



Topic: Office of Licensing Questions & Answers for Residential Providers

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

Providers must allow individuals to have visitors at the residence, either indoors or outdoors, as outlined in the current [Residential Visitation Guidance](#).

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. 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?

Routine inspections have resumed with a combination of inspection methodologies that include attestation, virtual and on-site visits to assess compliance with the Standards. 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 will continue to pursue and advocate obtaining additional PPE for community residential providers. Residential providers should continue to pursue all potential resources, including retail outlets for necessary supplies and not rely on DHS as their source for PPE.

8. UPDATED 02-18-2021 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.

See also question #22.

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 prior to working with individuals served:

- 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?

Please contact your program developer to discuss routine capacity increases.

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.

21. Are residential providers required to complete screening and take the temperatures of residents who are returning from day programs, employment, community outings, visits with families or others, medical settings, other appointments, or any outing outside of the residence?

Yes. Residential providers are required to screen all residents who are returning to a licensed residential facility from day program, employment, community outings, visits with families or others, medical settings, other appointments, or any outing outside of the residence. This includes taking and recording their temperature. If screening takes place inside the residence, it should be done before the resident interacts with other residents. If they are showing symptoms and/or fever, they should be immediately isolated away from other residents and a healthcare professional immediately consulted to determine if further isolation and/or COVID-19 testing is needed. If symptoms are felt to be immediately life threatening, 911 shall be called immediately.

22. NEW 02-18-2021: Since the CDC has stated that the COVID-19 vaccination may influence the outcome of a TB test, how should licensed providers handle TB testing for new hires who report that they received a COVID-19 vaccination in the last four weeks?

Acknowledging that the COVID-19 vaccination is so new that there is not sufficient data, in an abundance of caution, agencies presented with individuals in this scenario (needing to be TB tested but had a COVID-19 vaccination in the past four weeks) are advised to:

1. Ask the applicant for documentation of a negative TB test within five years. In most cases, direct support professionals have a history of TB testing, or;

2. If the applicant cannot provide documentation of previous TB testing, ask the applicant to obtain a “free and clear from contagious disease letter” from their physician, or;
3. Absent either of the above, delay the start of employment for four weeks after the individual received a COVID-19 vaccination so that they may obtain their TB test. Upon receipt of a negative TB test, they may start working with others.

Agencies should *not* have employees begin their direct care services absent prior documentation of a TB test as described above, a free and clear letter from their physician, or a negative TB test within four weeks after a reported COVID-19 vaccination.

If the applicant *is* able to provide documentation of a negative TB test in the past five years or a free and clear letter from their physician, these two accommodations are to allow the individual to start work within the four week period after a reported COVID-19 vaccination. After the four weeks, the individual shall have a TB test. It is important that agencies monitor these time frames.

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