

The Community Alternatives Program Post-COVID-19 Workgroup Transition Planning
Summary Notes

Cadence of meetings:

- 3 weekly meetings with waiver beneficiaries/families
- 3 weekly meetings with Community Alternatives Program (CAP) case managers
- 1 combination meeting with waiver beneficiaries and CAP case managers

Meeting Dates:

August 17, 2022

August 24, 2022

August 31, 2022

September 14, 2022

Meeting Agenda Topic: Resumption of face-to-face visits with CAP waiver beneficiaries

Discussion Summary:

- Resume in-person home visits beginning in 2023.
- Initially, start with quarterly in-home visits and transition to monthly in-home visits.
- Recommendation to refrain from resuming in-person home visits until COVID-19 cases are reduced within the applicable CME's County. Due to different counties having different COVID-19 regulations, knowledge of where the staff, who are facilitating the in-person visits, are coming from would be helpful.
- Discontinue the in-person visits if COVID-19 community levels increase tremendously.
- Staff should not conduct in-person visits while sick.
- Staff should limit the number of in-home visits by completing one in-person home visit per day, versus visiting several waiver participants in the course of one day. This practice could minimize the risk of exposure from the visiting case manager.
- Recommend not resuming in-person home visits for non-vaccinated beneficiaries.
- Ensure beneficiaries' rights are protected in relation to requiring COVID-19 vaccination (status).
- Recommend not using the beneficiary's COVID-19 vaccination status as a factor for the in-person home visit or requiring beneficiaries to be vaccinated.
- Use COVID-19 screening questions that are currently used by the doctor's office.
- Complete COVID-19 pre-screening of the beneficiary/family members, and CME staff member prior to the home visit.
- The CME staff members are to use PPE during the in-person home visit (i.e., mask, gloves, face shield, safety glass, and hand sanitizer).
- The CME's staff members should wear a mask, preferably KN-95, during the in-person home visit with the beneficiary.
- Staff should not ask the waiver participant whether they want staff to wear a mask for the in-person visit, wearing a mask should be the expectation.
- The CME staff member will use social distancing when inside the beneficiary's home.
- The CME staff member will use computer technology, which is easier to sanitize, versus paper documents while inside the beneficiary home during the in-person visit.
- If the CME staff/waiver participant/family shows COVID-19 symptoms during the pre-screening or tests positive for COVID-19, the in-person home visit should be

rescheduled and a virtual/telephonic visit with the beneficiary and/or family member should be completed.

- The CME staff member will complete in-person home visits that are emergent in nature, and/or presents a threat to the beneficiary's health, safety, and well-being. PPE and Social Distancing guidelines should be implemented.
- The CME staff member will engage with beneficiary outside of their home (in an open-air setting) for the in-person home visit.
- Prior to the in-person home visit, the CME staff member has the option to gather pertinent information, by phone, from the beneficiary to reduce time spent inside beneficiary's home (i.e., Information for assessments, POC, CRN, etc.,).
- The CME staff member will complete a walk-through home assessment, follow up on any concerns within the beneficiary's home, complete a brief assessment of the beneficiary, and complete the remainder of the visit, telephonically.
- To reduce the potential for exposure, limit the in-person portion of the home visit to fifteen (15) minutes.
- The in-home aide nurse will assess the beneficiary inside the home, assisting the CME staff member to reduce the beneficiary's exposure.
- The CME will make an in-person home visit priority list for beneficiaries that need to be seen first.
- Eliminating unnecessary in-person home visits, such as returning to the home for the beneficiary's signature.
- Recommend e-CAP have an acknowledgement section, for the beneficiary to log-in, review documents, and sign documents within the e-CAP platform (i.e., assessments, POC etc.,). This would eliminate an additional in-person home visit to gather signatures from the beneficiary.
- Recommend that CME staff are mindful that some beneficiaries have expressed that, due to health and safety, they have reservations about resuming in-person home visits.
- Recommend, CMEs be mindful that some beneficiaries have limited to no access to technology, which present a barrier to virtual visits.
- Recommendation that CME staff are mindful of the beneficiaries that are in rural communities that do not have access to the internet, a smart phone, or smart devices.

Questions from the workgroup members:

- Will in-person visits be random or scheduled?
- Will waiver participant be able to prepare for the visit?
- How do we socially distance for in-person visits?
- For immunocompromised or high-risk groups, does the waiver participant have the option to opt out of in-person visits?
- How will the waiver participant know if the staff have COVID-19 or Monkey Pox?

Recommendations from the workgroup members of the resumption of face-to-face visits:

- Waiver participants have the option to request an exemption, via a formal process written into policy, whereby a waiver participation and/or their family member can request a hold or delay in in-person visits.

- Face mask must be worn during all in-person visits, in addition, a formal in-person visit protocol be implemented (copy of draft protocol to be sent to facilitator for review).
- Development of a protocol for potential telephonic CNR reviews. The protocol should clearly outline the process for ensuring that all necessary components of the CNR are adhered to and the timeline for completion.
- Identification of methods to enhance the overall quality of face-to-face visits (i.e., meeting prep work to ensure targeted outcomes are met during face-to-face visit, and, where appropriate, using technology to expedite documentation review and/or signing, etc.,).

Consensus of recommendations from the workgroup members to resume face-to-face visits:

- Complete prep-work for the in-person visit to reduce the amount of time the staff person is in the home.
- Limit the in-person visits to two (2) visits per year and any additional visits would occur virtually and/or telephonically.
- Utilize face masks and hand sanitizer during in-person visits.
- Resume in-person visits utilizing protective measures such as handwashing, social distancing, COVID-19 pre-screening, and other related precautionary measures.
- Facilitate a COVID-19 pre-screening with the staff person and waiver beneficiary prior to the in-person visit.