



Provider Assurance Form

The following assurances are required from a provider of Adult Day Supports (ADS), Vocational Habilitation (VH), and Intermediate Care Facility (ICF) Day Programs for each facility-based setting where ADS, VH, and ICF Day Programs will resume.

If ADS, VH, or ICF Day Program services are provided in multiple facility-based settings, a separate form must be completed for each setting.

Completed Provider Assurance Forms are to be submitted to the Ohio Department of Developmental Disabilities (DODD) (via email: OSSAS@dodd.ohio.gov) and the appropriate county board(s). DODD and the county board(s) will confirm their receipt of the forms within one business day.

Providers are approved to resume services once their assurance documentation is submitted to DODD and the appropriate county board(s), DODD has conducted a virtual tour, and they have received a confirmation email from both. This process will need to be repeated for each area if the provider wishes to modify their services areas to increase their overall capacity.

For providers who have previously submitted an assurance form and been approved for groups of 10 under the previous Ohio Department of Health order, those services may continue and a new assurance form does not have to be submitted unless the provider is adding areas not previously approved.

ADS, VH, or ICF Day Program Providers

To ensure the safety of the setting

- when possible, uses temporary walls to divide a building into smaller areas to serve multiple groups, under limited circumstances,
 - dividers must be at least six feet in height,
 - dividers must be made from nonporous material or other material that can be sanitized,
 - dividers must meet any requirements set by the Department of Commerce, local building department, state fire marshal, or local fire safety inspector,
- the area accommodates no more than 12 people receiving services, which does not include employees or DSPs.
 - When separate entrances/exits and restrooms for each group are not possible, has the resources and ability to stagger arrival, departure, and break times for thorough sanitization of the area and minimal contact between people
- assign dedicated staff for each separate group in each space,
 - and accommodates people being at least six feet apart.

Ensure all people attending this setting

- have had a conversation with their service and support administrator (SSA) or qualified intellectual disabilities professional (QIDP) to determine the appropriateness of resuming services (Provider must receive confirmation of completed Team Acknowledgment Form before resuming services),
- have a desire to attend scheduled services,
- are willing and able to comply with health screenings upon arrival, before leaving, and otherwise as needed,
- have discussed with their team regarding face coverings and whether one will be required for them,
 - are willing and able to comply with face coverings, handwashing, and social distancing (and gloves, if needed for activities) as required,
 - have documentation of medical, functional, or practical reason for the exception if not willing,
- and are willing and able to comply with decontamination practices when returning home by washing hands and changing clothing at a minimum,
- provide a designated isolation space for anyone who presents with symptoms during service delivery

Ensure the agency

- requires face coverings for all staff except when in a room alone or outdoors alone, with reasonable assurance that 6 feet of separation is possible from others,
- has the personal protective equipment (PPE) capacity and training to comply with the use of gloves and face coverings for DSPs,
- follows team decisions regarding face coverings for each person no matter the provider or service payment type (consult the Risk/Benefit Discussion Guide),
- gives attention to minimizing touching of face and face coverings,
- has the resources and ability to provide daily symptom monitoring of personnel and participants upon arrival,
 - utilizing Adult Day Support, Vocational Habilitation, and ICF Day Programs COVID-19 Symptom Monitoring Log,
- to the best of their ability, staggers pick-up and drop-off times to ensure appropriate social distancing,
- reliably follows infection control personal care standards including handwashing before and after contact with persons served,
- requires personnel, who are helping a person with eating or other personal care activities, to use gloves and a face covering,
- has the resources and ability to provide/install hand sanitizer in high-contact areas,
- has the resources to clean and sanitize the location and associated vehicles throughout the day and between shifts/events,
- has the resources and ability to schedule and complete deep cleaning, to occur outside normal business hours and at least once a week,
- has the resources and ability to offer activities that will not require handling shared items (unless people handling materials are properly gloved),
- plans activities that include limited food consumption (to avoid the need to remove masks),
 - thorough hand washing must be done before and after the safe removal, storage, and replacing of masks; the minimum of 6 feet of distance needs to be maintained while eating,
 - surfaces need to be cleaned and disinfected before and after eating,
 - personnel need to wash hands between handling food packaging that arrives from different homes,
 - Ideally using single service type packaging that can be disposed of after eating,
- arrange for transportation if anyone presents with symptoms during service

delivery and ensures that people are isolated from others while waiting for transportation,

- is willing and able to contact the local health department to determine the best next steps of service delivery if any personnel or participant tests positive for COVID-19,
- assesses and plans for how to administer medication safely, including avoiding aerosolizing procedures if possible, and having a private place for the use of inhalers and nebulizers,
- and allow the Office of System Support and Standards (OSSAS) to complete a virtual walk-through of the setting(s) and answer questions about the setting at that time.

Provider Name: _____

DODD Provider Number: _____

Setting address this form is relevant to: _____

Serves people from the following county or counties: _____

The number of groups of 12 people receiving services, which does not include

employees or DSPs , at this setting: _____

Contact information for the provider (Name/phone number/emailaddress): _____

Acknowledgment of and attestation to the above statements:

Printed Name

Signature/Date