

CARE CONTINUUM NETWORK
CORONAVIRUS-19 (COVID-19) COMMUNITY VISIT GUIDELINES

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|--|-------------------------------------|------------------------------|
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| Prepared by: Sarah M. Stacy, MSN, RN, CNL | Date: 3/9/2020 | |
| Approved by: | | |
| Alisha Fehrenbacher, CEO | <input checked="" type="checkbox"/> | Date: 3/11/2020 |

1. Purpose

The Elevate Health Care Continuum Network has a duty to provide optimal support and risk management protocols to contracted staff working within client’s homes or within a community setting. This policy is written to ensure personal protection and safety, and provide safeguards and steps to take in order to stop the potential spread of infectious diseases and coronavirus-19 outbreak.

This policy is for contracted partners of the Elevate Health Care Continuum Network when a guideline does not exist within the partner organization. Programs where this guideline applies include:

- Pathways Community HUB
- Health Homes
- Community Health Action Teams

2. Definitions

Community Visit: A visit is a period of time during which a care coordinator carries out their work in a community setting, outside of the physical location of the office.

Care Coordinator: Individual may include community health workers, allied health professionals, and licensed clinical care managers working with clients to deliver services within a Care Continuum Network program.

Care Coordinator Supervisor: Individual who provides management, oversight, and ensures safety of the ‘care coordinator’ working to deliver a Care Continuum Network program.

Client: An individual who is receiving Care Continuum Network programmatic services from a care coordinator.

Caregiver: An individual who regularly provides care to a child or a sick, elderly, or disabled person.

Pre-Visit Assessment: A tool used to decide upon client risk for a home visit. The assessment information is based on the current recommended guidelines from the Washington State Department of Health, *Recommendations and Guidance* (2020), in alignment with the Health

Care Authority's guidance for FFS/Dual eligible Health Homes programs.

Care Coordinator Self & Client Risk Assessment: A tool for care coordinators to assess the risk they carry with potential clients, such as the potential risk for COVID-19 infection complications.

Low-Risk Community Visit: A low-risk community visit is where there is no awareness of pre-identified risk factors of contracting an infectious disease.

High-Risk Community Visit: A high-risk community visit is where there is an awareness of pre-identified risk factors, with a potential threat to the safety of staff/visitors.

3. Responsibilities

Care Continuum Network Responsibilities

- Update and communicate any changes to the recommended safety guidelines.
- Coordinate the distribution of evidence-based training and information to ensure client safety, infection prevention, and control the spread of potential contamination.
- Provide community resources to contracted partners.
- Supply home visit guidelines and pre-visit assessment tools to care coordinator supervisors and management to ensure staff workplace safety and prevent occupational health issues.
- Consult with care coordinators involved in community visits on relevant issues including safety.
- Notify personnel from visiting organizations of potential risks found in mutual clients within the Care Continuum Network.
- Notify contracted partners if a legitimate risk of exposure is identified within Network staff or among contracted partners.

Care Coordinator Supervisory Responsibilities

- Provide guidance to care coordinator staff to ensure the client they are visiting has received relevant education.
- Report all unresolved, found hazards, incidents, and accidents to their agency supervisor and the Care Continuum Network, and complete an incident report.
- Ensure all equipment functions effectively and is properly sanitized.
- Ensure first aid and emergency supplies are prepared and in the vehicle before leaving the workplace base.
- Deliver a community visitation schedule that is accessible for reference by care coordinators and staff at the office.
- Ensure record-keeping when leaving a facility to conduct community visits (i.e. sign-in/sign-out form, email notification, etc.)
- Ensure a communication system is in place when a care coordinator has completed a visit and going onto the next visit when undertaking two or more different and consecutive community visits.

- Support care coordinators whose safety is compromised and must withdraw from a home visit. If appropriate, negotiate alternative visitation arrangements following an assessment review. Consult with the client or client’s caregiver when possible.
- Use guidelines below for Community/Home Visiting to assess risks and identify hazards.

4. Guidelines for Community/Home Visits – COVID-19

1. Determining Client Risk for Complications from COVID-19 Infection

Care coordinators and their supervisors are to be aware of the populations at greatest risk for COVID-19 complications. According to the Centers for Disease Control & Prevention (2020), older adults and people who have severe chronic medical conditions, like heart, lung or kidney disease, seem to be at higher risk for more serious COVID-19 illness. Early data suggests older people are twice as likely to have serious COVID-19 illness. This may be because:

- As people age, their immune systems change, making it harder for their body to fight off diseases and infection.
- Many older adults are also more likely to have underlying health conditions that make it harder to cope with and recover from illness.

Currently, there isn’t any published scientific reports about susceptibility of pregnant women to COVID-19. Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections, including COVID-19. Infections in children have been reported, including in young children. This is an ongoing investigation and as more about this rapidly evolving situation is determined information will be updated and provided as it becomes available (CDC, 2020).

2. Care Coordinator Self & Client Risk Assessment

1. Before conducting a client face-to-face visit, it is important to assess self and client risk factors for potential COVID-19 complications. Appendix A (page 7) provides a Care Coordinator Self & Client Risk Assessment to be completed ahead of scheduling a visit. Please refer to PRISM, or other risk analysis tools to determine a client’s potential risk for COVID-19 complications.
2. If the results of the self and client assessments show the care coordinator is not at risk to client or self, the care coordinator can then complete the Pre- Community Visit Risk Assessment.

3. Pre- Visit Risk Assessment

1. Complete a Pre-Community Visit Risk Assessment (see Appendix B, page 9) and document it within the client profile and associate care notes on Innovaccer. After the care coordinator completes the assessment it needs to be reviewed by the supervisor or other nominated person overseeing the associated care coordination program.
2. The care coordinator undertaking the Pre-Visit Risk Assessment should contact the client by phone or virtual means ahead of conducting a face-to-face or in-person visits.
3. After conducting the Pre-Visit Risk Assessment, the care coordinator should consult with their supervisor when a high-risk community visit is determined so the proper next steps can be taken.

4. Tier 2-Exceptions – Health Homes Program only

For organizations running the Health Homes program under contract with Elevate Health’s Care Continuum Network, the Care Coordinator Client, Self and Pre-Visit Risk Assessments must be completed in order to bill for virtual interactions with clients. This information supports Tier 2 Exception billing for the Health Homes program for visits that are not face-to-face with a client. The Tier 2 Exception form is in Appendix C (see page 11).

5. Additional Guidance for Care Coordinators

1. Always take everyday preventive actions (CDC, 2020):

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place.
- If soap and water are not available, use a hand sanitizer containing at least 60% alcohol.
- To the extent possible, avoid touching high-touch surfaces in public places – elevator buttons, door handles, handrails, handshaking with people, etc. Use a tissue or your sleeve to cover your hand or finger if you must touch something.
- Wash your hands after touching surfaces in public places.
- Avoid touching your face, nose, eyes, etc.
- Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones)
- Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.
- If you develop any flu-like symptoms, stay home following your employer’s guidelines for taking sick leave.

2. When interacting with clients or providers:

- Express that for safety reasons you are not shaking their hand and will keep distance to ensure the health and safety of you and them (precaution).
- If you encounter anyone who is exhibiting symptoms, a 6-foot distance is

recommended.

- Whenever possible, wash your hands with soap and water for at least 20 seconds before entering and leaving a home or facility; if unable to wash hands use hand sanitizer prior to entering and upon leaving the home.
- If there are any questions about next steps, consult with your supervisor.

3. When visiting a facility:

- If there is notice posted of quarantine, do not enter the facility. Consult with your supervisor.
- When checking into the facility, if the resident you are there to see is in isolation, postpone visit and consult with your supervisor.

4. When working with clients at risk for COVID-19 infections, educate them to (CDC, 2020):

- Have supplies on hand
 - Contact your healthcare provider to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home for a prolonged period.
 - If you cannot get extra medications, consider using mail-order for medications.
 - Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms. Most people will be able to recover from COVID-19 at home.
 - Have enough household items and groceries on hand so that you will be prepared to stay at home for an extended period of time.
- Take everyday precautions
 - Avoid close contact with people who are sick.
 - Take everyday preventive actions.
 - Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.
 - Avoid all non-essential travel including plane or train trips, and especially avoid embarking on cruise ships.
- If COVID-19 is spreading in your community, take extra measures to put distance between yourself and other people to further reduce your risk of exposure to this new virus.
 - Stay home as much as possible.
 - Consider ways of getting food brought to your house through family, social, or commercial networks
- Have a plan for if you get sick:
 - Consult with your health care provider for more information about monitoring your health for symptoms suggestive of COVID-19.
 - Stay in touch with others by phone or email. You may need to ask for help from

- friends, family, neighbors, community health workers, etc. if you become sick.
- Determine who can provide you with care if your caregiver gets sick.

5. Educate clients at risk for COVID-19 complications to watch for symptoms and emergency warning signs (CDC, 2020):

- Pay attention for potential COVID-19 symptoms including, fever, cough, and shortness of breath. If you feel like you are developing symptoms, **call your doctor**.
- If you develop emergency warning signs for COVID-19 **seek medical attention immediately**. In adults, emergency warning signs*:
 - Difficulty breathing or shortness of breath
 - Persistent pain or pressure in the chest
 - New confusion or inability to arouse
 - Bluish lips or face
 - This list is not all inclusive.

*Please consult your medical provider for any other symptoms that are severe or concerning.

6. References

Centers for Disease Control & Prevention (2020). People at Higher Risk.

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>. Accessed March 7, 2020.

Centers for Disease Control & Prevention (2020). Pregnant Women and Children.

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women.html>. Accessed March 7, 2020.

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<https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>. Accessed March 7, 2020.

Office of Disease Prevention and Health Promotion (2020). Older adults.

<https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>. Access March 9, 2020.

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7. Revision History

| Date | Action | Name |
|---------|--|----------------------------|
| 3/11/20 | Draft updated and finalized for review | Sarah Stacy Maura White |
| 3/11/20 | Review and approved | Alisha Fehrenbacher |

Appendix A

CARE COORDINATOR SELF AND CLIENT RISK ASSESSMENT

Complete the following risk assessment for Self and Client.

Risk Factors for COVID-19 Complications:

Individuals at risk for infection-related complications such as COVID-19, include (CDC, 2020):

- Adults 65 and older (Office of Disease Prevention and Health Promotion, 2020)
- History of chronic condition:
 - Diabetes
 - Kidney disease
 - Heart failure
 - Lung disease
- Immunocompromised:
 - HIV/AIDs
 - Cancer
 - Existing infection (i.e. pneumonia)

Assess Risk to Client for COVID-19 Complications

1. Client risk-assessment tools, such as PRISM, or a client interview can be used to determine if a client meets any of the above identified risk factors for COVID-19 complication.

2. If a client has a minimum of ‘one’ of the above risk factors or answered “yes” to any of the questions below, answered to any of the below statements, the care coordinator should *refrain from conducting a community visit* and comply with facility workplace sick policies under any of the following circumstances (CDC, 2020):

- Exhibiting cold, flu or flu-like symptom including:
 - Fever
 - Cough
 - Shortness of breath
- Has a been exposed to an individual testing positive to COVID-19
- Has been in contact with someone that has recently returned from travel outside the county
- Has been in contact with someone in the last 30-days presenting with following symptoms:
 - Fever
 - Cough
 - Shortness of breath

Assess Risk to Self for COVID-19 Complications

1. A care coordinator who meets any of the above criteria is at higher risk for COVID-19 complications should *refrain from conducting any community visits* and take the following

precautions (CDC, 2020):

- Stay at home as much as possible.
- Make sure you have access to several weeks of medications and supplies in case you need to stay home for prolonged periods of time.
- When you go out in public, keep away from others who are sick, limit close contact and wash your hands often.
- Avoid crowds.
- Inform your supervisor of any clients you contacted between the time of exposure and the time you were notified. Your supervisor will be responsible for informing clients of the possible exposure and educating them on available community resources.

Appendix B

If 'no' to any of the response below, the visit is determined a Low-Risk Community Visit. The Low-Risk Community Visits are to be reviewed by care coordinator supervisors based on internal policies to determine if a community-visit should occur.

PRE-VISIT RISK ASSESSMENT

Community or Home Visit

1. Has the client traveled outside the country in the last 30-days and experienced recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?
2. Has the client been in contact with someone that has returned from travel outside of the country the last 30-days that has presented with recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?
3. Within the last 30-days has the client reported or presented with recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?

If client answers 'yes' to questions 1 or 2, or reports as positive for symptoms listed in question 3, this is considered a high-risk community visit:

- Consult with supervisor before making visit.
- Direct client to contact their primary care provider (PCP).
- Inform residential provider so they are aware and able to follow-up with client and the client's primary care provider.

Skilled Nursing Facility Visits

1. Has the client traveled outside the country in the last 30-days and experienced recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?
2. Has the client been in contact with someone that has returned from travel outside of the country the last 30-days that has presented with recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?
3. Within the last 30-days has the client reported or presented with recent shortness of breath or a noticeable difference in shortness of breath, new or recent cough, or fever?

If client answers 'yes' to questions 1 or 2, or reports as positive for symptoms listed in question 3, this is considered a high-risk community visit:

- Consult with supervisor before making visit.
- Direct client to contact their primary care provider (PCP).
- Inform residential provider so they are aware and able to follow-up with client and the client's primary care provider.

Hospital Visits

The Care Continuum Network recommends conducting care transition or hospital visits virtually in coordination with the hospital care management teams to reduce burden to hospital staff and potential risk to patients.

Appendix C

TIER 2 EXCEPTION FORM – COVID-19

This Tier 2 Exception form is intended to be used by contracted partners of the Elevate Health Care Continuum Network in response to COVID-19 precautions for the Health Homes program. The form should follow the *Elevate Health Care Continuum Network COVID-19 Community Visit Guidelines*.

Complete the Following:

CCO Name _____

CC Name _____

Supervisor _____

Client Initials _____

Client EMPI _____

Date of Birth _____

Other Info _____

Date of engagement _____

Please complete the following matrix to support Tier 2 Exception request. The matrix aligns with the *Elevate Health Care Continuum Network COVID-19 Community Visit Guidelines*.

| Care Coordinator Self & Client Risk Assessment | |
|--|-------------------|
| Question | Response (Y/N/NA) |
| Is there potential risk to the care coordinator for COVID-19 complications? | |
| Does the care coordinator pose a potential risk to the client for COVID-19 complications? | |
| ACTION: If yes to the above, meets Tier-2 Exception for COVID-19 Response. Please return to Elevate Health | |
| Pre-Visit Risk Assessment | |
| Question | Response (Y/N/NA) |

| | |
|---|--|
| Is the Community or Home Visit identified as 'high-risk community' ? | |
| Is the Skilled Nursing Facility Visit identified as v 'high-risk community' visit? | |
| Is this a hospital visit? | |
| ACTION: If yes to the above, meets Tier-2 Exception for COVID-19 Response. Please return to Elevate Health | |
| Is the Pre-Visit Risk Assessment identified as a Low-Risk Community Visit? | |
| ACTION: If yes to the above, Low-Risk Community Visit, please provide an explanation if requesting a Tier-2 Exception Request . Refer to organizational policies or other factors used to make this determination. | |

I am requesting a Tier-2 Exception and attest that I have documented completely in the record. I have completed the attached form with the reason, for exception, and documented which one of the six Health Home Core services were delivered.

Care Coordinator Signature _____

Supervisor Signature _____

Submit the attached completed form for Tier 2 Exception through the Washington State Secure Email Portal to care@elevatehealth.org.