



## **Provider Assurance Form**

The following assurances are required from a provider of Adult Day Supports (ADS), Vocational Habilitation (VH), Intermediate Care Facility (ICF) Day Program, or Transportation for each setting where ADS, VH, and ICF Day Program will resume or each transportation fleet that will transport people to those services.

If ADS, VH, or ICF Day Program services are provided in multiple settings, a separate form must be completed for each setting. Providers of ADS, VH, or ICF Day Program services that primarily take place in various state-permitted community venues may complete one form.

Completed Provider Assurance Forms are submitted to the Ohio Department of Developmental Disabilities (DODD) (via email: [OSSAS@dodd.ohio.gov](mailto:OSSAS@dodd.ohio.gov)) and the appropriate county boards. Once forms are received, DODD and the county board will confirm with the provider their receipt of the forms within one business day.

This process is completed only once per setting or transportation fleet. Providers are approved to resume services once their assurance documentation is submitted to DODD and the appropriate county board, and they have received a confirmation email from both.

For providers who have maintained services throughout the state of emergency, those services may continue, but the Provider Assurance form must quickly be completed and submitted to DODD and the appropriate county board.

## **ADS, VH, or ICF Day Program Providers**

### Ensure the setting

- accommodates no more than 10 total people, including people receiving services, direct support professionals (DSPs), and staff in one area of the building;
- (in spaces where groups of 10 are established) has access to and uses separate entrances, and has access to and uses separate bathrooms; staggered times to use entrances and bathrooms is not allowed;
- has unique staff assigned for each separate group in each space;
- includes spaces completely segregated from other groups by solid walls from floor to ceiling;
- accommodates people being at least six feet apart.

### Ensure all people attending this setting

- have had a conversation with his/her 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 screening before all transportation, upon arrival, before leaving, and otherwise as needed;
- have discussed with their team regarding face coverings and whether one will be required for him/her;
  - are willing and able to comply with masking, handwashing, and social distancing (and gloves if needed for activities);
  - 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.

### Ensure the agency

- requires face coverings (follow non-symptomatic guidance for face mask type [Long-Term Services and Supports Pre-Surge Planning Toolkit Tool #11]) for all staff when they are within 6 feet of another person and whenever delivering direct support;
- follows team decisions regarding face coverings for each person no matter the provider or service payment type (consult Adult Day Support, Vocational

Habilitation, ICF Day Programs, and Transportation Risk/Benefit Discussion Guide);

- has the resources and ability to provide daily health screening of personnel and participants upon arrival and before leaving;
  - utilizing Adult Day Support, Vocational Habilitation, ICF Day Programs, and Transportation COVID-19 Symptom Monitoring Log;
- requires good hygiene (frequent, thorough handwashing and avoiding face touching);
- has the resources to clean and sanitize location and vehicles throughout the day and between shifts/events;
- has the personal protective equipment (PPE) capacity to comply with the use of gloves and masks (plus eye protection and gowns if supporting people with personal care) for DSPs;
- 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 handwashing must be done before and after safe removal and storage of masks, and before and after putting the mask back on;
  - 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 arrived from different homes;
- requires personnel, who are helping a person with eating, wear a gown, gloves, mask and eye protection;
- arranges for transportation if anyone presents with symptoms during service delivery;
- is willing and able to close, clean, disinfect the location, and restart services in consultation with the local health department, if any person (personnel or participants) tests positive for COVID-19;
- and assesses and plans for how to administer medication safely.

Provider Name: \_\_\_\_\_

DODD Provider Number: \_\_\_\_\_

Setting address this form is relevant to: \_\_\_\_\_

County or counties this form is relevant to: \_\_\_\_\_

Number of distinct areas at this setting being utilized: \_\_\_\_\_

Number of total people (people with disabilities and staff) in each area: \_\_\_\_\_

Number of entrances at this setting: \_\_\_\_\_

Number of bathrooms at this setting: \_\_\_\_\_

Maximum capacity of people receiving services and staff at this setting/building: \_\_\_\_\_

Total square footage to be utilized: \_\_\_\_\_

Designated isolation area: \_\_\_\_\_

Contact information for the provider (Name/phone number/email address): \_\_\_\_\_

\_\_\_\_\_

Acknowledgment of and attestation to the above statements:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## **Transportation Providers (Agency, Independent, Homemaker/Personal Care [HPC])**

Ensure that vehicles and drivers

- have the capacity to maintain 6 feet of social distance between all passengers during transportation except for those people who already live together.

Ensure all people being transported

- have had a conversation with his/her team 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 screening before all transportation, upon arrival, before leaving, and otherwise as needed;
- have discussed with the teams regarding face coverings and whether one will be required for him/her;
  - are willing and able to comply with masking, handwashing, and social distancing (and gloves if needed for activities);
  - 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.

Ensure the provider

- requires face coverings (follow non-symptomatic guidance for face mask type [Long-Term Services and Supports Pre-Surge Planning Toolkit Tool #11]) for all staff when they are within 6 feet of another person and whenever delivering direct support;
- follows team decisions regarding face coverings for each person no matter the provider or service payment type (consult Adult Day Support, Vocational Habilitation, ICF Day Programs, and Transportation Risk/Benefit Discussion Guide);
- has the resources and ability to provide daily health screening of personnel and participants before entering the vehicle;
  - utilizing Adult Day Support, Vocational Habilitation, ICF Day Programs, and Transportation COVID-19 Symptom Monitoring Log;
- requires good hygiene (frequent, thorough handwashing and avoiding face touching);

- has the resources to clean and sanitize location and vehicles throughout the day and between shifts/events and arranges for backup transportation if anyone presents with symptoms during the route;
- has the PPE capacity to comply with gloves and masks (plus eye protection and gowns if supporting people with personal care) for DSPs;
- is willing and able to pull the vehicle from use, clean, disinfect the vehicle, and resume using the vehicle in consultation with the local health department, if any person (personnel or participants) tests positive for COVID-19.

Provider Name : \_\_\_\_\_

DODD Provider Number: \_\_\_\_\_

County or counties this form is relevant to: \_\_\_\_\_

The number of vehicles being utilized : \_\_\_\_\_

Contact information for the provider (Name/phone number/email address): \_\_\_\_\_

\_\_\_\_\_

Acknowledgment of and attestation to the above statements:

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date