



## Congregate Settings Support Team General Program Guidance

April 27, 2020



***On April 24, Governor Raimondo announced that in order to support the State's response to help protect one of our most vulnerable populations, members of Rhode Island's National Guard would begin organizing and deploying its members, with direction and guidance from the Executive Office of Health and Human Services (EOHHS) and its agencies, to support staff and residents of congregate care settings, including nursing homes, assisted living facilities, and group homes.***

### **Why did the Governor direct the Rhode Island National Guard to provide additional support in congregate settings?**

The administration recognizes that nursing homes, assisted living facilities, and group homes that serve youth, elderly, people with intellectual and developmental disabilities, people with behavioral health needs, and people with substance use disorders, face significant challenges during the COVID-19 crisis. Staff in these congregate care facilities are doing amazing work; however, the reality is these facilities have critical needs for infection control, personnel protective equipment (PPE), testing, and staffing.

- COVID-19 is spreading rapidly within non-hospital, congregate settings, with significant rates of fatality in nursing homes. A nursing home can move from stable to crisis within hours.
- Nursing homes and other congregate settings are experiencing staffing shortages due to illness, quarantine, and safety and wage concerns.
- Providers and staff do not feel supported and requested clarity on how to get help on the individual or facility level.
- Providers need a single point of contact to request help or when they anticipate needing help.
- We anticipate that the highest number of illnesses in Rhode Island will occur at the end of April or in early May. We need to be best prepared for this peak of disease activity by continuing to maximize supports to our care settings to support patients and staff. We also want to mitigate the impacts on hospitals and reserve hospital beds for patients who need acute, hospital-level care.

### **Who is engaged in this support effort?**

- This effort is comprised of representatives from across the public and private sectors, including the Executive Office of Health and Human Services (EOHHS), the Rhode Island Department of Health (RIDOH), the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), the Department of Children, Youth, and Families (DCYF), and the Department of Labor and Training (DLT), and the Rhode Island National Guard's Medical Planning Team. Together, this group will create a model to amplify the State's support to congregate settings and develop a comprehensive Congregate Setting Support Team (CSST).
- The State will use a flexible approach to meet needs and will receive support from the National Guard to help coordinate and deploy Congregate Care Assistance Teams (CCAT) comprised of clinical professionals; and technical advisors with expertise in infection control; PPE practices; swabbing; outbreak management; and training. The CCAT will not provide direct medical services that are provided by direct care staff (CNAs, RNs, etc.), however, they could work with the provider on staff planning and access staffing pools for supports as necessary.

- These teams are designed to leverage provider expertise and commitment to patient care to provide high-quality services.
- EOHHS and its agencies will lead this effort, supported by a Congregate Care Coordination Cell (C4), to plan, prioritize, and identify additional resources, when possible, from RI Responds.

### **What congregate settings are eligible for this support?**

- The CCATs are available to nursing homes; assisted living facilities; group homes in our human service systems that serve adults with intellectual and developmental disabilities and behavioral health needs; and those supporting our children and youth in DCYF group homes.
- The CSST will use standard criteria to identify sites that would benefit from support to respond to an emerging crisis and/or to support early indicators of need. The CCATs will provide support through the anticipated surge, and we will evaluate for ongoing needs as we move forward. Throughout the deployment of the CCAT, there will be continuous evaluation of its effectiveness and capacity using prioritization guidelines and through coordinating with existing processes that support provider needs and facility/site assessments.

### **How can a facility request support from a CCAT?**

- The facility/provider must request assistance through an [online application process](#) with RIDOH. To request help from CSST, we ask that the facility designate one individual to submit an electronic request and serve as an ongoing point of contact.
- Please notify your colleagues at DCYF, BHDDH, and RIDOH that your facility has submitted a request so we can align efforts.
- After a request is received, the CSST will do a rapid assessment of needs for tasking, coordination and scheduling. Before CCAT provides assistance, the facility must confirm they understand the assistance is voluntary and the facility's regular staff are aware of, and cooperate with, the CCAT.

### **Will the CCAT need to enter the facility?**

- Not necessarily. Depending on the specific needs of the facility, the technical assistance and assessment can be performed outside.

### **Will the CCAT communicate back to CSST about the outcomes of the assistance?**

- Yes, and the CSST will work with industry leads and provider groups to give feedback about lessons learned and will disseminate best practices as they emerge.

### **Who can I contact with any general questions?**

- Please submit any questions or feedback to [COVID19\\_SupportTeamRequest@ohhs.ri.gov](mailto:COVID19_SupportTeamRequest@ohhs.ri.gov)