

HOME VISITATION GUIDANCE IN RESPONSE TO COVID-19

November 2020

The following guidance is based on the most current Iowa Department of Public Health (IDPH) guidance, and the Governor's proclamation. The health and safety of members, caregivers, and case managers are of the utmost importance. This guidance is not intended to address every potential scenario that may arise as this event evolves.

While the Iowa Medicaid Enterprise (IME) requested flexibility from the Centers for Medicare and Medicaid Services (CMS) in March 2020 to allow in-person visits to be conducted via telephone or virtual means, this doesn't mean that in-person visits are prohibited during the COVID-19 situation. Home visitation is an essential aspect of providing services. The IME supports in-person visits if the visit can be conducted safely. If a case manager chooses to conduct an in-home visitation, they should follow guidance from [IDPH](#).

FOLLOW MITIGATION PRACTICES FOR IN-PERSON VISITS:

1. Implement common-sense practices for preventing disease spread, such as covering a cough, staying home when sick, and washing hands. The CDC recommends washing hands for at least 20 seconds.
2. Call in advance of conducting in-person visits (see screening questions below).
3. During in-person meetings, do not sit within 6 feet of anyone in the home.
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. The use of facemasks by the case manager and the member is required when in public spaces when they are unable to maintain safe social distance for 15 minutes or more. The use of facemasks by the case manager and member at other times is highly recommended.
8. Case managers are required to limit gatherings to 15 people indoors, 30 people outdoors.

CONTAINMENT DECISION-MAKING PROCESS

Case managers should answer the screening questions for themselves prior to making an in-person visit. If any of the answers are 'yes,' they should contact their primary care provider, follow the primary care provider's direction and not conduct any in-person visits to Medicaid members until cleared by their primary care provider to do so. Workers should also notify their supervisor of the above.

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CONTAINMENT DECISION-MAKING PROCESS CONTINUED

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

Do you currently have any of the following?

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

If no pre-screening phone call is made in advance of contact with a member, case managers should conduct the screening questions within a safe distance from one another.

If members answer “no” during pre-screening for the above questions, then proceed with visit.

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 in-person visit.
- ▶ Direct the member to visit www.testiowa.com and enter their information, or to contact their local public health department or health practitioner for guidance.
- ▶ Advise the member to stay home, except to get medical care and to separate himself/herself from other people and animals.
- ▶ Direct the member 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 member as much as possible.
- ▶ Suggest that the member limit non-essential visitors in the home.
- ▶ Assess and ensure member safety as well as maintain contact with the member by phone or video conference or teleconferencing methods.