

**DC**DEPARTMENT *of*
HUMAN SERVICES

Coronavirus (COVID-19) Case Management Guidance

Updated: July 1, 2020

Ensuring the safety of clients, staff and providers during the coronavirus (COVID-19) pandemic is a top priority for the DC Department of Human Services (DHS). The purpose of this document is to provide updated case management guidance to DHS staff and providers. This guidance is generally applicable to case management services in both site-based and scattered site programs, including shelters, Permanent Supportive Housing, Supportive Housing (including Transitional and Extended Transitional Housing), Rapid Rehousing, and Targeted Affordable Housing. For additional guidance specific to your program, including billing guidance for providers, contact your contact or grant administrator.

Universal Safeguards

As the District continues the re-opening process, success will depend on the commitment of staff and residents to adopt new behaviors and rigorous safeguards to reduce risk. These universal safeguards include:

- Use of masks during any case management face to face interaction;
- Regular screening;
- Physical distancing of at least six feet during any interaction;
- Stringent personal sanitation and hygiene practices (e.g. frequent hand washing); and,
- Regular cleaning and disinfection of surfaces and objects.

How Are Case Management Services Changing?

For the continued safety of clients, staff, and the community at large, most case management services shall continue to be provided remotely. Case managers should conduct visits using video applications such as Skype, Facetime, or other video chat options wherever possible. Phone, email and text messaging may also be used as appropriate to check in with clients.

For shelters and other site-based programs with onsite case management requirements, providers should plan to have at least one case manager on site each day during normal business hours while providers work on a plan for case management staff to safely transition back to the building.

Case managers should continue to have regular contacts with clients as required by your program and continue working on identified plans. All client contacts must be documented as required by your program in HMIS, HTH, or the applicable system of record.

DHS clients may also 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 attached screening questionnaire can be used to assess whether clients may be experiencing symptoms of COVID-19 and should be referred for additional medical evaluation.

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

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.

In-person and In-home visits

In-person and in-home visits should occur where there are concerns that cannot be addressed remotely. Situations that would warrant an in-person or in-home visit include:

- **Lack of Response:** case managers have been trying to reach a client via call, email or other means and there is no response after multiple contact attempts over a two-week period;
- **Domestic Violence(DV) Incident:** a DV situation was reported but the household member is not responding to outreach efforts after the report;
- **Child Wellbeing:** an emergency situation was reported involving children in the household;
- **Maintenance Challenges:** case managers could not remotely resolve critical maintenance issues, including no heat/AT, gas leak, flooding, electrical issues, and lack utilities. Or, there is a discrepancy between reports from clients and landlords about maintenance challenges;
- **Housing/Lease-Up:** case managers may need to coordinate certain aspects of the housing and lease-up process in person where virtual processes are not applicable or possible.
- **High Need/High Vulnerability clients:** certain clients may require in-person contact due to level of need/vulnerability.
- **Other Challenges:** providers should assess and determine other factors that may warrant home visits depending on specific circumstances of the case.

Before Conducting an In-Person or Home Visit

If an in-person or home visit is warranted, the following additional measures must take place prior to the visit:

Case managers should contact clients 24 hours before the visit is scheduled to take place to complete the following brief screening interview:

- Ask the client, “Are you comfortable with the case manager meeting with you or coming into your home for the scheduled site visit?”
- If the client answers yes, use the attached Screening Questionnaire to conduct a brief health screening for COVID symptoms.

If the client or any member of the household has any symptoms, the case manager should cancel the visit and work with the client or household to explore ways to address the concerns remotely. Case managers should also encourage the client to contact their healthcare provider. Similarly, if the case manager is experiencing any of these symptoms, the case manager shall not conduct the in-person visit and should follow-up with their supervisor to determine how to address the needs of the client.

If case managers are unable to conduct the screening prior to the visit, the screening shall be conducted in person and at a safe distance prior to proceeding with the visit.

Case managers who are highly vulnerable and at increased risk for severe complications from COVID-19 shall be allowed to continue to work remotely (see [CDC vulnerability criteria](#)). Supervisors shall develop a coverage plan for delivery of in-person services by other staff as needed.

During the Visit

Case managers should keep in-person meetings visits as short as possible while addressing the priority concern that prompted the visit, and shall bring masks or face coverings for clients to the visit. Any actions that can be completed virtually prior to the visit should be. The following precautions should take place during the visit:

- Meet outside wherever possible
- Both client and case manager wear face covering the entire visit
- Remain 6 feet apart during the interaction
- Limit the exchange of items (i.e. pens, paperwork etc.)
- Take notes of items that you may need to complete post visit to avoid extending the visit

After An In-Person or Home Visit

Ensure that the following precautions are taken after a visit:

- Wash and sanitize hands
- Wash and wipe face

Housing and Lease-Up Process

Case managers should continue to support clients through the housing and lease-up process. The CAHP process restarted matches for individuals in May and for families and youth in shared living spaces in June. Matches are currently being made to site-based and scattered site programs, including Permanent Supportive Housing and Targeted Affordable Housing, and are available to be made to Rapid Rehousing for individuals.

DHS has worked with the Interagency Council on Homelessness (ICH) and the DC Housing Authority to develop virtual housing and lease-up processes in order to facilitate clients' movement into permanent supportive housing during the public health emergency. (see attached protocol). Full guidance on the CAHP process is in development and will be issued separately.

Planning For Restarting In-Person Case Management

During this phase, we are asking providers to develop plans to safely begin resuming additional in-person visits as we continue the re-opening process. Plans should balance staff and client safety and wellbeing through a mix of remote and in-person visits.

If you have additional questions or need further guidance about requirements related to your specific program, please contact:

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

Attachment:

- Screening Questionnaire

Screening Questionnaire

Date of Health Screening: _____ Name of staff doing screening: _____

Program Name: _____

CLIENT INFORMATION

First Name: _____ Last Name: _____

HEALTH SCREENING QUESTIONS

At any time during the past 24 hours have you or any member of your household	Check One	
	Yes	No
Had a fever?		
Had a new or worsening cough?		
Had difficulty breathing?		
Had chills?		
Had a sore throat?		
Experienced body aches or muscle aches?		
Experienced a change in your ability to smell things?		
Experienced a change in your ability to taste things?		

*If the client answers "No" to **all** of the Health Screening Questions above, and the case manager themselves does not have any of the symptoms listed above, the case manager can meet with the client.*

If the client answers "Yes" to any of the questions, and/or the case manager has any of the symptoms listed above, the case manager should not meet face-to-face with the client as a precaution. The case manager should encourage the client to contact their primary health care provider to see if additional medical care is needed and follow-up with the client remotely.