

Greene Arc, Inc.

Policy and Procedure Manual

892 Fraud, Waste & Abuse Awareness and Reporting Policy

PURPOSE:

To ensure Greene Arc, Inc. has a comprehensive plan to detect, correct and prevent fraud, waste and abuse as required by Pennsylvania Department of Human services (DHS), more specifically the Office of Developmental Programs (ODP) Bulletin 00-17-02.

POLICY:

Greene Arc, Inc. requires all of its work force to exercise due diligence in the prevention, detection and correction of fraud, waste and abuse. Greene Arc, Inc. promotes an ethical culture of compliance with all state and federal regulatory requirements and mandates the reporting of any suspected fraud, waste and abuse to the Executive Director by any means, including the use of calling 1-866-379-8477 or mail:

Department of Human Services
Office of Administration
Bureau of Program Integrity
P.O. Box 2675
Harrisburg, PA 17105-2675

DEFINITIONS

ABUSE:

Abuse includes actions that may directly or indirectly result in unnecessary cost to the Office of Developmental Programs, improper payment, payment of services that failed to meet the professionally recognized standards of authorized services or services that are not necessary.

FRAUD:

An intentional deception or misrepresentation that an employee knows to be false or does not believe to be true, and the employee knowing that the deception could result in some unauthorized benefit to himself/herself or to another person.

WASTE:

The inappropriate utilization and/or inefficient use of resources.

Greene Arc, Inc.

Policy and Procedure Manual

892 Fraud, Waste & Abuse Awareness and Reporting Policy

Greene Arc is committed to operating with honesty and integrity. Therefore, employees must ensure that all statements, submissions and other communications with individuals, prospective individuals, all government entities, suppliers and other third parties are truthful, accurate and complete.

Greene Arc is committed to ethical, honest billing practices and expects every employee to be vigilant in maintaining these standards at all times. Greene Arc will not tolerate any deliberately false or inaccurate billing. Any employee who knowingly submits a false claim or provides information that may contribute to submitting a false claim, such as falsified clinical, billing, progress notes or time card/time sheet documentation, is subject to termination. In addition, legal or criminal actions may be taken.

PROHIBITED PRACTICES, NOT LIMITED TO:

- Billing for services that were not provided or costs that were not incurred;
- Duplicate billing—billing for service more than once;
- Billing for services that were not authorized;
- Assigning an inaccurate code to increase reimbursements;
- Providing false or misleading information about a client's condition or eligibility;
- Failing to Identify and refund credit balances;
- Submitting bills without supporting documentation;
- Soliciting, offering, receiving or paying a kickback, bribe, rebate or any other remuneration in exchange for referrals.

If you observe or suspect that false claims are being submitted or have knowledge of a prohibited practice, you must immediately report the situation the Executive Director. Should the Executive Director be unavailable, you must report it to your immediate Supervisor.

Documentation of waiver services and Targeted Services Management (TSM) serves multiple purposes, including but not limited to:

1. To provide a claim record to support the claiming of Federal Financial Participation (FFP); and maintain a record of service-related information that provides a:
 - Record of essential information.
 - Communication tool for support team.

Greene Arc, Inc.

Policy and Procedure Manual

892 Fraud, Waste & Abuse Awareness and Reporting Policy

2. To monitor, assess and adjust service delivery to ensure individual progress toward preferred outcomes.
3. To provide resources for quality assurance and improvement.

Claim Records and Service Documentation

Claims documentation requirements ensure that necessary measures are in place to verify that services that are billed to the Office of Developmental Programs (ODP) are delivered to the individuals approved to receive the services. Providers must maintain the documentation used to generate a claim. If the Provider does not have this documentation, the claim is not eligible for FFP.

To justify FFP claiming of waiver services and TSM, each claim must be supported by documentation that demonstrates that the service is:

- Provided to a Medicaid-eligible individual. Medicaid eligibility can be verified by checking the Eligibility Verification System (EVS);
- Provided by a qualified Provider meeting licensing and/or other standards for authorized services and qualifications have been verified and documented;
- Authorized based on assessed need;
- Rendered as authorized in the person-centered support plan and compliant with the State Medicaid Manual, which states that each claim for service must include the following:
 1. Date the service was rendered
 2. Name of recipient
 3. Medicaid identification number
 4. Name of the Provider Agency and person providing the service
 5. Nature, extent or units of service, and
 6. The place(s) the services were rendered

This policy is in accordance with the following:

Office of Developmental Programs (ODP) Bulletin # 00-17-02
ODP Announcement – ODP Communication #118-17
ODP Announcement – ODP Communication #113-17

Effective 01-19-2018 This document is for informational purposes only and is not to be construed as an employment agreement or contract. Greene Arc, Inc. retains the right to amend or change policies contained here-within at any time without prior notice. The provisions of this Policy and Procedure Manual will apply except where the policy conflicts with state law or Collective Bargaining Agreement provisions.

Greene Arc, Inc.

Policy and Procedure Manual

893 Living Technology & Remote Monitoring

PERMISSION TO BE PHOTOGRAPHED AND CONSENT FOR REMOTE MONITORING

Date: _____

I _____ give Greene Arc, Inc., or a person/Company acting on its behalf, permission to take and use my picture for advertising and/or publicity purposes.

Signature: _____

I _____ give Greene Arc, Inc., or a person/Company acting on its behalf, consent for remote monitoring, as defined by assistive technology. The potential impact regarding privacy is not affected. All remote monitoring is for Greene Arc's utilization for quality assurance, unless otherwise mandated by law.

Signature: _____

Greene Arc, Inc. Representative: _____

Greene Arc, Inc.

Policy and Procedure Manual

893 Living Technology & Remote Monitoring

Definition is as follows, including but not limited to:

The assistive technology is an item, piece of equipment or product system, whether acquired commercially off the shelf (modified or customized), that is used to increase, maintain or improve a participant's functioning or increase a participant's ability to exercise choice and control.

Examples of equipment and services covered as independent living technology include medication dispensers, door sensors, window sensors, stove sensors, water sensors, pressure pads, GPS tracking watches, panic pendants and the remote monitoring equipment necessary to operate the independent living technology such as vehicle cameras and security systems.

In this policy regarding living technology, remote monitoring and photography, Greene Arc, Inc. requires all individuals to sign a consent form, being informed that this technology is utilized at Greene Arc.

Greene Arc, Inc.

Policy and Procedure Manual

894 Individual's Rights

1. Individuals must not be deprived of any civil, legal or human rights solely because of their diagnosis of intellectual disabilities.
2. An individual may not be abused, neglected, mistreated, exploited, abandoned or subjected to corporal punishment.
3. Individuals must not be neglected, abused or mistreated by employees or other individuals.
4. Individuals must be free from bodily restraints and restrictions.
5. Individuals must have the right to make informed health care decisions, including selection of all physicians and the right to change them at any time.
6. Individuals must not be required to participate in research projects.
7. Individuals have a right to access food at all times, be provided clothing and a safe comfortable place to live.
8. Individuals have the right to manage their personal finances. For individuals who are incapable of assuming financial responsibility, a guardian may, by written authorization, permit the Chief Executive Officer or designee, to maintain an account for the individual.
9. Individuals have the right to be informed of what services are available to them, the cost of these services and the right to voice concern about services. Individuals have the right to change or request new services by contracting their supports coordinator and will be afforded assistance in doing so,
10. Individuals have the right to participate in the development and implementation of the Individual Plan.
11. Individuals have the right to be informed of what rights they have and what rules they should follow.
12. Individuals must be afforded the opportunity to participate in program planning which affects them.

Greene Arc, Inc.

Policy and Procedure Manual

894 Individual's Rights

13. Individuals have the right to receive, purchase, have and use property.
14. Individuals have the right to choose and wear their own clothing.
15. Individuals have the right to unrestricted access to send and receive mail and other forms of communication, unopened and unread by others and the right to share information with whom they choose.
16. Individuals have the right to unrestricted and private telecommunications, including access to a telephone and the opportunity to receive or deny calls (with assistance, when necessary).
17. Individuals who are of voting age must be informed of their rights to register and vote in all elections.
18. Individuals will be informed of the voting procedure.
19. Individuals have the right to practice the religion or faith of their choice.
20. Individuals have the right to marry and live with their spouse, have children or get divorced.
21. Individuals have the right to be free from excessive medication.
22. Individuals must not be required to work at the facility except for the upkeep of his or her personal living area and share in the upkeep of community living areas. All other work entitles the individuals to compensation in accordance with State and Federal Labor Laws.
23. Individuals and their families or guardians have the right to offer comments or complaints about programming, treatment or living conditions.
24. Individuals have the right to be moved from one place to another, only if they agree.
25. Individuals have the right privacy in bedrooms, bathrooms and during personal care.

Greene Arc, Inc.

Policy and Procedure Manual

894 Individual's Rights

26. Individuals are afforded freedom to move about their home and community, which includes the opportunity to regularly update and choose their activities.
27. Individuals have the right to lock their bedrooms.
28. Individuals have the right to have access to and security of their own possessions.
29. Individuals have the right to choose with whom they share a bedroom.
30. Individuals have the right to voice concerns about services they receive.
31. Individuals have the right to receive scheduled and unscheduled visitors and to communicate and meet privately with whom they choose at any time.
32. Individuals have the right to furnish and decorate their bedrooms and common areas of the home.
33. Individuals have the right to be treated with dignity and respect.
34. Individuals have the right to make choices and accept risks.
35. Individuals have the right to privacy of person and possessions.
36. Individuals have the right to have a key to the entrance of their home.
37. An individual's right may only be modified in accordance with §6400.185 (relating to content of individual plan) to the extent necessary to mitigate a significant health and safety risk to the individual or others.

Greene Arc, Inc.
Policy and Procedure Manual

894 Individual's Rights

**Greene Arc Inc. Individual Rights
Signature Page**

Individual Signature*

Date

Witness

Date

**If Individual is unable to understand the above statements, parents or guardian may sign.*

Parents/Guardian

Date

Greene Arc, Inc.

Policy and Procedure Manual

895 Sexual Health, Personal Relationships & Sexuality

The following policy statement is to comply and support the policy and guidelines of The Office of Developmental Programs and Pennsylvania's Department of Human Services: to support persons with disabilities receiving support services from Greene Arc, Inc.

Greene Arc employees shall treat each individual receiving service with dignity and respect. Sexuality, at its core, is a natural and integral part of who we are. It begins at birth and extends over our life span. It influences how we feel about ourselves and our relationships.

Greene Arc will promote an environment where individuals with disabilities can pursue personal relationships and their sexuality, an environment where individuals with disabilities can receive objective, non-judgmental, comprehensive information regarding sexual health and relationships.

Objectives to this policy are as follows:

Greene Arc will promote an environment where individuals with disabilities have the right to pursue personal relationships and their sexuality and experience a life that is no different than that of an individual without disabilities, without being neglected, exploited or abused.

Greene Arc will ensure that individuals with disabilities have the same opportunity to receive accurate sexual health and relationship information as individuals without disabilities.

Policy #895 supports the concept of Everyday Lives and will adhere to the following considerations:

Individuals with disabilities are sexual human beings with their own cultural, religious/faith, ethnic and family values.

Individuals with disabilities have the right to enjoy their personal relationships and sexuality in a safe, consensual and legal manner, while respecting the rights of others.

Individuals with disabilities have the same basic rights as individuals without disabilities: to self-identify their gender, sexual orientation and sexual preferences.

Individuals with disabilities have the right to accessible and appropriate education, information and resources that address their individual personal relationships, sexual health and sexual needs.

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Greene Arc, Inc.

Policy and Procedure Manual

895 Sexual Health, Personal Relationships & Sexuality

Individuals with disabilities have the right to privacy when accessing supports and have the right to have information about personal relationships remain private unless they consent to a disclosure. Privacy covers all forms of communication. Information regarding an individual's personal relationships, sexual health and sexuality should be considered private and must be treated with respect and dignity.

Individuals with disabilities have the right to enjoy relationships and to express their sexuality in a safe manner.

Individuals with disabilities have the right to have their sexual health and personal relationships supported by knowledgeable Greene Arc staff and a knowledgeable Individual Support Plan team.

Individuals with disabilities can live like individuals without disabilities and not to be neglected, exploited or abused.

Greene Arc will provide accessible and appropriate education, information and resources that address sexual health, personal relationships and sexuality needs.

Greene Arc will ensure that organizational and managerial resources are available to staff to support individuals with disabilities that have issues related to sexual health, personal relationships or sexuality. Greene Arc staff will request resource materials from their immediate Supervisor or Executive Director as needed.

Greene Arc will provide resources and training for staff on understanding, supporting and responding to sexual health, personal relationships and sexual issues.

Greene Arc, Inc.

Policy and Procedure Manual

896 Petty Cash Fund

General Information

The purpose of this policy is to establish procedures for petty cash and the custody of those funds.

Greene Arc, Inc. has established a petty cash fund for a maximum of \$500. Receipts or cash must equal \$500.

Greene Arc, Inc. will close any authorized petty cash funds that are not operating in accordance with these procedures.

Greene Arc, Inc. will conduct random audits, weekly by the Fiscal Technician and monthly by the CFO.

Upon completion of the weekly/monthly audits, the Fiscal Technician/CFO will sign off the petty cash, stating it is reconciled and accurate. The sign-off sheet will be locked and secured with the petty cash.

Greene Arc, Inc. will hold the Fiscal Technician/CFO liable for the misuse or mismanagement of petty cash funds.

Petty cash funds/sign-off sheet must be kept in a locked and secured area.

Petty cash funds may not be used for personal use, loans or the payment of services, rentals, prizes or awards. Payment of services, rentals, prizes and awards must be made through accounts payable.

The CFO is responsible for the establishment of the petty cash fund and:

- Ensuring the Fiscal Technician understands and complies with the policy.
- Ensuring the disbursements are in compliance with Greene Arc's mission.
- Ensuring the proper security of funds and prompt reporting of losses.
- Ensuring accountability is maintained for the fund.
- Ensuring the correct amount is promptly deposited or if the fund is terminated.

Greene Arc, Inc.

Policy and Procedure Manual

896 Petty Cash Fund

If the CFO finds the petty cash fund needs replenished more frequently than once a month, the amount of the fund may need to increase, not to exceed a total fund amount of \$500.

When a change in Fiscal Technician is required, the CFO must safeguard the fund and account for the fund's cash. The cash on hand must be counted, receipts reconciled and the results of the reconciliation recorded.

Petty cash funds are established for the reimbursement of small out of pocket or small purchases incurred by employees conducting Greene Arc business.

Greene Arc, Inc.

Policy and Procedure Manual

897 Temporary Leave Policy Changes (Covid-19)

Due to the continuing effects of the COVID-19 pandemic and pursuant to a recently enacted federal Families First Coronavirus Response Act (“FFCRA”), Greene Arc, Inc. has added temporary provisions (“Temporary Leave Policy”) to its current leave policies. In addition to the leave policies outlined in the Employee Handbook, Greene Arc, Inc. will now offer the following additional leave programs for eligible employees from April 1, 2020 through December 31, 2020, under the FFCRA. This Temporary Leave Policy is not retroactive and is not applicable to leave taken before April 1, 2020. Greene Arc, Inc. will fully comply with all applicable requirements of the FFCRA and the Policy will be applied in a way that is consistent with such requirements.

A. Emergency Paid Sick Leave

All employees are eligible for emergency paid sick leave (“EPSL”) to be taken if the employee:

- 1) Is a subject to a federal, state, or local quarantine or self-quarantine due to COVID-19.
- 2) Has been advised by a healthcare provider to self-quarantine due to COVID-19 concerns.
- 3) Is experiencing COVID-19 symptoms and seeking a medical diagnosis.
- 4) Has to care for an individual subject to an order described in (1) above or has been advised to self-quarantine as described in (2) above.
- 5) Must care for his/her child if the child’s school or place of care is closed or unavailable due to COVID-19.
- 6) Is experiencing any other substantially similar condition specified by the federal Secretary of Health and Human Services.

Full-Time employees (which, for purposes of this policy, means employees who are normally scheduled to work 40 or more hours per week) may receive up to 80 hours of EPSL. Part-time employees (which, for purposes of this policy, means employees who are normally scheduled to work fewer than 40 hours per week) are eligible for a number of EPSL hours equal to the number of hours they work, on average, over a two-week period. Employees on a variable schedule will be provided an amount of EPSL equal to the average number of hours that the employee was scheduled per day over the previous six-month period, for a total of up to 80 hours of EPSL. The amount of leave is generally calculated based on the number of hours employees are working at the time the leave is sought.

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Greene Arc, Inc.

Policy and Procedure Manual

897 Temporary Leave Policy Changes (Covid-19)

The rate that EPSL is paid out on depends on the reason for the EPSL:

Employee's Own Condition: For leave taken for an employee's own condition, EPSL is paid at a rate that is the greater of the employee's regular rate of pay or the minimum wage rate that applies to the location where the employee works, up to \$511.00 per day and \$5100.00 in the aggregate, for any reasons identified in items 1, 2, or 3 above, and at a rate equal to two-thirds of the applicable EPSL rate, up to \$200.00 per day and \$2000.00 in the aggregate, for any reason identified in item (6), above.

Employee's Care for an individual or for Childcare Reasons: For employees using EPSL to care for another individual (item 4 above) or for childcare reasons (item 5 above), EPSL is paid at a rate that is equal to two-thirds of the applicable EPSL rate, up to \$200.00 per day and \$2000.00 in the aggregate.

EPSL may only be taken in full-day increments. The only exception is if an employee is teleworking or taking EPSL due to COVID-19 childcare reasons (reason 5 above). Please contact the Human Resources Department for further information regarding potential leave increments for childcare-related EPSL.

Unless an employee is teleworking, once the employee begins taking EPSL for one or more of the above qualifying reasons, the employee must continue to take EPSL each day until the employee has either (1) used the full amount of EPSL or (2) no longer has a qualifying reason for taking EPSL.

If an employee no longer has a qualifying reason for taking EPSL before exhausting EPSL the employee may take any remaining EPSL at a later time, until December 31, 2020, if another qualifying reason occurs.

Unused EPSL does not carry over from one year to the next, and unused EPSL is not paid out at termination of employment.

To request use of EPSL, employees must provide the Human Resources Department with the following information: name, qualifying reason for requesting leave, statement that the employee is unable to work (including telework) as a result of that qualifying reason, and the date (s) for which EPSL is requested. [Employees requesting EPSL must complete and submit the Leave Request Form.] Documentation of the reason for EPSL related to childcare (item 5 above) will also be necessary.

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Greene Arc, Inc.

Policy and Procedure Manual

897 Temporary Leave Policy Changes (Covid-19)

The following documents may satisfy the documentation requirement: a notice of closure or unavailability from the child's school, place of care, or child care provider, including a notice that may have been posted on a government, school or day care website, published in a newspaper or emailed to the employee from an employee or official of the school, place of care or child care provider.

[Please also note that all existing certification requirements under the Family and Medical Leave Act ("FMLA") remain in effect if employees are taking leave for one of the existing qualifying reasons under the FMLA. For example, if an employee needs leave beyond the available hours of EPSL because of the employee's COVID-19 related medical condition rises to the level of a serious health condition under the FMLA, the employee must comply with Greene Arc, Inc.'s current FMLA policy located in the Employee Handbook.]

B. Public Health Emergency Leave

An employee who has worked for Greene Arc, Inc. for at least 30 days is eligible for up to 12 weeks of job-protected Public Health Emergency Leave ("PHEL") if the employee is unable to work or (telework) due to a need to care for a child under 18 years of age if the child's school or place of care has been closed or the childcare provider is unavailable due to a public health emergency. PHEL may also available in these same circumstances to care for a child who is over the age of 18 if the child has (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability.

The first 10 days of PHEL are unpaid, and an employee may elect to substitute PTO or another form of paid leave, *including EPSL*, for those days. The remaining 10 weeks of PHEL will be paid at a rate no less than two-thirds of the employee's usual pay based on the employee's regular work schedule, up to \$200.00 per day and \$10,000.00 total. Employees on a variable schedule will be eligible for an amount of PHEL equal to the average number of hours that the employee was scheduled per day over the previous six-month period. The amount of leave is generally calculated based on the hours employees are working at the time the leave is sought.

PHEL may be taken in full-day increments. Employees may be eligible to take PHEL on an intermittent basis, subject to Company approval. Please contact the Human Resources Department for further information regarding potential leave increments.

Greene Arc, Inc.

Policy and Procedure Manual

897 Temporary Leave Policy Changes (Covid-19)

Documentation and Certification

To request use of PHEL, employees must provide the Human Resources Department with the following information: name, qualifying reason for requesting leave, statement that the employee is unable to work (including telework) as a result of that qualifying reason and the date (s) for which PHEL is requested. [Employees requesting PHEL must complete and submit the Leave Request Form.] Documentation of the reason for PHEL will also be necessary. These documents may include a notice of closure or unavailability from the employee's child's school, place of care or child care provider, including a notice that may have been posted on a government, school or day care website, published in a newspaper or emailed to the employee from an employee or official of the school, place of care or child care provider.

Benefits While on PHEL

Employees who are on PHEL will retain their same employee benefits at the same coverage level and under the same conditions that applied before the leave began, provided that the employee continues to pay all required premiums and contributions. Please contact the Human Resources Department for more information.

Return to Work from PHEL

Employees who wish to return to work at the expiration of their PHEL leave are entitled to return to their same or an equivalent position, with equal pay, benefits and other terms and conditions of employment, subject to any applicable exceptions. This entitlement applies only if the employee would have continued to be employed had PHEL not been taken. Thus, an employee is not entitled to reinstatement if, because of a layoff, reduction in force or other business reason, the employee's position is no longer available at the time job restoration is sought by the employee.

Intersection with FMLA

An employee's eligibility for the expanded family and medical leave (PHEL) depends on how much FMLA leave an eligible employee has already taken during the applicable 12-month period. An eligible employee may take a total of 12 workweeks of leave during a 12-month period under the FMLA, including any time taken as PHEL. If an employee has taken some, but not all, of the 12 workweeks of leave available under FMLA during the current 12-month FMLA period, that employee may take the remaining portion of leave available. If an employee has

897 Temporary Leave Policy Changes (Covid-19)

already taken 12 workweeks of FMLA leave during this 12-month period, that employee may not take additional FMLA as PHEL. Please contact the Human Resources Department about FMLA-related questions.

C. Supplementing PHEL and EPSL Leave

Subject to Greene Arc, Inc.'s approval and compliance with applicable law, employees may elect to take additional pre-existing leave, such as PTO or another form of paid leave, to supplement the PHEL and EPSL leave rates in order to match the employee's normal earnings. Please contact the Human Resources Department for further information regarding leave increments.

D. Anti-Retaliation

Discrimination and retaliation against employees who exercise their right to take PHEL and EPSL under this policy will not be tolerated. Please see Greene Arc, Inc. [Complaint Policy] in the Employee Handbook for how to report any complaints. [Employee should contact Executive Director to report any complaints under this policy.]

An employee's use of PHEL and/or EPSL leave will not affect an employee's rights under any other law, policy, contract, or collective bargaining agreement.

Greene Arc, Inc.

Policy and Procedure Manual

898 Visitation – Residential Settings – During “Green” Phase

Purpose: This policy is establishing visitation in residential settings when a county transitions to the Green Phase. Residential Settings include licensed and unlicensed settings.

Visits that Occur Inside Home:

- Scheduling in-person visits in advance of the visit
- Establish “visiting hours” for in-person visits
- Limit the number of visitors who may enter the home per individual. No more than two (2) visitors at any time
- Required social distancing
- Staggered visitation times, only one individual receives in-person visits at any given time
- Restrict visits that take place in the home to areas that reduce contact with other individuals (remain in individual’s bedroom or outdoor area on premises)
- Visitors required to wear cloth or surgical masks when present in the home and continue hand washing practices when practicable or use hand sanitizer
- Visitors prohibited from entering any home where individuals who are at higher risk for serious illness from COVID-19 reside
- Visitors will be prohibited who are: currently diagnosed with COVID-19, have been exposed to someone with COVID-19 in the past fourteen (14) days prior to visit or are demonstrating symptoms of COVID-19 or any other illness
- Screening of visitors will include taking the visitor’s temperature (using a no-touch thermometer) and asking the questions on the COVID-19 checklist (see attached)

This policy may be modified based on future changes to visitation guidance set forth by Pennsylvania Department of Health or ODP.

Visits That Occur Outside the Home:

- Greene Arc will comply with Governor Wolf’s Green Phase Social Restrictions
- Wear cloth or surgical masks when within six (6) feet from others
- Continue to practice social distancing
- Select outdoor activities that will minimize exposure to other people
- Continue hand washing practices when practicable or use hand sanitizer

Greene Arc, Inc.

Policy and Procedure Manual

898 Visitation – Residential Settings – During “Green” Phase

Facilitating Personal Relationships

When in-person visitation must continue to be restricted to contain the spread of COVID-19, residential settings are responsible to facilitate ongoing communication between individuals, family members, friends and anyone else the individual choose to communicate with during the COVID-19 pandemic.

Greene Arc will offer assistance to the individual to communicate with friends and family, when needed. Greene Arc will assist the individual with learning new ways to communicate with the people they have relationships with.

Person-Centered Planning and Support

Greene Arc will identify any skills the individuals need to acquire or practice to participate in desired in-person visits and assist individuals in learning new skills. This includes learning to practice social distancing, mask wearing, and handwashing protocols. The following websites have helpful resources to assist with these activities:

- <https://aidinpa.org>
- <https://paautism.org/resource/coronavirus-resources/>

Screening Checklist for Visitations in Residential Settings

Questions to Ask Visitors:

- How do you feel physically?
- Have there been any changes in your health since the COVID-19 pandemic?
- Do you have any signs or symptoms of COVID-19?
- Have you or anyone in your household been tested for COVID-19? If so, what were the results of the test?
- Are any members of your household sick or have a positive COVID-19 diagnosis?
- Have you traveled internationally or outside of Pennsylvania in the last fourteen (14) days?
- Have you had close contact in the last fourteen (14) days with anyone diagnosed with COVID-19?

Greene Arc, Inc.

Policy and Procedure Manual

899 Visitation – Residential Settings – for Fully COVID Vaccinated

Purpose: This policy is establishing visitation for those individuals in residential settings who are fully COVID vaccinated. Residential Settings include licensed and unlicensed settings.

An individual is considered fully vaccinated for COVID-19 more than or equal to 2 weeks after receipt of the second dose in a 2-dose series, or more than or equal to 2 weeks after receipt of a single dose vaccine, per CDC.

Greene Arc, Inc. recommends staff, individuals and families adhere to measures that have shown to prevent the spread of COVID-19 infection, including physical distancing (maintain at least 6 feet between people), mask wearing, and frequent hand washing. *If a resident is fully vaccinated, they can choose to have close contact (including touching) with their visitor. However, Greene Arc recommends that the resident and visitor wear a well-fitting face mask and perform hand-hygiene before and after close contact.* As a reminder, staff and individuals who are fully vaccinated can get COVID-19 and spread to others. Greene Arc recommends visitors physically distance from other residents and staff in residential settings.

Visitation That Occurs at the Home:

- In-person visits are to be scheduled in advance of the visit
- Notification to all visitors about risk mitigations of COVID-19 infection prevention, including effective hand-hygiene and use of face masks
- Establish “visiting hours” for in-person visits
- Limit the number of visitors who may enter the home per individual; Greene Arc limits the number of visitors per individual to no more than two (2) visitors at a time. For any extenuating circumstances, prior approval is needed by the Executive Director
- Social Distancing is still recommended. Follow above protocol if close contact has been made.
- Staggered visitation times so that only one individual receives an in-person visit at any given time
- Greene Arc recommends that visits occur outdoors when weather is appropriate and the needs of the residents can be accommodated. If inclement weather, visits should occur in individual’s bedroom or a common area where no other residents are occupying
- Greene Arc requires all visitors wear face masks when present in the residential home, wash their hands when practical or use hand sanitizer. **If a visitor refuses to comply with these requirements, the visit will be immediately terminated.**

Greene Arc, Inc.

Policy and Procedure Manual

899 Visitation – Residential Settings – for Fully COVID Vaccinated

- Face masks will be provided to visitors, should they fail to have one, and visitors will be provided the necessary supplies to effectively wash or sanitize their hands

All risk mitigations remain in effect for implementing screening procedures for visitors, such as taking each visitor's temperature, using a no-touch thermometer and asking if the visitor is experiencing symptoms. Please refer to established screening questionnaire.

Visitation Policy may be modified based on changes to visitation guidance issued by PA DOH and ODP.

Visits That Occur in the Community:

Not all visits will occur at the home; some visitors may wish to take individuals on community outings that will not include visitors' presence in the home. For visits outside the home:

- Be aware of and comply with Governor Wolf's Responding to COVID-19 in Pennsylvania. This guidance is not intended to override stricter standards that may be imposed by a County or local jurisdiction.
- Wear face masks when within six feet of others.
- Continue social distancing.
- Select outdoor activities that will minimize exposure to other people.
- Adhere to strict hand hygiene practices.
- Community outings (social events) will only occur when the County has a low Level of Transmission for 14 days.

Visits with Family and Friends:

Individuals may wish to visit the homes of their friends and families. The following will be implemented prior to such visits:

- Greene Arc will conduct a screening of the people with whom the individual will have contact during the home visit. Greene Arc's COVID-19 screening questionnaire will be used. Documentation will be collected of the responses.
- Greene Arc will ensure individual and family are aware of and agree to comply with Governor Wolf's Responding to COVID-19 in PA or stricter standards that may be imposed by County or local jurisdictions. Greene Arc will remind individuals and families of social distancing, hand washing, mask use, cough hygiene, and other topics related to staying safe during COVID-19 pandemic.

Greene Arc, Inc.

Policy and Procedure Manual

899 Visitation – Residential Settings – for Fully COVID Vaccinated

- Prior to individual return to residential setting, if the visit was an overnight, Greene Arc will conduct a remote screening on the individual within 24 hours before the individual plans to return **AND** upon individual entering into residential setting.
- If the individual is symptomatic on screening or has a known exposure to COVID-19 during the visit with friends or family, Greene Arc will immediately arrange testing for the individual. All quarantine protocol will be implemented for the individual, ensuring the safety of other residents, until exposed individual meets criteria to be released from quarantine. Greene Arc will obtain directive from individual's physician regarding quarantine protocols if vaccinated.

Visits that Increase Risk of Exposure to COVID-19:

If a visit is planned that could increase the risk of exposure to COVID-19 or events change during a visit that would increase the risk of exposure to COVID-19, the individual's team will implement the following to safely return to the home:

- Greene Arc will incorporate the guidance set forth (above) for visits that occur outside the home.

Greene Arc will identify factors **prior** for visits that may result in higher risk of exposure to COVID-19, including, but not limited to:

- A visit to an area where there is Substantial Level of Community Transmission
- Attending a gathering with people who do not live in the household **and** failure to consistent universal masking for the duration of the visit
- Lack of physical distancing from the individual such as; hugging, riding in a vehicle with unmasked persons
- Visits that include participation in a large gathering or celebration

The individual's team must discuss **prior** to the start of the visit. This includes all parts involved with the visit. The discussion will include the following:

- Greene Arc will provide education about the increased risk of exposure to COVID-19 caused by the specific nature of the visit
- Identify individualized methods to mitigate the increased risk of exposure
- If the individual has been vaccinated
- Greene Arc will complete a remote COVID-19 screening of the individual within 24 hours before the individual's planned return to the residence **AND** upon the individual's return to the residence.

Greene Arc, Inc.

Policy and Procedure Manual

899 Visitation – Residential Settings – for Fully COVID Vaccinated

- Greene Arc’s mitigation plan includes testing for COVID-19, if appropriate. Greene Arc will wait 2 to 3 days prior to testing following an outing (exposure occurred or symptoms exhibited). The individual will be quarantined until the test results are received or 14 days following the visit where there was an increased risk of exposure to COVID-19.

Quarantine may be completed in, but not limited to the following ways:

- The home upon the individual’s return.
- A hotel or other alternative site location if quarantine is not possible due to physical limitations of the home.
- The individual’s family home if the family agrees to Greene Arc’s quarantine plan.

Greene Arc will discourage home visits to counties or other states that have a Substantial Level of Community Transmission.

Greene Arc’s residential settings are responsible to identify any skills the individual needs to acquire or practice to participate in desired in-person visits and assist individuals in learning skills. These skills include learning how to social distance, wear masks and follow hand washing protocols.

Visitation Policy may be modified based on changes to visitation guidance issued by PA DOH and ODP.