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BUSINESS CONTINUITY & CRISIS MANAGEMENT PLAN

COVID-19 SPECIFIC

PRESENTED BY: EMILY ICE
STEP-IN AUTISM SERVICES
FAIRBANKS, AK
MONUMENT, CO

BUSINESS CONTINUITY & CRISIS MANAGEMENT PLAN

Describes the reasonable and appropriate steps required to protect Step-In Autism Services’ business, reputation, people, and property.

1.0 PLAN OVERVIEW

Crisis Management Team	Name
Name of Plan:	COVID-19 Crisis Management Plan
Crisis Management Lead:	Emily Ice; Linda Robertson
Crisis Management Support:	Sue Sharpton; Michelle Bennett

1.1 OBJECTIVE

The overarching objective of this plan is to ensure safety and well-being of staff, as well as business and property protection. This plan defines roles and responsibilities of the Crisis Management Team, employees and clients, as well as methodology, and implementation requirements.

1.2 PHASES

Effective Business Continuity and Crisis Management requires five phases:

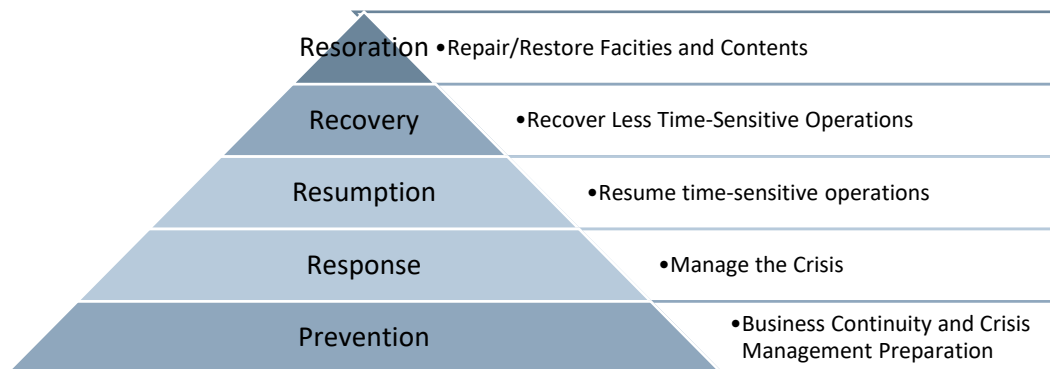
PREVENTION: PREEMPTIVE EXECUTION OF MEASURES TO MITIGATE RISK AND/OR LESSEN IMPACTS OF POTENTIAL INCIDENTS/CRISES

RESPONSE: EXECUTION OF INITIAL CRISIS RESPONSE TO PROTECT PEOPLE, PROPERTY, SHARED VALUES, AND PUBLIC IMAGE

RESUMPTION: EXECUTION OF STRATEGIES TO RESUME TIME-SENSITIVE OPERATIONS FOLLOWING AN EVENT

RECOVERY: EXECUTION OF STRATEGIES TO RECOVER LESS TIME-SENSITIVE OPERATIONS FOLLOWING AN EVENT

RESTORATION: EXECUTION OF LONG-TERM RESTORATION STRATEGIES LEADING TO NORMAL BUSINESS OPERATIONS



1.3 PREVENTION

General Prevention Strategies:

- Develop broad Business Continuity and Crisis Management Plans
- Foster prudent Business Continuity and Crisis Planning via the employee engagement, training and feedback processes
- Overcome tendency to defer planning for a crisis; make it a business priority
- Ensure business processes and resource allocation decisions identify and manage risk
- Conduct a Business Impact Analysis to quantify and qualify organizational exposures
- Institutionalize Business Continuity and Crisis Management by assigning accountability
- Define roles, responsibilities, and accountabilities in plan development
- Establish deadlines for development, review, and approval of Crisis Management Plans
- Train employees and Crisis Management Team (CMT) on CMT protocol
- Review plans on at least an annual cycle to keep them current
- Evaluate CMT performance after each crisis event
- Continuously improve the Crisis Management planning process based on new information

1.4 RESPONSE

In response to the COVID-19 Pandemic the following response actions will be conducted:

DETECT:

Identify the crisis or potential crisis event. Verify the facts and gather background data. Maintain open lines of communication to federal, state, local authorities as well as clients and staff regarding the severity of the situation and how to address it. Develop and execute effective communication best practices to ensure staff and client awareness.

ASSESS:

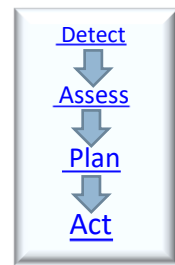
Conduct a risk assessment and define a response strategy. Determine timelines, priorities, resources required, and operationally defined initiation criteria for each response phase.

PLAN:

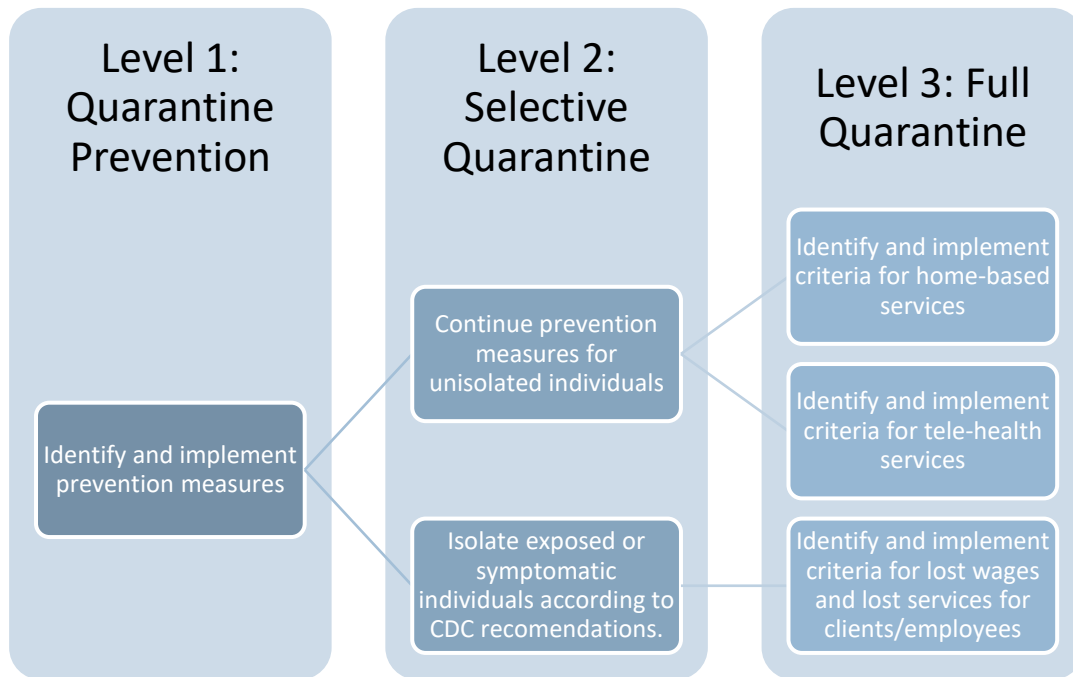
Develop plan to protect Step-In's stakeholders, competitive position, reputation, brand names, and workforce safety, morale, and productivity.

ACT:

Execute the plan as defined by initiation criteria for each phase of the action plan.



1.4.1 RESPONSE ACTION STAGES



LEVEL 1: QUARANTINE PREVENTION

Initiation Criteria: Initiated upon health officials advisory of Public Health Concern.

- Closely monitor state and local government and health officials; also monitor Center for Disease Control (CDC) and World Health Organization's (WHO) guidance for responding to COVID-19
- Implement increased health sanitation steps:
 - Isolated drop-offs
 - Caregivers (parents or guardian) do not enter facility;
 - Staff welcome clients at the main office door using best precautionary health practices;
 - Client temperature is taken upon entering and those with fevers (above 99 degrees F) will be sent home and the incident will be presented to managers;
 - hands sanitized upon entering building using hand-safe Purell or equivalent
 - Staff adhere to sanitary entering of the building
 - All staff will have their temperatures taken upon arrival at work. Those with fevers will be placed on sick leave immediately (See Stage 2);
 - Staff sanitize hands upon entering the building
 - Increased sanitation procedures
 - Full-time hours for cleaning staff to constantly sanitize throughout the work day and upon end of day.
 - All staff provided easy access to disinfectant to spray/wipe all touched areas upon leaving an area

- Staff required to wash hands thoroughly throughout the day
 - Utilize disposable food-use items;
 - Assign frequently touched items to individuals as able (i.e. pencils, learning materials, etc.)
 - Ensure these steps are understood and agreed to by clients and employees
- Educate staff and client-families of health safety protocol while outside of Step-In's facility
 - Minimize social contact
 - Utilize contactless deliveries when available
 - Universal precautions and proper sanitizing techniques
- Develop and Disseminate emergency employee sick leave policy
 - Watch action on H.R. 6201 – Families First Coronavirus Response Act
 - Title III includes \$15 million for IRS to implement tax credits for paid sick leave and paid family and medical leave
 - Division C – Provides employees of employers with fewer than 500 employees and government employees, who have been on the job for at least 30- days, with the right to take up to 12 weeks of job-protected leave.
 - Division D – Updates emergency Unemployment Insurance Stabilization and Access
 - Division E – Updates paid sick leave requirements
 - Division F- Paid Sick Days:
 - (6) Reimbursement for Wages
 - Division D – Emergency Paid Leave Act 2020
- Identify Home-Based Service Delivery Plan (Section 2.1)
- Identify possible remote-based, work activities and appropriate positions available to complete those remote-based, work activities. (Section 3.1)
 - Develop comprehensive plan, allowing for clear assignment of expectations, tasks and deadlines
- Advocate for alternate treatment modalities, such as telehealth delivery, with funders (Section 4.1)

LEVEL 2: SELECTIVE QUARANTINE:

Initiation Criteria: Initiated upon local area advisement to move to essential practices only by health officials or government and/or upon suspected case of COVID-19 within immediate Step-In population (ie. staff, clients, etc). The behavior health services provided are medical-grade and considered essential.

- Implement emergency employee sick leave policy
- Implement social distancing practices to the best of Step-In's ability
- Implement home-based services as appropriate based on client health risk level, client and caregiver preference, and employee's preference with regard to health safety and minimizing group size
- Staff or clients with suspected or confirmed exposure or symptoms follow guidelines from their physician. At minimum:
 - Alert stakeholders of potential risks to exposure (if applicable)
 - Quarantine from Step-In Autism Services for 14-days or until risk is abated as recommended by physician

- Clients who are physically able to participate in services may be eligible for tele-health delivered services
- Staff who are physically able may be provided with alternate remote, work-related activities as directed by Executive Director or Clinical Director.

LEVEL 3: FULL QUARANTINE:

Initiation Criteria: Initiate upon confirmed case of COVID-19 within the immediate Step-In population (ie. client, staff, etc).

- Identify criteria for furlough of employees
 - Identify which employees would be subject to furlough
 - Provide financial resources as available for furloughed employees
- Identify telehealth delivery options
 - Identify employees eligible to administer telehealth
 - Identify clients eligible to receive telehealth
 - Set up telehealth delivery accounts for eligible employees and develop schedule or delivery
 - Reiterate importance of maintaining appropriate documentation to ensure appropriate and accurate billing of services rendered
- Identify criteria for essential home-based services
- Activate remote work activity plan

1.5 RECOVERY:

Focus on and describe plans and strategies to resume time-sensitive operations following a crisis. Identify and prioritize less critical events and to describe the impact on business operations.

SERVICE DELIVERY:

Monitor and interface with relevant authorities on guidance for re-establishing center-based services. Implement Response Action Plan in reverse as quarantine is lifted. Maintain caution with re-establishment to minimize risk of re-infection.

1.6 RESTORATION

Describe long-term restoration strategies leading to normal business operations:

MAINTAIN PREVENTATIVE PHASE:

Upon lifting Full or Partial Quarantine, maintain preventative level until guided by WHO, CDC, state, and/or local government. When vaccine becomes available, add vaccination to list of required vaccines for center-based services and employees.

2.1 HOME-BASED SERVICE DELIVERY CRITERIA

Identify procedures and criteria for initiating home-based services only:

CRITERIA:

1. Clients with elevated health risks are immediately eligible for home-based services during Active Crisis Management.
2. Clients with potential for self-harm or harm to others with decreased service level are eligible for home-based services during Active Crisis Management
3. Clients or caregivers of clients with a preference for a more secluded environment are eligible for home-based services during Active Crisis Management.

Active Crisis Management is defined as the period of time which health officials indicate COVID-19 is a public health risk.

HOME-BASED SERVICES PLAN

1. Each home has one assigned behavior technician, minimize cross-contamination with multiple providers assigned.
2. BCBA or BCaBA performs protocol oversight via telehealth delivery
3. Staff are to adhere to sanitation protocols with entering and exiting the home
 - a. Wear clean clothes to home-services without entering public spaces during transition time or transporting from employee home to home-service location. Employee will be compensated for drive time to the home-service location.
 - b. Take off shoes upon entering home-service location
 - c. Utilize approved hand sanitizer upon entering home-service location
 - d. Minimize physical contact with others
 - e. Wash hands frequently and sanitize work surfaces

3.1 REMOTE-BASED WORK ACTIVITIES (RBA):**RBA 1: STAFF TRAINING**

Deliver appropriate staff training via web-conferencing.

Non-Income Generating; Costs able to be offset by reducing future staff trainings

Employee Type	Role	Estimated Work Hours (per employee)
Behavior Technicians	Participation	30
Program Supervisor/Managers	Development/ Participation	40
Office Manager	Development (HR and ADMIN video training development)	30

RBA 2: TELEHEALTH DELIVERED PARENT TRAINING

Deliver Parent or Caregiver Training via telehealth

Income Generating

Employee Type	Role	Estimated Work Hours (per employee)
Behavior Technicians (senior	Delivery under BCBA remote guidance	Guided by authorized

Employee Type	Role	Estimated Work Hours (per employee)
level)		hours
BCaBA/BCBA	Delivery under BCBA remote guidance	Guided by authorized hours

RBA 3: TELEHEALTH DELIVERED PROTOCOL MANAGEMENT

Deliver Protocol implementation guidance to on-site implementation of ABA protocols

Income Generating

Employee Type	Role	Estimated Work Hours (per employee)
BCBA	Delivery	Guided by authorized hours
BCaBA	As determined by funding source	Guided by authorized hours

RBA 4: OPERATION MANUAL DEVELOPMENT

Remote site development of operations manual

Non-income generating; Streamlines future training processes

Employee Type	Role	Estimated Work Hours (per employee)
Office Manager	Development	30
Admin and Billing Support	Development under guidance of Office Manger	25

RBA 5: BILLING DOCUMENTATION ORGANIZATION

Remote site organization of billing documentation

Non-Income generating; Possible cost reduction through catching errors prior to auditing processes

Employee Type	Role	Estimated Work Hours (per employee)
Billing Support	Project Management	30
BTs, BCaBA, BCBA	Participation	5

RBA 6: 2019 FINANCIAL AUDIT- MEDICAID

Project completion of the 2019 Medicaid Financial Audit

Non-income generating; Mandatory project, costs to be absorbed at some point

Employee Type	Role	Estimated Work Hours (per employee)
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Employee Type	Role	Estimated Work Hours (per employee)
Office Manager and Admin Support	Participation	10
Special Projects Manager	Project Management	15

4.1 TELEHEALTH DELIVERY

Step-In Autism Services will utilize telehealth delivery as deemed appropriate and effective by the BCBA during times of Partial or Full Quarantine.

FUNDERS ACTION ITEMS

Funder	Policy	Codes allowed	Increase authorized units available
Alaska Medicaid	COVID Telehealth approval pending: Follow up with Fabrice Evengue		
Premera BCBS	Currently not applicable (no clients on this funding stream)		
TriCare	Currently not allowing; requested and awaiting response		
Aetna	Allowing telehealth during COVID crisis; must email bacabacases@aetna.com to alert prior to implementation		
Medicaid IAT services			

APPROVAL

Title	Name	Final Date (Full approval)
Clinical Director	Linda Robertson	3/16/2020
Executive Director	Emily Ice	3/16/2020
Office Manager	Michelle Bennett	3/16/2020
Project Manager	Sue Sharpton	3/16/2020