

## **ONGOING ADULT SERVICES AND IN-HOME HEALTH RELATED CARE (IHHRC) GUIDANCE IN RESPONSE TO COVID-19**

June 9, 2020

The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance. The health and safety of children, 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 ONGOING ADULT SERVICES TO DEPENDENT ADULTS IN PRIVATE DWELLINGS**

Updated Policy for face-to face visits for Ongoing Adult Services

At this time, DHS asks our social workers to be creative to ensure communication and virtual connections are used to ensure the well-being of the adults we serve. We offer the following additional guidance to support health and safety.

1. Document in case notes the use of video or phone contact in lieu of in-person caseworker contacts.
2. Workers are encouraged to meet with the adults on their caseloads more frequently when having contact via video or phone options.

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3. Specifically discuss with adult clients how their goals, mental health, needs and supports are being impacted by the crisis. Help them strategize on effective ways to cope.
4. We encourage more frequent contact with adults on your cases who could benefit from extra support during this difficult time utilizing phone, text, email, etc.
5. Identify, collaborate on, and advocate for creative ways to promote ongoing contact with supports and other important connections.
6. Make phone calls to family members to explore options and gather additional names of people who can be a part of the plan to provide additional support via electronic means.
7. In-person contacts should occur outside (weather and client circumstance permitting) when possible. PPE is recommended, but not required.
8. Prior to an in-person contact, workers should assess for COVID-19 issues by asking the pre-health screening questions by phone, text or email.

## CONTAINMENT DECISION-MAKING PROCESS

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

### 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.
  - Advise the client to stay home, except to get medical care and to separate himself/herself from other people and animals.
  - Direct the client to avoid sharing personal household items and to clean high touch surfaces every day.
  - As appropriate, suggest household members stay in another room or be separated from the client as much as possible.
  - Suggest that the client limits non-essential visitors in the home.
- ▶ Document pre-visit screening data in appropriate systems.

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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. 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.

### **SPECIAL CONSIDERATION FOR VISITS IN AGENCY, PROGRAM, AND FACILITY ENVIRONMENTS FOR ONGOING ADULT SERVICES TO DEPENDENT ADULTS**

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 wavier 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. Should the agency, program, or facility refuse entry, the contents of this conversation should be documented and staff should develop a plan with the agency, program, or facility administrator on client updates and when face-to-face visitation can resume.

### **IN-HOME HEALTH-RELATED CARE (IHHRC) GUIDANCE RELATED TO COVID-19**

#### **Visit Waiver**

Effective June 8, 2020, the yearly home visit for IHHRC services will not be required. This waiver will remain in effect for the foreseeable future. All paperwork must be updated and/or completed, including 470-5044, Service Worker Comprehensive Assessment. IHHRC case managers should conduct a thorough phone interview to obtain all needed case information. Documentation of the call content and time should be included in the client file. Should a face-to-face contact be warranted, please use mitigation and containment practices outlined above.

#### **ETP For Annual Physical Examinations**

Should the client and/or provider experience issues in scheduling their yearly physical due to medical providers not seeing patients for routine physicals due to COVID-19, an Exception to Policy (ETP) should be requested.

If you have questions, please contact  
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