



Topic: Office of Licensing Questions & Answers for Residential Providers

1. Are residential providers permitted to restrict visitors during the current health emergency?

Yes. To mitigate the risk of community spread, at this time, individuals may only schedule a visit to the home if the provider determines that it is necessary for the health and safety of residents or staff. For example, delivery of food, medications and other critical supplies, medical services, or family visits related to critical medical or behavioral treatment. For additional information, see www.nj.gov/humanservices/ddd/documents/COVID19-residential-screening-policy.pdf.

All staff, contracted professionals and visitors must be screened before entering the home, including a temperature check. Screenings should be conducted on scheduled staff coming on shift, as well as any Department of Human Services (DHS) and Division of Developmental Disabilities (DDD) representatives that enter the residence. DHS and DDD representatives have received training on precautions to mitigate the spread of COVID-19 and will fully cooperate with residential provider screening procedures. A record of all screenings should be maintained.

2. If there is a no-visitors rule in place, are residential providers required to permit DHS and DDD representatives into the home?

Yes. DHS and DDD representatives are conducting site visits related to their official responsibilities to ensure health, safety and well-being. Residential providers are not permitted to restrict a DHS or DDD representative from entering licensed homes. Prior to permitting this entry, providers must implement their screening procedures.

3. Can residential provider staff take the temperature of individuals who are at high risk/elderly/unable to communicate that they are not feeling well without the usually required prescription?

Yes, this is permitted during the current health emergency. Additionally, all individuals should be regularly monitored for sudden or emerging symptoms/signs of illness.

4. Can an individual be quarantined in a room not currently licensed as a bedroom (e.g., a den)?

Residential providers should develop strategies to comply with health provider guidance/recommendations related to quarantining an individual and for keeping the individual and everyone else safe. Discuss these strategies with your identified Office of Licensing (OOL) supervisor.

5. Why are residential providers required to send an attestation to DHS to affirm that we are attending to strategies to help prevent the spread of COVID-19?

The serious and unprecedented nature of the existing health emergency required DHS to ensure that all residential providers are consistently including identified critical areas in their response

planning. DHS administration is grateful to residential providers for their timely and thoughtful responses. The feedback received presented opportunities for residential providers to ask questions and obtain clarification.

6. Is the OOL conducting routine inspections?

At this time, routine inspections are suspended and no decisions have been made regarding when routine inspections will resume. OOL staff are available to residential providers for technical assistance and guidance. OOL inspections related to cause will continue as necessary.

7. Does DHS have any personal protective equipment (PPE), such as gloves and masks, to distribute to residential providers?

DHS leadership is pursuing and advocating obtaining PPE for community residential providers. Residential providers should continue to pursue all potential resources, including retail outlets for necessary supplies.

8. Do residential providers have to ensure prospective/new employees are tested for tuberculosis (TB) and have physicals before they are hired?

For prospective/new employees, residential providers should continue to obtain evidence that a prospective/new employee was previously tested for TB and had a physical within one year prior to the date of hire.

Residential providers should ask the prospective/new employee whether they have had a physical within one year or any TB test on record.

If feasible, have the prospective/new employee call ahead and complete a physical at a community-based, urgent care provider. A physical completed via telehealth is permitted. Consider situations where it might be helpful to offer to pay for the prospective/new employee who obtains a physical at an urgent care site.

Residential providers should obtain new employee physicals and TB tests as soon as practical.

9. Do residential providers have to check the Central Registry for new employees?

Yes. Residential providers must continue to check the Central Registry prior to hiring new employees. If the employee is not listed on the Central Registry, the employee may be offered a position and begin the onboarding process.

Following a successful check of the Central Registry, the new employee may begin training; however, may not have contact with individuals receiving services until the background check has been completed. DHS will determine whether the new employee was previously cleared for hire and will advise the agency. DHS also will determine if the new employee has already cleared the federal and state background check. If already cleared, the new employee can work without restriction. If not already cleared, the new employee may work alongside another employee with at least one year of direct care experience until the background check can be completed. Once the updated or initial background check is complete and cleared, the new employee may work without restriction.

10. Do residential providers have to conduct pre-employment drug testing?

Pre-employment drug testing must be completed within the first 120 days of employment.

11. Do residential providers have to conduct CARI checks?

The Child Abuse Registry Information (CARI) check must be completed within the first 120 days of employment.

12. What is the process if a residential provider is unable to arrange for First Aid and CPR classes for new staff?

During the current health emergency, residential providers are permitted to identify alternate vendors, including online first aid or CPR training with a non-traditional vendor. Reasonable attempts should be made to locate an alternate vendor and efforts made to train staff as soon as possible. In situations where a residential provider identifies a non-traditional vendor or approach, prior to proceeding, residential providers should contact the identified OOL supervisor.

Whenever applicable, residential providers should prioritize required training for untrained staff. If no training options are feasible, pair untrained staff with staff trained in first aid/CPR. Minimally, provide staff with agency expectations during a first aid or cardiac emergency; including the requirement to contact 911 in the event of a life-threatening emergency.

13. What are the minimum training requirements for new staff during the current health emergency?

The following trainings must be provided prior to working with individuals:

- Emergency Evacuation Plan;
- Special needs of the individuals residing in the home (e.g., diet, positioning, devices, transfers, seizure protocol, level of supervision, health needs – including medication);
- On-call system, including information related to who is in charge and who is called if there is an issue/concern;
- Incident Reporting;
- Fire alarm systems; and
- The residential provider must provide the staff member with a copy of the agency’s Policy and Procedure Manual.

14. Are new staff required to complete the College of Direct Support (CDS) modules?

Yes. At a minimum, newly hired employees are required to complete the following CDS modules within 30 days of hire:

- DDD Life Threatening Emergencies (Danielle’s Law)
- DDD Stephen Komninos Law

15. What if a residential provider cannot get staff trained in their crisis management curriculum?

Residential providers should ensure staff work with another staff who has been trained. At a minimum, residential providers should ensure training on basic staffing expectations, including what the staff should do (e.g., call the police) and should not do.

16. Is OOL issuing licensing deficiencies to residential providers based on a lack of compliance during this health emergency?

All licensing and program guidelines remain in effect. Residential providers are responsible for daily operations and management of its COVID-19 response and must be prepared to manage daily operations during an emergency or other disruption to its normal routine.

17. Will OOL conduct an initial inspection of homes for emergency reasons, such as a residential provider proposing they intend to use the site to isolate an individual should it be necessary?

Yes. Residential providers should contact their identified OOL supervisor for guidance.

18. Is OOL conducting inspections for routine capacity increases?

Not at this time.

19. Can a residential provider identify and prepare a day program for use as a quarantine space?

Yes, DHS understands there may be a critical need to designate emergency space. Contact your identified OOL supervisor and discuss your proposal to ensure compliance with established interim guidelines.

20. Are residential providers required to hold fire drills in situations where individuals are quarantined at home?

Yes. Per existing policy, sick individuals are not required to leave the house. Ensure that staff and individuals maintain social distancing while ensuring safe evacuation.