**Appendix A: Guide for Preplanning Call**

Name of Individual Supported: Click or tap here to enter text. Date of Call: Click or tap here to enter text.

Name of Person(s) spoken with: Click or tap here to enter text.

The following questions are to assist the Support Coordinator (SC) to determine when case management services can be safely delivered in-person and to guide necessary discussion and planning regarding the safety needs of the individual served prior to the monitoring visit. This document should be used prior to **every** visit. This preplanning tool should be utilized for all service settings where Targeted Case Management (TCM) services are provided, including the family home.

 Question Individual Served Staff/Family Members/Roommates

1. Is anyone in the home positive for COVID? [ ] Yes/No[ ]  [ ] Yes/No[ ]

2. Is anyone in the home awaiting a COVID test result? [ ] Yes/No[ ]  [ ] Yes/No[ ]

 If yes, when will the test results be back? Date: Click or tap to enter a date. (SC will call back after the date.)

3. Is anyone in the home symptomatic? [ ] Yes/No[ ]  [ ] Yes/No[ ]

 Symptoms include (read all symptoms):

* Fever or chills
* Cough
* Shortness of breath or difficulty breathing
* New fatigue
* New unexplained muscle or body aches
* Headache
* New loss of taste or smell
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* New stomach issues (vomiting, diarrhea)
	+ If anyone is experiencing any of these symptoms, a visit should not be scheduled.

NOTE: If you answered ‘Yes’ to any of the questions above, a remote visit may be postponed until 14 days post diagnosis and 24 hours symptom free. At any time, if there is a concern for the health, safety, or welfare of the individual, an in-person visit must be conducted.

If you answered ‘Yes’ to questions for an individual served:

a. Has the individual contacted their primary care physician? [ ] Yes/No[ ]

b. Has the individual made an appointment using Station MD? [ ] Yes/No[ ]

c. Is the individual seeking testing? [ ] Yes/No[ ]

d. Is the individual receiving assistance to complete a, b and c? [ ] Yes/No[ ]

 (If no, the Support Coordinator should assist the individual to identify who will assist them).

If you answered ‘Yes’ to questions for staff/ family member/ roommate:

a. Is the staff / family member working? [ ] Yes/No[ ]

b. Has the staff member been sent home? [ ] Yes/No[ ]

c. Is the staff / family member / roommate getting tested? [ ] Yes/No[ ]

d. Who in the service setting has the staff member been in contact with?

Provide documentation to the above questions in your monthly monitoring documentation.

4. If you answered ‘No’ to questions 1-3, is there a safe place for the individual served to be while I monitor from a distance during our visit? (Front porch, patio, through the window or door at ground level, etc.) [ ] Yes/No[ ]  Input the location the team will meet: Click or tap here to enter text.

5. Will the individual wear a mask? [ ] Yes/No[ ]  If no, the interaction should be with the person inside at a window or door with SC outside. If through a screen, then the SC should be at least 6 feet away and wear a face covering.

6. Will the individual follow distancing requirements of 6feet? [ ] Yes/No[ ]  If no, then the interaction should be with the person inside at a window or door with SC outside. If through a screen, then the SC should be at least 6 feet away and wear a face covering.

7. List any concerns about open air visits indicated by the person, family and/or staff and efforts to resolve: Click or tap here to enter text.

8. Will required paperwork be provided by hard copy or electronically? Click or tap here to enter text.

9. Will the SC conduct an in-person open-air visit at this time? [ ] Yes/No[ ]