



In- Person Case Management Guidance

Last Updated: 7/7/21

Guidance Overview

In line with the District's current re-opening status, DHS will resume in-person case management services on August 2. This guidance outlines what safety precautions are required during the provision of in-person case management services. DHS will update this guidance as we receive additional input from providers, stakeholders, and DC Health.

Who does this guidance apply to?

This guidance applies to case management services offered by DHS employees as well as case management services provided through DHS-funded providers for the following programs: emergency shelters and transitional housing programs, 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 your providers, please contact your contract or grant administrator.

How is case management changing?

Case management services have been largely provided remotely since early in the pandemic, with some limited exceptions. On August 2, DHS will resume in-person case management services for all DHS programs that have not yet restarted in-person services.

What safeguards are required?

When conducting case management services, the following safeguards are required:

1. **Masks.** All case managers – regardless of vaccination status – must wear masks when meeting with clients.
2. **[Shelters Only] Social Distancing.** All case managers working in congregate shelter should maintain 6 feet of social distance when meeting with clients to the greatest extent possible. Social distancing is no longer a requirement in government buildings and is not required for case managers who are providing in-person case management services outside of congregate shelter.
3. **Hand Hygiene.** All case managers should frequently wash their hands using soap and water for at least 20 seconds.
4. **Daily Screening / Wellness Checks.** For DHS case managers, case managers must complete the Daily Wellness Check on the DC Self Screen App installed on all DHS-issued cell phones. Please see attached instructions. Contracted providers are expected to have a screening process in place to ensure that case managers who are feeling symptoms of COVID-19 do not see clients. DHS recommends providers follow the [Screening Guidance](#) issued by DC Health for businesses.

What safeguards are recommended?

DHS strongly recommends that all case managers get vaccinated against COVID-19. The vaccines being administered in the District, and across the country, are the safest and most effective way to protect yourself, your colleagues, and your loved ones against the virus. To find an appointment for the vaccine in your state of residence, go to vaccinefinder.org or contact your state's system:

- For DC residents, go to vaccinate.dc.gov or call 1-855-363-0333.
- For Maryland residents, go to covidvax.maryland.gov or call 1-855-634-6829.
- For Virginia residents, go to vaccinate.virginia.gov or call 877-829-4682.

Each provider may provide additional guidance on vaccination requirements for their staff. DHS also

recommends sharing information about the available incentives for getting vaccinated, available [HERE](#).

DHS does recommend that case managers do not shake hands with clients but wave from a distance as a way of initially greeting the client.

Are case managers expected to conduct home visits?

Yes. All case managers who conducted home visits as part of case management services prior to the pandemic must resume in-person home visits starting August 2, 2021. Staff are expected to conduct home visits according to the frequency determined by their individual program. Case managers should ask residents (over age 2) to wear a mask while the home visit is conducted and maintain social distance from them during the home visit. Prior to home visits, case managers should reach out to the client to inform the family about the scheduled visit, confirm that no one in the household is exhibiting symptoms of COVID-19 (please see attached Screening Tool), and remind clients that both case managers and clients are required to wear masks during home visits. The remaining portion of the case management meeting can be done virtually or outside of the home.

What should a case manager do if a client refuses in-person case management services?

If the client refuses due to concerns about COVID-19, the case manager can offer a few alternatives, including:

1. **Limit duration of in-home visits:** The case manager can offer to limit the duration of the in-home visit to 15 minutes or less.
2. **Alternative location:** Consistent with the requirements of your program, case managers can meet with clients outdoors or in alternate settings when possible.
3. **Explain other safety precautions:** Case managers can explain that masks will be worn at all times and/or explain if they have gotten the vaccine, if applicable and if the case manager feels comfortable doing so.

If the client is still uncomfortable with having a home visit due to COVID-19 concerns, the case manager should document this in the file and offer to meet remotely. If the client refuses the in-person case management meeting for other reasons (not COVID-related), the case manager should follow the protocol used prior to the pandemic.

Will site-based case managers need to resume in-person services?

Yes. Effective August 2, 2021, providers operating in shelters or other site-based programs are expected to provide in-person case management services on site with the frequency required by your program. Case managers must maintain social distance when meeting with clients, and the client and the case manager must wear a mask during the session. If the physical space does not allow enough room for social distancing while meeting face to face, please let your contract administrator know so alternative arrangements can be made.

What if a case manager has an underlying health condition or other health concern that may affect their ability to return to providing in-person case management services?

If a case manager has an underlying health condition or a different health concern that may affect their ability to return to in-person services, the case manager is encouraged to discuss the issue with their supervisor and, if applicable, apply for a reasonable accommodation through existing processes.

Where can I turn if I have additional questions or concerns?

If you have any concerns about this guidance or how it applies to you, please consult with your immediate supervisor. Providers should contact their contract or grant administrator with any questions.



Attachments:

- DHS DC Health DC Self Screen App [for DHS employees only]
- DC Health Screening Tool