



COVID-19 CASE MANAGEMENT GUIDANCE

Last updated: March 19, 2020

During the COVID-19 pandemic, keeping our clients, staff and providers safe is the top priority for the DC Department of Human Services (DHS). As a result, DHS is making the following *temporary* changes to DHS case management services as part of its response to COVID-19.

These changes apply to case management services provided by DHS staff and providers in both site-based and scattered site programs, including Permanent Supportive Housing, Rapid Rehousing, Targeted Affordable Housing, and shelter programs operated directly by DHS or by DHS providers.

Temporary Changes to DHS Case Management Services

- **In-home and in-person case management visits with clients are no longer required.** Case management services should be conducted over the telephone or through video applications such as Skype, Facetime, or other video chat options. Text messaging may also be used as appropriate to check in with clients.

Note: For the safety of clients, staff, and the community at large, DHS is recommending that you minimize contacts with others to the maximum extent possible. If you do continue to see clients in person, follow CDC guidelines to on social distancing to prevent transmission of COVID-19.

- **Case managers should continue to have regular contacts with clients and conduct wellness checks remotely with clients.** DHS clients may be uniquely vulnerable during this emergency due to underlying health conditions, age, or housing instability. We encourage conducting wellness checks remotely to assess whether clients may need medical evaluation for COVID-19.

The screening questions below can be used as a guide to assess risk for COVID-19.

1	Are you or anyone in your home experiencing cough, shortness of breath, and fever?	Yes	No
2	Have you or anyone in your home come into contact over the last 14 days with a person who was diagnosed or under investigation for the coronavirus?	Yes	No

If clients answer yes to these questions, tell the client to call their health care provider for guidance if additional testing is needed. If the client's symptoms worsen and emergency medical care is needed, call 911 for emergency transport to the hospital.

In addition to physical health, case managers should also check-in with clients on their emotional wellbeing and anxiety during this tough time. The [CDC Guidance on Managing Anxiety and Stress](#) may be a helpful resource for clients and staff.

- **Case managers should work with clients on emergency planning around food, medication, and other resources.** Supportive housing providers and staff should

conduct an inventory with their clients to ensure they have sufficient supply of any necessary food and other critical household items, including at least a sixty (60) day supply of medication. The inventory process should include an assessment of any imminent or emergency needs. Emergency needs that cannot be resolved should be reported to your DHS program monitor immediately.

For a list of sites serving meals, check <https://coronavirus.dc.gov/mealsites>.

- **Use DocuSign or other e-signing platforms where possible** for documents requiring client signatures or send by email with read receipt and follow up with a phone call to explain the document.

How Does This Apply to Case Management for site based programs?

- Shelters, transitional housing programs, and other site-based programs for families, youth and individuals remain open. Providers should prioritize use of staff resources, including case managers, to maintain essential operations. This may include utilizing case managers to temporarily cover basic functions, such as screening for COVID-19 if necessary. If additional operational support is not needed, case managers can continue providing services that can be performed remotely (e.g. via telephone, text, email).

Should Case Managers Continue to Focus On Moving Clients Into Housing?

- The CAHP Process has been suspended until further notice. We are aware the entire lease-up process during the COVID-19 pandemic will experience significant disruptions. To the extent possible, providers and staff should continue to support clients through the lease-up process who already have identified and been approved for a unit, or are close to completing the process.

DHS Providers: Continuity of Operations Plans

All providers should have emergency Continuity of Operations Plans (COOP) in place. If you have not already, share these with your Contract or Grant Administrator as soon as possible. Please include contingency plans for increased staff absenteeism caused by employee or family illness. These plans may include extending hours, cross training employees or hiring temporary employees.

If you anticipate staff shortages that may impact operations, please notify your DHS Contract or Grant Administrator immediately.

If you have additional questions or need further guidance, please contact:

- DHS providers – Contact your contract or grant administrator
- DHS staff – Contact your immediate supervisor