



# Reopening Massachusetts Health and Human Services

## Phase 2: June 2020

Beginning June 8, 2020, at the start of Phase 2, **health care providers may incrementally resume in-person elective, non-urgent procedures and services**, including routine office visits, dental visits, and vision care subject to ongoing compliance with public health and safety standards. In addition, beginning **June 24, 2020, providers may resume elective cosmetic procedures**, in compliance with public health guidance. All other in-person medical, behavioral health, dental and vision services may resume, **except in-person day programs**, which will be a part of Phase 3.

**Telehealth must continue to be utilized and prioritized to the greatest extent possible, whenever feasible and appropriate.** Care that can be appropriately delivered via telehealth should not resume in person. Health care providers should **expand in-person services cautiously**, using their clinical judgment to prioritize urgent services, chronic disease management, and preventive care.

Prioritization criteria should promote **equitable access to care for all communities and populations**, including persons of color, low-income communities, children, and individuals with disabilities.

In order to resume services, health care providers must attest to and meet a range of infection control and public health criteria for how they deliver services:

- In order to provide non-emergency care, health care providers must attest to continuing to meet specific requirements to reopen or expand services including adequate Personal Protective Equipment (PPE), infection control readiness, screening for COVID symptoms, and social distancing protocols. These attestation documents are posted [online](#).
- Health care providers must establish and adhere to a prioritization policy for scheduling in-person services that maximizes telehealth, focuses on high-priority preventive services, chronic disease management, pediatric care and immunizations, and urgent procedures that lead to high risk or significant worsening of the patient's condition if deferred.
- For non-essential, elective invasive procedures and services, providers must attest to monitoring patient volume to ensure they can meet CDC and other public health guidance regarding environmental infection controls and to limit overall pressure on the health care system.
- Hospitals will be required to continue to meet the requirement of having at least 20% capacity available (based on a 7-day average of the hospital's or hospital system's available, staffed adult ICU and medical/surgical inpatient beds, including surge beds that can be staffed in 12-24 hours).
- Additionally, health care providers should **consider delaying/deferring certain non-urgent services** that are expected to require significant PPE resources, result in hospital/ICU care or post-acute care, or that result in significant aerosolization.

### Limited reopening of visitation

Guidance for providers is being modified to allow for limited visitation with family and loved ones, with specific requirements for social distancing and infection control. Parents/guardians for children, birth partners,

and companions for individuals with disabilities continue to be allowed and are not considered visitors. In addition, exceptions for hospitals and nursing facilities for compassionate/end of life visits will continue.

All **visitation is subject to infection control protocol, social distancing, and face coverings**, and given the diversity of the facilities and programs, there are specific timetables for each. **Each congregate care program will be reaching out to families with specific details on scheduling a visit** with their loved ones as the start date nears.

- On June 5, **skilled nursing facilities**, rest homes and assisted living residences began limited outdoor visitation of up to 2 visitors
- On June 10, **hospitals** began limited inside visitation of 1 person
- On June 10, **human services adult residential programs and group homes** operated by the Department of Developmental Services, Department of Mental Health, Department of Public Health, Massachusetts Commission for the Blind, and Massachusetts Rehabilitation Commission began limited outdoor visitation.
- The **Soldiers' Homes** began limited outdoor visitation the week of June 15
- On or before June 30, human services **children and youth residential programs** operated by the Department of Children and Families, Department of Mental Health, Department of Youth Services, and licensed by the Department of Early Education and Care can resume outdoor visitation. We are working with providers to implement best practices and protocols over the next few weeks that prioritize the safety and security of all children in these programs while ensuring they are able to visit with their families and loved ones.

**The safest way to communicate with loved ones while the virus is in the community is virtually** – through video chats, phone calls, etc. These types of communication have been instrumental in staying connected these past two months.

While there is no formal requirement for **ambulatory health care** (e.g., office visits), EOHHS advises that one individual/ companion may accompany the patient to an in-person provider visit, subject to symptom screening and face covering.