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# Returning to In-Person Monitoring

**A New Normal**

# Finding A New Normal

## The Priority

 See people in person

## Extension of Healthcare System

 You are Essential

## Rearview mirror

 I did everything in my power...

# Monitoring Preparedness

- 👤 Support Coordinator Screening Process
- 👤 Access to Adequate PPE
- 👤 Plan for Remote Only Counties
- 👤 Conducting Virtual Visits
- 👤 Conducting In-Home Visits
- 👤 Risk Mitigation Strategies
- 👤 Exposure Notification
- 👤 Staff Training

# County Status

- 👤 Total cases
- 👤 1-day, 7-day, and 14-day case increases
- 👤 1-day, 7-day, and 14-day percentage increase
- 👤 Total rate per 100,000 population
- 👤 Rate per 100,000 population for the last 14-days
- 👤 Cases in the last 14 days as % of total cases
- 👤 Hospital capacity
- 👤 Local information

State or local public health and/or city ordinances more restrictive than DMH guidance supersedes Department of Mental Health DD guidance.

# Scheduling In-Person Visit

- 👤 Physically seeing the individual is top priority
- 👤 Implement Pre-planning Tool
- 👤 Plan around inclement weather
- 👤 Involve team to address issues or concerns

# Pre-Planning Tool



## 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.

<u>Question</u>	<u>Individual Served</u>	<u>Staff/Family Members/Roommates</u>
1. Is anyone in the home positive for COVID?	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>
2. Is anyone in the home awaiting a COVID test result? If yes, when will the test results be back? Date: back after the date.)	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/> Click or tap to enter a date. (SC will call
3. Is anyone in the home symptomatic? Symptoms include (read all symptoms):	<input type="checkbox"/> Yes/No <input type="checkbox"/>	<input type="checkbox"/> Yes/No <input type="checkbox"/>

13/21

# Conducting Open Air Visit

## Inside | Outside Visit

-  Elopement Risk
-  Screen or Glass
-  Multi Story Buildings
-  Ratio Concerns
-  HIPAA Concerns

## Outside | Outside Visit

-  PPE
-  Social Distancing

## Virtual Visit

-  September 1, 2020 video capability
-  Tour Home

# Conducting In-Home Visit

- 👤 Low Prevalence County
- 👤 Agreement between Support Coordinator and provider
- 👤 PPE
- 👤 Low Touch

# Health & Safety Visit

- 👤 If there is concern for the health, safety and welfare of an individual, a virtual visit *only* is not acceptable. One of the following in person visits must be completed.
  - 👤 In-Person Inside/Outside (open air) Visit
  - 👤 In-Person Outside /Outside Visit
  - 👤 In-Person/In-Home Visit

# Documentation

- 👤 Standard monitoring requirements are unchanged
  - 👤 Contact with individual
  - 👤 Environment
  - 👤 Documentation
  
- 👤 Record type of visit of every visit
  - 👤 IQMFD
  - 👤 Monthly Support Coordination Monitoring Log
  
- 👤 Visual contact and speak with individual/staff to bill

# COVID-19 Practices

Document observation of provider's implementation of best practices related to COVID-19

- 👤 Example: Visited Sally at her home. Roommate is waiting for results of COVID test and everyone in home was wearing a mask. Used disposable tableware for meals.
- 👤 Non-Example: Talked to Sally. She said she doesn't like to wear her mask.

# Missing Documents Due to COVID

Some types of required documentation may be missing do to COVID: such as physicals, dental exams, and lab work. Decisions when and how to safety complete these appointments should be made with the individuals primary care physician.

- 👤 Example: Annual physical due April 1 but due to COVID their physician cancelled all well visit appointments in order to minimize exposure. Labs drawn on May 17. Appointment has been rescheduled for September 13. Dental Appointment rescheduled for September 23. Considered compliant due to circumstances.
  
- 👤 Non-Example: Annual physical, dental, and lab work past due.

# Refusing In-Person Visit

- 👤 Reason for refusal
- 👤 Efforts to resolve concerns/issues
- 👤 Work within team to problem-solve first

Example: House staff refused in-person monitoring visit. States individuals are high risk due to underlying health conditions. County is not remote only. Contacting house manager to discuss safety precautions with Community RN to do in-person visit next month.

Non-example: Staff will not bring Betty to the window for monitoring visit. Will try again next month.

# Shared Monitoring Responsibilities

- 👤 Each Support Coordinator must clearly document their specific monitoring activities to ensure there is no duplication.

## Example:

Support Coordinator 1 – Service Monitoring: reviewed progress notes, med logs and conducted virtual tour to monitor health and safety of home; everything looked clean and well maintained. Refrigerator and pantry had adequate food. Observed PPE on hand; appeared adequate for short term needs.

Support Coordinator 2 – Support Monitoring: Visited individual at their home. All members of home healthy so talked with Sally on the back deck; all parties wore face covering and remained socially distant. Sally's demeanor was ....., we talked about ....., she had no visible signs of injury...

# TCM TAC Review Process

- 👤 Frequency of Monitoring
- 👤 Documentation Requirements
- 👤 Support Coordination Process for Identification, Communication, and Resolution of Issues.

# Questions





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