Department of HUMAN SERVICES

DEPENDENT ADULT ASSESSMENT/EVALUATION GUIDANCE IN RESPONSE TO COVID-19

May 27, 2020

The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance. The health and safety of adult, family, staff and administrators are of the utmost importance. This guidance is not intended to address every potential scenario that may arise as this event evolves.

NOTICE

If you have a fever of 100.4 or above, or an emerging cough, you must stay home, contact your supervisor, and contact your healthcare provider. Inform your healthcare provider that you are essential workforce working with vulnerable individuals. Please indicate you work for the Department of Human Services, request a COVID-19 test processed by the State Hygienic Laboratory and report this information to your supervisor. If you are denied a test, report this information to your supervisor.

MITIGATION PRACTICES MUST BEGIN FOR ALL STAFF INVOLVED IN HOME VISITATION AND OTHER SOCIAL WORK PRACTICES REQUIRING FACE-TO-FACE CONTACT WITH CLIENTS:

1. Implement common-sense practices for preventing disease spread, such as: covering a cough, staying home when sick, and washing hands.
2. Call in advance of conducting home visits or other face-to-face meetings. *(see screening questions below that should be discussed in advance)*
3. During face-to-face meetings, do not sit within 6 feet of the client.
4. Avoid handling paperwork during the meeting.
5. Avoid touching your face or hair during the meeting.
6. Wash hands for at least 20 seconds with warm, soapy water or hand sanitizer before and after the meeting.
7. Use of PPE, such as face masks, is strongly recommended.

Home visitation and face-to-face visits with clients are an essential aspect of conducting assessments and providing services designed to ensure the protection of dependent adults.

CONTAINMENT DECISION MAKING PROCESS FOR ASSESSMENTS IN PRIVATE DWELLINGS:

When preparing or scheduling appointments for face-to-face visits, be sure to ask all adult subjects and household members the following questions:

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COVID-19 SYMPTOMS

- Fever or chills
- Cough
- Diarrhea
- Fatigue
- Muscle or body aches
- Shortness of breath or difficulty breathing
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting

Have you had contact with anyone who has known or possible exposure to the COVID-19 in the last 14 days?

Are you on home quarantine or isolation due to possible contact with someone with possible or confirmed COVID-19 or due to travel?

Have you or anyone in the household recently discharged from a hospitalization due to confirmed COVID-19 or due to travel?

Anyone who answers "yes" to the screening questions should consult with their health care provider and public health as appropriate to follow relevant guidance which includes but is not limited to:

- Do not conduct the home or in-person visit.
- Direct the participant to visit http://www.testiowa.com and enter their information, or to contact their local public health department or health practitioner for guidance.
- Document pre-visit screening data in appropriate systems.

Note: This pre-visit screening may be waived with supervisory approval for dependent adult protective assessments/evaluations when an immediate response is required or an unannounced home visit is necessary for the assessment.

If the client or home cannot be seen because the answer was yes, and the adult subject needs to be seen, ask law enforcement or other mandatory reporters who may have access to the adult subject to ensure safety.

If the clients answer 'yes' to the pre-screening telephonic outreach for the above questions, then staff should maintain contact with the family via telephone at a minimum of every other day. The contents of this conversation should be documented in the appropriate systems. Visitation should resume once the symptoms of illness are clear and a healthcare provider gives clearance.

If clients answer "no" during pre-screening telephonic outreach for all of the above questions, then proceed with home or in-person visit.

Staff should also answer the above screening questions for themselves prior to making a warranted home or in-person visit. If any of these answers are 'yes,' staff should contact their primary care provider, follow the primary care provider's and not conduct any home visits to DHS clients, until cleared by their primary care provider to do so. Staff should also notify their supervisor of the above.

Agency, Program and Facility Environments: Based upon direction from CMS, care settings are limiting visitors to protect the health of residents. Staff should expect to be refused entry into hospitals, nursing facilities, home- and community-based services (HCBS) waiver homes and other community living/care environments. If possible, call the agency, program, or facility before attempting a face-to-face visit to inquire if entry will be granted.

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Should an adult protective worker (APW) experience difficulty in meeting time frames in seeing an adult subject of a DA assessment/evaluation based upon refusal to allow entry due to COVID-19 concerns:

- Document attempt by recording time, date, and individual at the facility who refused entry. Address safety over phone regarding the concern and the facility's plan to make certain the adult is safe.
- Staff with your supervisor to request a delay in meeting the time-frame.
  - Understand you must still see the adult subject during the course of the assessment as soon as possible.
  - If necessary, the report should be placed on extension to allow for face-to-face contact.

Should an APW experience difficulty in placing an adult subject in a facility when a court order has been obtained based on facility's response to COVID-19:

- The court order should allow for emergency placement or service provision to make certain the adult is safe.
- Document all facilities contacted in order to attempt placement.
- Inquire with medical personnel if it would be medically appropriate to maintain the adult in a hospital setting pending facility admission (understanding this might not be an option should hospitals have an influx of patients due to COVID-19)
- If the adult is on Medicaid, contact the managed care organization (MCO) community case manager (should be listed on intake from the IMPA screen, if not - contact the help desk to obtain this information)
- Contact all service providers currently involved to explain the placement issues to see if an emergency plan in lieu of placement can be offered on a short-term basis. If so, this plan needs to be documented in the assessment/evaluation.
- Consider a referral to community services, family supports or friends to inquire if they can provide any case management or interim services including:

  Area Agency on Aging and Lifelong Links

  Area Agency on Aging

  or Copy this link: https://www.iowaaging.gov/area-agencies-aging/find-your-local-area-agency-aging