



Western Reserve

Area Agency on Aging

WRAAA/Provider Meeting

March 18, 2020

1:00 p.m.

Agenda

- I. Opening Remarks – Dr. E. Douglas Beach, Ph.D., WRAAA CEO**
 - a. Coronavirus – How to Protect Yourself

- II. Older Americans Act Nutrition – Karen Webb, Dir. of Program Dev. & Planning**
 - a. Older Americans Act Program Guidance
 - b. Documenting Disaster Priority Levels in WellSky
 - c. Prioritization of Service Delivery
 - d. Older Adult Nutrition Considerations—Frequently Asked Questions

- III. Aging & Disability Resource Center – Terri Foster, Director**
 - a. Aging & Disability Resource Center Ohio Department of Aging Guidelines
 - b. COVID-19 Home Visiting Screening Flowchart

- IV. Q & A**

Advocacy. Assistance. Answers on Aging and Disabilities.

Coronavirus (COVID-19)

How to protect yourself, your family and your community

COVID-19 is a respiratory disease caused by the most recently discovered coronavirus. The new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. This is a rapidly evolving situation and the Centers for Disease Control and Prevention (CDC) and the Ohio Department of Health (ODH) continue to provide updated information as it becomes available.

What are the symptoms of COVID-19?

The most common symptoms of COVID-19 are fever, cough and shortness of breath. Some people become infected but don't develop any symptoms and don't feel sick.

Illness is generally mild, especially for children and young adults. Most people recover without needing special treatment. However, the elderly and people with underlying medical problems like high blood pressure, heart disease and diabetes, are more likely to become seriously ill and may need to be hospitalized.

How does the virus spread?

People can catch COVID-19 from others who have the virus. The virus spreads when a person with COVID-19 coughs or exhales, releasing small droplets from their nose or mouth. Others then breathe in the droplets containing the virus, or touch objects or surfaces around the person and touch their eyes, nose or mouth.

How long does it survive on surfaces?

Studies suggest coronaviruses (including preliminary information on COVID-19) may persist on surfaces for a few hours or up to several days. If you think a surface may be infected, clean it with a disinfectant. Then wash your hands with soap and water for at least 20 seconds or clean them with an alcohol-based hand sanitizer that contains at least 60% alcohol, if soap and water are not available.

How long is the incubation period?

Most commonly, the incubation period, which refers to the time between catching the virus and beginning to have symptoms of the disease, is around five days. Current estimates for COVID-19 range from one to 14 days.

Is there a vaccine for COVID-19?

No. There is no vaccine available currently to prevent COVID-19.

What should I do if I think I may have symptoms of COVID-19?

Call your doctor right away or call Medical Mutual's Nurse Line at 1-888-912-0636 if you feel sick and are concerned about your symptoms. Nurse Line is available 24 hours a day, seven days a week. A registered nurse will answer your questions and guide your care.

If I need to get tested for COVID-19, will it be covered?

Yes. If your healthcare professional has ordered a COVID-19 test for you, it will be covered at no cost.*

What can I do to protect myself and prevent the spread of the virus?

The best way to prevent illness is to avoid being exposed to this virus. Following the actions listed below can help prevent the spread of respiratory diseases, including COVID-19:

- **Wash your hands.** Wash your hands frequently with soap and water for at least 20 seconds or clean them with an alcohol-based hand sanitizer that contains at least 60% alcohol. This kills viruses that may be on your hands.
- **Keep your distance.** Maintain at least three feet distance between you and anyone who is coughing or sneezing. In general, try your best to avoid crowds, shaking hands, and going to work or school when you're feeling ill.
- **Don't touch your face.** Avoid touching your eyes, nose and mouth. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth.
- **Follow good respiratory hygiene.** Cover your mouth and nose with your bent elbow or use a tissue when you cough or sneeze. Then dispose of the used tissue immediately. You should only wear a mask if you have COVID-19 symptoms (especially coughing) or if you are looking after someone who may have the virus.

Where can I get more information about COVID-19?

The Ohio Department of Health created a call center to respond to questions and provide accurate information about COVID-19. Call 1-833-4-ASK-ODH (1-833-427-5634) to speak with licensed nurses and infectious disease experts seven days a week from 9 a.m. to 8 p.m.

You can also seek out the latest information from the CDC (www.cdc.gov) or ODH (www.odh.ohio.gov).

*This may not apply for members of some self-funded groups, so please check with your employer if you have questions.

Coronavirus

Older Americans Act Program Guidance

Congregate Meals:

Congregate meal consumers can become a home-delivered meal consumer. During the period of the Emergency Order, abbreviated assessments may be completed via telephone or online format. The Home Delivered Meal service must be added to the consumer record as an additional service. No direct, in-person observation is required. All NAPIS reporting requirements, including poverty reporting information, must be input within 90 days after ODA removes emergency management guidelines.

All meals must continue to comply with the 2015-2020 Dietary Guidelines for Americans. The meal must satisfy at least one-third of the Dietary Reference Intakes (DRIs). At the current time, there does not exist a need to relax nutrition requirements.

Consumer signature is not required for meal delivery verification. Providers must obtain visual confirmation that meals have been received by the consumer. Meals should not be left at the door if consumer is not home.

Home Delivered Meals:

During the period of the Emergency Order, consumer signature is not required for meal delivery verification. Providers must obtain visual confirmation that meals have been received by the consumer. Meals should not be left at the door if consumer is not home.

Abbreviated assessments may be completed via telephone or online format. No direct, in-person observation is required. To determine initial eligibility, abbreviated assessment must include evaluation of consumer's ability to prepare meals and if they lack another meal support service in their home or community. All NAPIS reporting requirements, including poverty reporting information, must be input within 90 days after ODA removes emergency management guidelines.

All meals must continue to comply with the 2015-2020 Dietary Guidelines for Americans. The meal must satisfy at least one-third of the Dietary Reference Intakes (DRIs). At the current time, there does not exist a need to relax nutrition requirements.

Adult Day Service (ADS):

The ADS provider should limit close-contact personal care provided onsite at the facility.

If the ADS provider has the intention of providing intensive ADS, and the client refuses bathing and/or there is a decision to decrease close-contact, the provider may still bill the service as "intensive ADS."

The ADS provider shall continue to provide lunch and snacks to each consumer who is present during lunchtime or snack time. All other meals provided should be discontinued. ADS providers should not prepare meals onsite, but rather use catered meals and/or shelf-stable food.

The ADS provider is expected to maintain a staff-to-consumer ratio of at least one staff member to every six consumers. In the event of staffing capacity issues, the ADS provider may adjust their ratio of staff-to-consumers to at least one staff member to every 10 consumers. The provider shall have at least two staff members present whenever more than one consumer is present, including one who is a paid personal care staff member and one who is certified in CPR.

Evidence Based Programs:

It is imperative to take every step possible to reduce risk and follow the guidance distributed daily related to social distancing (<http://www.coronavirus.ohio.gov>). It is important to follow your local and State health department recommendations on limiting meetings, gatherings, and workshops. It is likely that in an epidemic, the size of the group will be a factor as well as the susceptibility of the class participants. In the case of COVID-19, older adults and people with chronic illnesses seem to be at higher risk of complications than other groups.

Transportation Services:

Consumer signature is not required for transportation services. Driver's signature alone will serve as proof of service provision.

Documenting Disaster Priority Levels in WellSky:

WellSky Aging and Disability (formerly SAMS) offers the capability to assign a disaster priority level to every enrollee. This functionality was added to facilitate the network's ability to prioritize the care needs of individuals potentially impacted by emergency situations, such as loss of electricity, travel barriers due to flooding, provider shortages related to illness, etc.

All individuals enrolled and actively being served in the following Older Americans Act service programs are required to have an assigned disaster priority level: Personal Care, Adult Day Services, Escort - Assisted Transportation, Home Delivered Meals and Care Coordination. The category is located on the Consumer's page. Disaster Priority corresponds to High, Medium, or Low Risk.

A disaster priority level will need to be assigned to all Older Americans Act enrollees to the services listed above.

Providers must rely on their professional judgement and consider all risk factors when assigning a priority. Below is a list of factors to consider:

High Priority individuals may be:

- Medically fragile;
- Living alone with limited or no social support;
- Geographically isolated;
- Dependent on life-support equipment, including continuous oxygen, respirator, tube feedings;
- Diagnosed with a severe cognitive or mental health impairment which affects decision making capacity;
- Significantly affected by any loss of service.

Medium Priority individuals may be:

- Living alone or with another person with limited or no capacity to assist with meeting the needs of the individual;
- Without consistent social support, but someone is nearby who could check on the individual;
- Intermittently dependent on oxygen;
- Able to function with a temporary loss of service;
- Able to follow through with a back-up and emergency plan.

Low Priority individuals may be:

- Living with family or living alone with dependable social support;
- Living in a supportive care environment, such as assisted living;
- Able to function with a temporary loss of service;
- Able to follow through with a back-up plan and emergency plan.

When an emergency situation arises, such as flooding, chemical spills, etc., providers are to make reasonable efforts to contact individuals enrolled in the aforementioned services who are possibly affected to assist in ensuring their health and safety. Providers shall prioritize contacting those individuals who are most at risk, based on their Disaster Priority level and other pertinent factors.

Providers shall make reasonable attempts to reduce the risk and minimize the negative impact on individuals through the support of community services and formal and informal care providers. Providers will be expected to keep their disaster/emergency back-up plans for service delivery updated and made available to Area Agencies on Aging in response to any changes made to service delivery as a result of a specific disaster or emergency event.

Next Steps:

No later than 45 days after the date of this notice, Older Americans Act contracted service providers providing Personal Care, Adult Day Services, Escorted Transportation and Home Delivered Meals and Older Americans Act Care Coordinators providing Care Coordination at the Area Agencies on Aging are required to:

Review the WellSky Aging and Disability record for all individuals enrolled in the aforementioned services and ensure all individuals are assigned a Disaster Priority classification, reflective of their current needs.



Department of
Aging

Mike DeWine, Governor

Jon Husted, Lt. Governor

Ursel J. McElroy, Director

DATE: March 13, 2020

TO: AAA Directors

FROM: Ashley S. Davis, Chief, Elder Connections Division

RE: Prioritization of Service Delivery to OAA Consumers

CONTACT: Dan Fagan Phone: 614/902-4055 dfagan@age.ohio.gov

Background:

ODA is committed to supporting the Aging networks' efforts to prepare and respond and address health and safety needs of individuals enrolled on our programs. This work requires the active engagement of Area Agency on Aging staff and contracted providers to actively monitor individuals' needs, develop and document appropriate back-up plans, and identify any emergency planning needs in the event of a significant disruption in service delivery.

Disaster Priority Levels:

As of 03/10/2020, WellSky Aging and Disability (formerly SAMS) offers the capability to assign a disaster priority level to every enrollee. This functionality was added to facilitate the network's ability to prioritize the care needs of individuals potentially impacted by emergency situations, such as loss of electricity, travel barriers due to flooding, provider shortages related to illness, etc.

All individuals enrolled and actively being served in the following Older Americans Act service programs are required to have an assigned disaster priority level: Personal Care, Adult Day Services, Escort - Assisted Transportation, Home Delivered Meals and Care Coordination. For Care Coordination, the Disaster Priority is assigned by the Care Coordinator in WellSky Aging and Disability. The Disaster Priority will be assigned by the contracted service provider for the other services listed. The category is located on the Consumer's page. Disaster Priority corresponds to High, Medium, or Low Risk.

A disaster priority level will need to be assigned to all new Older Americans Act enrollees to the services listed above. If an individual is enrolled in one of the aforementioned services and does not have an assigned disaster priority, the contracted service provider or Care Coordinator at the Area Agency is required to assign a priority level to the individual(s). For all individuals with an assigned disaster priority, the Area Agency on Aging is to review the individual's needs to validate appropriateness of the assigned disaster priority level.

Fostering sound public policy, research, and initiatives that benefit older Ohioans.

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Main: (614) 466-5500

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TTY: Dial 711

Contracted service providers and Care Coordinators at the Area Agency on Aging must rely on their or his/her professional judgement and consider all risk factors when assigning a priority. The following criteria are to be shared with contracted service providers to assist in making priority level determinations. Below is a list of factors to consider:

High Priority individuals may be:

- Medically fragile;
- Living alone with limited or no social support;
- Geographically isolated;
- Dependent on life-support equipment, including continuous oxygen, respirator, tube feedings;
- Diagnosed with a severe cognitive or mental health impairment which affects decision making capacity;
- Significantly affected by any loss of service.

Medium Priority individuals may be:

- Living alone or with another person with limited or no capacity to assist with meeting the needs of the individual;
- Without consistent social support, but someone is nearby who could check on the individual;
- Intermittently dependent on oxygen;
- Able to function with a temporary loss of service;
- Able to follow through with a back-up and emergency plan.

Low Priority individuals may be:

- Living with family or living alone with dependable social support;
- Living in a supportive care environment, such as assisted living;
- Able to function with a temporary loss of service;
- Able to follow through with a back-up plan and emergency plan.

When an emergency situation arises, such as flooding, chemical spills, etc., contracted service providers and Care Coordinators of the Area Agency on Aging are to make reasonable efforts to contact individuals enrolled in the aforementioned services who are possibly affected to assist in ensuring their health and safety. Contracted service providers and Care Coordinators of the Area Agency will prioritize contacting those individuals who are most at risk, based on their Disaster Priority level and other pertinent factors.

Contracted service providers and Care Coordinators at Area Agencies on Aging will make reasonable attempts to reduce the risk and minimize the negative impact on individuals through the support of community services and formal and informal care providers. Contracted service providers will be expected to keep their disaster/emergency back-up plans for service delivery updated and made available to Area Agencies on Aging in response to any changes made to service delivery as a result of a specific disaster or emergency event.

We recommend that you review the following sections of Ohio Administrative Code that direct provider disaster response, personal care and transportation provider availability and back-up plans, home delivered meal provider emergency closings, and congregate meal provider emergency closings:

- 173-3-06 Older Americans Act: requirements to include in every AAA-provider agreement. Specifically, 173-3-06(B)(3)(a)-(b) regarding disasters and significant changes in consumers served
- 173-4-05.2 Older Americans Act nutrition program: home-delivered meals projects. Specifically, 173-4-05.02(C)(1) and (C)(2)(a)-(b) regarding emergency closings
- 173-4-05.1 Older Americans Act nutrition program: congregate dining projects. Specifically, 173-4-05.01(D)(1)-(2) regarding emergency closings
- 173-3-06.5 [Effective until 7/1/2020] Personal care. Specifically, 173-3-06.5(B)(1)(b) regarding availability of providers and back-up plans
- 173-3-06.6 Older Americans Act: transportation. Specifically, 173-3-06.6(B)(1)(a)-(c) regarding availability of providers and back-up plans

The following WellSky Aging and Disability report provides information reflecting disaster classifications:

- **Consumer Listing Report**
The report will need to be filtered for the following Older American Act funded services: Personal Care, Adult Day Services, Escort - Assisted Transportation, Home Delivered Meals and Care Coordination and the Custom Field of Disaster Ranking will need to be selected before running the report.

Next Steps:

No later than 45 days after the date of this notice, Older Americans Act contracted service providers providing Personal Care, Adult Day Services, Escorted Transportation and Home Delivered Meals and Older Americans Act Care Coordinators providing Care Coordination at the Area Agencies on Aging are required to:

Review the WellSky Aging and Disability record for all individuals enrolled in the aforementioned services and ensure all individuals are assigned a Disaster Priority classification, reflective of their current needs.

Please direct all questions to the contact listed above.



Older Adult Nutrition Considerations *Frequently Asked Questions*

March 13, 2020

1. Q: How can I prepare for COVID-19?

A: Households should have an action plan that identifies individual needs that must be met if a 14-day isolation period is required. This includes appropriate food, prescription medicines, over-the-counter medicines, and any other items individuals may need for physical or emotional support while ill. Households should identify a room in their residence that can be used for isolation if an individual becomes ill. Households are encouraged to plan ways to care for individuals who might be at greater risk for serious complications, including older adults and those with chronic health conditions, such as heart or lung disease or diabetes.

2. Q: Do I need to have emergency food on hand?

A: An unexpected, 14-day isolation period can create food-safety and food supply problems. To prepare, households should have an action plan that includes securing a 14-day, shelf-stable food supply. It is best to choose food your and/or members of your household will eat. Remember to consider any special dietary needs.

3. Q: What does “shelf-stable” mean?

A: Foods that can be safely stored at room temperature, or “on the shelf” are called “shelf-stable”. These non-perishable products included canned and bottled foods or drinks, rice, pasta, flour, nut butter, and other food products that do not require refrigeration after opening. Not all canned/bottle foods are safe at room temperature. It is important to read the packaging label. Products marked “refrigeration required” should only be stored in the refrigerator.

It is important to maintain food safety of your shelf-stable food. For more information about shelf-stable food safety, visit: <https://www.fsis.usda.gov>.

4. Q: How are foods made shelf-stable?

A: In order to be shelf stable, perishable foods must be treated by heat and/or dried to destroy foodborne microorganisms that can cause illness or spoil food. Food can be packaged in sterile, airtight containers. All food will eventually spoil if it is not preserved.

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5. Q: What examples of shelf-stable food?

A: The following items are suggested when you plan your emergency food supply needs. Choose food that you like to eat and consider choosing healthy options.

- Ready-to-eat canned meats, fruits, and vegetables. Make sure you have a functional can opener
- Protein or fruit bars
- Dry cereal, oatmeal, or granola
- Peanut butter or other nut-butters
- Dried fruit and vegetables
- Nuts and Seeds
- Non-perishable, pasteurized milk
- Bread, crackers, rice, and/or pasta

6. Q: I received home-delivered meals, will my provider continue to deliver my meals?

A: Home-delivered meal providers may elect to suspend daily meal deliveries and temporarily transition to periodic delivery. This periodic delivery includes delivery meals to cover multiple mealtimes in one delivery. Your meal provider will notify you of any changes to the frequency of your meal delivery. In addition, your meal provider may provide you with a longer supply of frozen and/or shelf stable meals.

It is important to maintain food safety of your home-delivered meals. For more information about food safety tips for home-delivered meals, visit: <https://nutritionandaging.org/wp-content/uploads/2014/11/HDM-Infographic-6.1.15.pdf>

7. Q: I attend a congregate meal site for my nutrition needs, will this meal site be closed? What should I do?

A: Congregate meal sites may be moved, or closed, in the event of an emergency. In times of emergency closing, nutrition service providers may also establish temporary food facilities or distribute emergency/shelf-stable meals to consumers. If meal site must close, it may be moved to another location in the area. If the temporary meal site is a far distance from the original location, transportation may be provided. Nutrition service providers will work with local health authorities and the designated area agency on aging to ensure requirements of a temporary food facility is met.

Nutrition service providers are required to provide reasonable notice, before a scheduled mealtime, when a meal site will be temporary relocated or closed. Providers may notify consumers using broadcast media (Television or radio), by using its website, and/or by telephone.

8. Q: Are there other food resources that can help meet my nutrition needs?

A: There are several federally funded programs that may provide emergency food for low-income, older Ohioans in need. These programs include the Commodity Supplemental Food Program (CSFP) and the Emergency Food Assistance Program (TEFAP).

Ohio CSFP provides low-income, elderly individuals with a monthly box of food. To find CSFP resources near you, visit: <http://jfs.ohio.gov/ofam/CSFP-March-2018.stm>

Ohio TEFAP is a nutrition assistance program that helps supplement the diets of low-income Ohioans by providing food at no cost to them. This food is distributed through many of Ohio's food pantries, soup kitchens, and shelters. To find TEFAP resources near you, visit: <http://jfs.ohio.gov/ofam/pdf/TEFAPmapApril2016.stm>

In addition, there are 12 foodbanks that, along with its network of providers, distribute food through local food pantries to Ohioans in need. Ohio's emergency food network is comprised of foodbanks, food pantries, soup kitchens, shelters, and congregate meal sites. To find the foodbank that serves Ohioans in your area, visit: www.ohiofoodbanks.org/foodbanks/

Emergency Shelf-Stable Meals US Providers

GA Foods – 5-Day SunMeadow® Shelf-Stable (also provides Frozen) Meals:

(Florida Based)

Nutritional analysis provided

5 meal and 7 meal packs

<https://www.sunmeadow.com/what-we-offer/senior/home-delivered-meals/>

Golden Gourmet Meals – Shelf Stable Meal Solutions:

5 meal and 7 meal packs

(Georgia Based) Nutrition analysis provided

<https://www.goldengourmetmeals.com/products-and-solutions/shelf-stable-meal-solutions>

TRIO Community Meals– Frozen, Fresh, Chilled, Shelf-Stable HDMs:

<https://triocommunitymeals.com/our-services/>

CPI Foods – Shelf Stable Meals:

(Texas Based) Packages and distributes shelf stable meals to Meals on Wheels and Senior Nutrition Providers, nationally. CPI Foods, Inc., offers a variety of menus including Regular, Diabetic, Kosher, Renal and Low Sodium. We offer breakfast, lunch and dinner meals. Our meals are packed in one meal, two meal, three meal boxes. We also offer larger bulk packed economy boxes. This would include, 4, 5,6,7, 10 and 20 meal packs.

Follows Meal Patterns

<http://www.cpifoods.com/>

My Own Meal® Shelf Stable (Kosher) Meals:

(Deerfield, IL Based)

May have to request nutritional from them (unable to locate on their site)

<http://www.myownmeals.com/products/meal-descriptions-and-ingredients/>

Traditions:

(Mississippi based)

Meet the 1/3 the DRI

<http://traditionsi.com/shelf-stable-meals>

JA Food Service – Shelf Stable Senior Meals:

3 Day Menus with nutritional data available, Kosher and Low sodium options “packaged to meet your states requirements”

Menus available that meet the 1/3 DRI

Packagedmealkits.com

<https://packagedmealkit.com/senior-meal-kits/>

Magic Kitchen

Frozen meals, Offers Medically tailored

\$10-15 per meal + shipping

Shipped from KS on dry ice to all 50 states

<https://www.magickitchen.com/county-area-of-aging-meals/>

NF-Based Level of Care Waivers, Specialized Recovery Services Program, MyCare Ohio & Medicaid Managed Care Care/Case Management Protocol

Response to COVID- 19

March 2020- To be effective upon direction from the State.

*When an action is taken, in which flexibility is permitted, case file documentation must clearly reflect the care/case manager's review of the individual's case, service needs, provider availability, back-up plan and emergency plan.

1. Initial Assessment with LOC determination

- The State will permit flexibility with required timelines. A list of "late" assessments must be provided monthly during the established timeframe in which flexibility has been granted by the State.
- The State will allow the face to face assessment requirement to be replaced with telephonic contact. When enough information is gathered through a telephonic comprehensive assessment and desk review, a determination regarding non-financial eligibility criteria for program enrollment will be made. If the information collected via telephone is insufficient, the assessor must gather additional collateral information from other members of the individual's care team (e.g., physicians, family members, etc.) prior to issuing a determination. If the desk review and telephonic contact do not support enrollment, the agency must issue appeal rights.
- The assessment must be validated at the next face to face visit.

2. Initial Assessment without LOC determination

- The State will permit flexibility with required timelines. A list of "late" assessments must be provided monthly during the established timeframe in which flexibility has been granted by the State.
- The State will allow the face to face assessment requirement to be replaced with telephonic contact. The assessment must be validated at the next face to face visit.

3. Annual Comprehensive Assessment

- The State will permit flexibility with required timelines. A list of "late" assessments must be provided monthly during the established timeframe in which flexibility has been granted by the State.
- The State will allow the face to face assessment requirement to be replaced with telephonic contact.
- The assessment must be validated at the next face to face visit.

4. Assessment based on significant event

- The State will permit flexibility with required timelines.
- The State will allow the face to face assessment requirement to be replaced with telephonic contact.

5. Contact Schedules

- Face to face requirements may be replaced with telephonic contact. The case/care management agency must prioritize individuals at the highest risk levels for face to face visits.

6. Initial Service Plan Development

- Service authorizations and adjustments may be made based on telephonic assessment of need. All services may be authorized telephonically with the exception of the following: home maintenance and chore services, home modification services and pest control services.
- The service plan will be authorized for up to 90 days or until the next face to face contact.

7. Ongoing Service Plan Monitoring and Authorization

- Service authorizations may be adjusted to decrease in-person contact. Service authorizations and adjustments may be made based on telephonic assessment of need. Existing service authorizations may be extended via telephonic contact. New services, excluding those services listed in #6, may be authorized for up to 90 days or until the next face to face contact.
- Authorization of Home Delivered Meals – CMs may authorize additional shelf stable and frozen meals per the individual’s assessed needs.

8. Incident Management

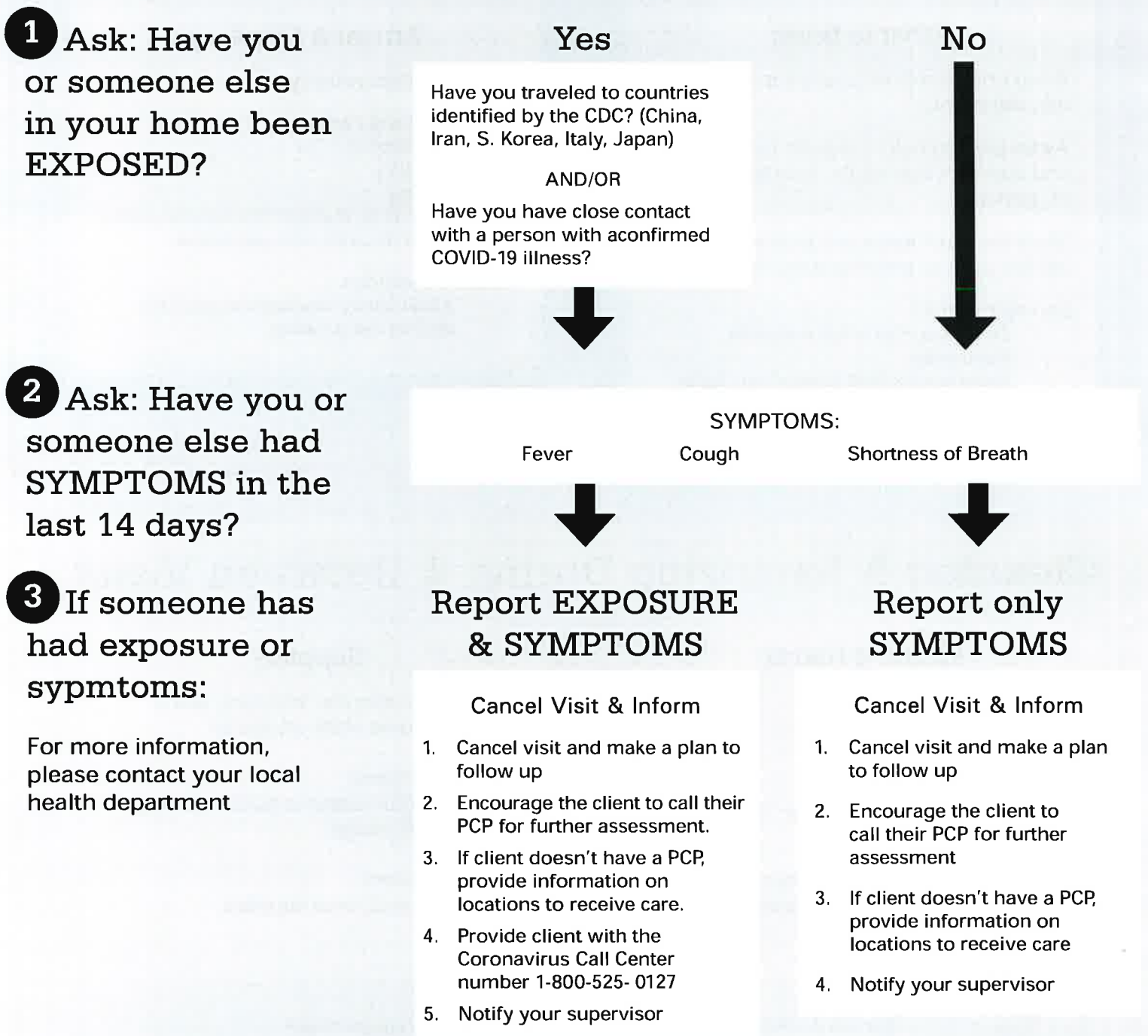
- The CM continues to be responsible for assuring health and safety in a timely manner regardless of reporting. The rationale for the tardiness must be documented in the incident narrative.
- Care/Case Managers do not need to report COVID-19 through the IMS as its own incident. Please continue to follow the definitions and reporting requirements in Ohio Administrative Code (OAC) rule 5160-44-05 (Nursing facility-based level of care home, community-based services (HCBS) programs and specialized recovery services (SRS) program: incident management).
- Please note that it may be appropriate to report the COVID-19 in the IMS if it is related to another existing incident reporting requirement, for instance: Reportable Incident “Hospitalization resulting in change to service plan” if the individual was hospitalized and then had a change in their service plan.

COVID-19 Home Visiting Screening Flowchart

Please attempt to call all clients PRIOR TO VISIT to assess the following.

When you arrive at the client's door (or at an alternative location) for a field visit, please assess again:

- Please assess the following for the client (and anyone in the home or accompanying them on the visit)
- Please remain at a distance of at least six (6) feet when screening
- If no one in the home or in the visits is ill, proceed with the visit



Tips for Home Visiting

Preparing & Arriving for a Visit

Follow "COVID-19 Home Visiting Screening Flowchart" to determine whether to proceed with a visit.

What to Bring

Bring only items necessary for the visit into the home.

Avoid placing belongings on tabletops and counters that might have high levels of germs.

Store personal items securely in your vehicle prior to arriving at the location.

Sanitary Tool Kit

- Ziploc bag that holds materials
- Hand soap
- Paper towels (fold several into Ziploc bag [do not take whole roll])
- Hand sanitizer
- Clorox wipes

Arrival & Greeting

Greet families verbally

Avoid physical contact

- Handshakes
- Hugging
- Kissing
- If possible, maintain the recommended 6 feet distance between people.

Avoid Doorknobs

- Allow family members to open the door or use a barrier.

Cleaning & Sanitizing During & Between Visits

Washing Hands

Wash hands at kitchen sink

- at arrival
- at departure
- as needed

Use supplies brought in your "Home Visit Kit"

Use hand sanitizer in situations when hand washing is unavailable or unreasonable.

Supplies

Clean & Sanitize the following items between home visits and/or as needed

- Cell Phone
- Pen (dedicated to home visiting)
- Name badge
- Toys
- Clipboard
- Any additional supplies