

New Mexico Crisis and Access Line  
24 hours a day, 7 days a week, 365 days a year  
1-855-NMCRISIS (662-7474)  
TTY 1-855-227-5485  
711 for relay (hearing & speech impaired)

New Mexico Peer to Peer Warmline  
Call 3:30pm – 11:30pm or text 6pm – 11pm every day  
1-855-4NM-7100 (466-7100)  
711 for relay (hearing & speech impaired)

National Low Income Housing Coalition

This site has a number of webinars, congressional recommendations, and national and state update related to housing and COVID-19.

<https://nlihc.org/coronavirus-and-housing-homelessness>

March 30, 2020

Dear Community Member,

We are providing this guidance to support you as you settle into the room provided to help you get through this period of isolation – whether due to a positive test for COVID-19, or suffering symptoms of the disease and awaiting test results. We are grateful you will take these necessary steps to help slow the spread of the disease to your family, friends and the wider community. Your placement in this hotel will also ensure that the hospital remains available to those in need of a higher level of care. Rest assured that should your condition worsen, you will also be afforded such care.

While necessary, this temporary relocation can cause additional distress in an already troubling time. We are here to support you through this.

The Behavioral Health Services Division will be notified of relocation to this facility, which has generously offered its resources to the community in this time of need. Here are the things you can expect from BHSD's support:

- You will be contacted by a behavioral health provider in the form of a certified peer support worker, community support worker or a case manager. They have been trained to assist you with getting organized in your room, including the 'rules of the road' for the facility you are in.
- They are available to help you take the best care of yourself that you can, including identifying and attempting to connect you to any resources you might need – including food, prescribed medications, and your health care providers. All of that will start with a conversation to help identify any needs you may have.
- They will help connect you to your behavioral health support system if you already have one, and be available to ensure you have a connection to information and emotional support if you so choose. It is to be expected that being in this situation will increase your stress and having guidance and support in responding to that will help you heal.
- They will reach out to talk with you – in order to support you as you see fit throughout the course of your stay at this hotel.

Here is the process that you will be a part of:

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## Guest Support Process

Guest will be discharged to a hotel. The hotel will provide an orientation to the guest. The Behavioral Health Services Division will assign you a support person who will call you. PLEASE ANSWER THE CALL.

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First contact: The support worker will reach out to you and will provide you with an orientation to the support process. They will review checklists with you to be sure that you are receiving the best possible support. This will include questions about the property you are staying in, if you have food, and what other resources you may need to stay safely isolated. The peer will review with the importance of remaining in isolation and how to avoid contact with other people. The peer will also assist you in maintaining contact with any providers you may already be working with.

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Ongoing contact: The support worker will call you at least daily and monitor your well being and any additional needs you may have.

Close the record: Your support services will end when you are medically released from isolation. The support worker will help you transition to community based care at that time.

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March 30, 2020

Peer Support Workers,

This guidance provides support for you when you are rendering compassion and presence for those who have been displaced due to the corona virus. You are an integral part of keeping our communities connected during this public health emergency. With your lived experience and ability to connect with people who are in distress or isolated you are uniquely qualified to offer support in this time.

Some individuals who have had a positive test result for COVID-19 or who are awaiting test results will be referred to hotels from hospitals. This will keep precious hospital rooms open for people who need them, and allow individuals with a positive or pending test to self-isolate safely and effectively.

All individuals who are placed in a hotel will have a support worker assigned to help them navigate this difficult time. Some of the people who need support will be referred from shelters and other facilities, and for this group your peer experience and wisdom will be critical. Other people will be referred from hospitals to self-isolate in a hotel so that they don't risk infecting their families. These people are not 'peers' in the sense of SUD or mental health issues, but they will also need your support and assistance to deal with the consequences of being in isolation.

The next pages explain the process you will be a part of and offer a brief orientation, which should build on the COVID-19 peer training webinar you attended.

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## Peer Process

The Emergency Operations Center will contact the Behavioral Health Services Division (BHSD) with a referral from a hospital or shelter. BHSD will forward the referral to the Office of Peer Engagement (OPRE), which will identify a peer support worker and assign them to assist the individual.

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First contact: As the assigned peer support worker, you will reach out and let the displaced guest know who you are and offer your assistance. You should review the attached checklist with the guest, and discuss your expectations for daily (at least) contact and engagement with the guest. Contact your assigned supervisor to let them know you have begun providing support services.

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Ongoing contact: You will continue to monitor for health and overall well-being of the guest, and any additional needs related to social determinants of health.

Close the record: After the guest has been medically released and connected to community resources, contact your assigned supervisor and let them know you are closing the referral.

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## Orientation

1. Introduction and explain your role, provide phone number so that individual can reach you.

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2. Emphasize the importance of staying in the unit while testing results are being done, and not having any guests or visitors to maintain self-isolation.

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3. Go over the health suggestions

a. Frequent hand washing with soap for 20 seconds

b. Avoid touching your face

c. Sneeze or cough into a tissue or the side of your elbow; throw the tissue away

d. Disinfect frequently used items and surfaces

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4. Find out what the individual needs - food, medications, cell phone, laundry and cleaning supplies, clothing, etc. Have a plan in place for how you will obtain and deliver these items.

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5. Identify any existing behavioral health or other service providers the individual already works with, and encourage continued participation.

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6. Make sure they understand that you will be calling daily and you need them to answer.

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7. Provide support and encouragement that we are all in this together.

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**Please follow up with the attached COVID 19 Supportive Housing Checklist for further contact with individual.**

## HOTEL PHONE VISIT CHECKLIST

Date of Phone Visit: \_\_\_\_\_

Individual/Guest Name: \_\_\_\_\_

Hotel/Motel: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_

Printed Name of Support Services Worker : \_\_\_\_\_

Provider/Agency (If applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>1. Has an Orientation with displaced individual/ guest been conducted?</b> If not, Support Services Worker should review the Guidelines for Displaced Individuals and post the flyer on the inside of the hotel room door.
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>2. Is the room/unit in a reasonably clean state?</b> (e.g. are there any health or safety issues?) (answers are provided via verbal response from individual)
<b>Corrective Action Due Date</b> _____	If no, what are next steps for individual?
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>3. Hotel Room Amenities:</b> a) Does the guest have the basic and necessary amenities for their room: furniture, kitchen set-up (plates, glasses, utensils, pots and pans); and clean linens (bath towels, wash cloths, sheets, blankets, pillowcases).  b) Is refrigerator, stove, microwave, fan (if no air conditioning), lighting, electrical and plumbing in good working order?
<b>Corrective Action Due Date</b> _____	If no, has the hotel/motel staff been notified of needed amenities or repairs? Are they making repairs in a timely fashion? Yes___ No___  Issue: _____ Date Notified: _____ Issue: _____ Date Notified: _____ Issue: _____ Date Notified: _____  If no, Corrective Action to be taken:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>4. Individual Well Being:</b> Does the guest report they are in good physical and mental health?
<b>By When:</b> <b>Date</b> _____	If not, what are next steps for assistance:  For Individual?

	<p><b>For Support Services Worker?</b></p> <p>If a referral for services to a Behavioral Health provider or a Community Health Clinic needed? Support Services Worker should research local options and provide a referral and support as appropriate.</p>								
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>5. Is the individual taking all Health related safety precautions?</b>  <b>Note: Peer should review the Health guidelines with individual.</b></p>								
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>6. Are there any individual/guest issues that may become a problem ?</b>  <b>e.g. problems with other guests/neighbors; hotel/motel rule violations; or issues with hotel/motel staff?</b></p>								
<p><b>By When:</b>  <b>Date_____</b></p>	<p><b>If yes, what are next steps:</b></p> <p><b>For individual ?</b></p> <p><b>For Support Services Worker?</b></p>								
<input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>7. Are there any changes or new challenges since the last phone visit?</b></p> <table border="0"> <tr> <td>Food Needs</td> <td>Yes___ No___</td> </tr> <tr> <td>Amenities/Hygiene</td> <td>Yes___ No___</td> </tr> <tr> <td>Police/Safety/911 Calls</td> <td>Yes___ No___</td> </tr> <tr> <td>Other</td> <td>Yes___ No___</td> </tr> </table> <p>Please Specify _____</p> <p>_____</p>	Food Needs	Yes___ No___	Amenities/Hygiene	Yes___ No___	Police/Safety/911 Calls	Yes___ No___	Other	Yes___ No___
Food Needs	Yes___ No___								
Amenities/Hygiene	Yes___ No___								
Police/Safety/911 Calls	Yes___ No___								
Other	Yes___ No___								
<p><b>By When:</b>  <b>Date_____</b></p>	<p><b>If yes, what are next steps:</b></p> <p><b>For individual ?</b></p> <p><b>For Support Services Worker?</b></p>								
	<p><b>8. Support Services Update:</b>  <b>What progress has been made, or, new challenges developed (per above questions) that need to be addressed ?</b></p>								
	<p><b>Progress notes:</b></p> <p><b>For individual?</b></p>								

	For Support Services Worker ?
<input type="checkbox"/> YES <input type="checkbox"/> NO	9. Is the room being cleaned regularly and up to COVID 19 precautionary standards? Note: This question is for follow up 2 <sup>nd</sup> phone call and used thereafter
Corrective Action Due Date: _____	If no, what are next steps:  For individual?  For Support Services Worker?
<input type="checkbox"/> YES <input type="checkbox"/> NO	10. Does the Support Services Worker feel assured that precautionary safety is maintained by individual/guest and hotel/motel staff ? Are there any matters of concern?  If there are matters of concern , please report to the OPRE Program Manager.

Support Services Worker Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

Individual Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature :  (NA) Visit conducted by Phone