



A PHASED APPROACH TO RESUMING STANDARD OPERATIONS

For Case Management and other Home and Community-
Based Services



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MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

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A Phased Approach to Resuming Standard Operations for: Case Management and other Home and Community-Based Services

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I. General Guidance for Case Managers and other Direct Care Workers

This guidance follows [Michigan's Safe Start plan](#) issued by Governor Whitmer on May 7, 2020 and applies it to safely restarting home and community-based services for adults in Michigan.

Intended Audience

Its intended audience includes:

- 1) Employees who perform case management or coordination duties often called case managers, supports coordinators, or care coordinators.
- 2) Employees who provide hands on assistance to individuals who receive services in their homes or community-based settings, often known as personal care assistants, direct care workers, aides, certified nursing assistants, self-determined workers, or caregivers.

Appendices

- Appendix A contains a chart of the six phases for resuming standard operations for in-person home and community-based services for adults.
- Appendix B contains a one-page checklist of actions that should be performed when conducting in-person visits as described in this document.
- Appendix C contains a one-page symptom screening tool that may be printed and used as needed.

Flexibility

It is important to remember to use judgement for each situation. Since these services are provided to the individuals who are most at risk for adverse outcomes if they are afflicted with COVID-19, or most other viruses, it is essential that every person is evaluated individually before moving to the next phase. It is also important to remember that additional community outbreaks or a COVID-19 positive diagnosis may require moving back to a previous phase. This guidance is in effect until the entire state has concluded 60 days of Phase 6 and may be reinstated upon a resurgence of COVID-19 or any other pandemic.

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A. Protecting Yourself, Individuals Receiving Services, and Others

1. Wash hands often with soap and water for 20-30 seconds. When soap and water is not available, use hand sanitizer with at least 60% alcohol.
2. Use personal protective equipment (PPE) following Centers for Disease Control and Prevention (CDC) guidance
3. Stay home when sick and alert your supervisor or manager.
4. Cover coughs and sneezes with a tissue and throw away immediately; if no tissues are available, cough or sneeze into the elbow or upper arm of your shirt sleeve then wash or sanitize hands as soon as possible.
5. Regularly clean and disinfect frequently touched surfaces and objects.
6. Take care of yourself: rest, drink fluids, eat healthy foods, and manage stress.

B. Enhancing the Safety of Individuals Receiving Services

1. Recognize individuals may be worried, scared, confused and are often alone.
2. Emphasize the need to stay safe.
3. Emphasize the need to be physically isolated but not socially or emotionally isolated. Recommend options to stay connected with others while not sharing the same space.

II. Employee Training on proper use of PPE

This section provides guidance on items needed for a sanitary tool kit, proper use and disposal of PPE, and recommendations for keeping the employee's family and household members safe.

A. Sanitary Tool Kit

1. Each employee should have the following items in their sanitary tool kit:
 - a) *Ziploc bag that holds the tool kit materials*
 - b) *Hand soap*
 - c) *Paper towels (fold several into the bag, do not take the entire roll)*
 - d) *Hand Sanitizer (at least 60% alcohol)*
 - e) *Disinfectant wipes*
 - f) *Paper bag (if needed for face mask storage)*
 - g) *Garbage bag (for disposal of used PPE in vehicle)*
 - h) *Extra face masks or face coverings*

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B. Face Mask Types and Requirements

1. Face Mask

- a) *A face mask is a manufactured protective covering for the face that covers the nose, mouth, and extends below the chin. Medical-grade face masks should be reserved for use by healthcare professionals, including case managers, supports coordinators, and direct care workers.*
- b) *When available, use during all in-person interactions until 60 days into Phase 6. If not available, use a cloth face covering or consider postponing the in-person visit. Use during Phase 6 when entering a home or otherwise being in close contact with an individual receiving services who has indicated they or a household member has been exposed to COVID-19.*

2. Cloth or Homemade Face Covering

- a) *A face covering is a piece of material used to cover the nose and mouth, often in the form of a homemade cloth mask and should be used by individuals receiving services and other household members.*
- b) *When other face masks are not available, the employee may utilize a homemade mask, ensuring the mask covers the mouth and nose and extends below the chin. Medical-grade face masks are preferred for healthcare professionals including case managers, supports coordinators, and direct care workers.*
- c) *Use face coverings during all in-person interactions until 60 days into Phase 6. If not available, consider postponing the in-person visit. Use during Phase 6 when entering a home or otherwise being in close contact with an individual receiving services who has indicated they or a household member has been exposed to COVID-19.*

C. Putting on the Face Mask or Cloth Face Covering

- 1. Wash your hands with soap and water for at least 20 seconds. Dry your hands with a clean paper towel. (If you are unable to wash your hands with soap and water, use a hand sanitizer that is at least 60% alcohol, covering all surfaces of the hands and allowing to dry).
- 2. Check face mask or covering for any defects. Dispose of all defective masks or coverings.
- 3. Ensure the exterior (usually yellow or blue for a face mask) side of the face mask or covering is facing out, away from your face.
- 4. Place the face mask or covering on your face with the exterior side facing out and the stiff, bendable edge at the top, over your nose. *Note: not all face masks or coverings will have a stiff bendable edge.*
- 5. Once the face mask or covering is in place, use your index finger and thumb to pinch the bendable top edge of the face mask or covering around the bridge of your nose.
- 6. Cover your mouth and nose with the mask or covering and make sure there are not gaps between your face and the mask or covering.
- 7. If the face mask or covering has ear loops, put one loop around each ear.

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8. If the face mask or covering has a lower tie, once the face mask or covering is fitted to the bridge of your nose, tie the lower ties behind your head with a bow.
9. Ensure the face mask or covering is completely secure. Ensure the face mask or covering covers your nose and mouth so that the bottom edge is under your chin.
10. Wash or sanitize your hands once the face mask or covering is properly donned.
11. Avoid touching the mask or covering while using it. If you do, clean your hand with alcohol-based hand rub or soap and water.
12. When the face mask or covering needs to be repositioned, sanitize hands before and after touching it.
13. Replace the mask or covering with a new one as soon as it is damp and avoid reusing single-use masks.

D. Removing a Face Mask

1. Wash or sanitize your hands before removing the face mask.
2. Do not touch the inside of the face mask (the part over the nose and mouth). It may be contaminated from your breathing, coughing, or sneezing.
3. Untie or remove the ear loops and remove the face mask by the straps.
4. Dispose of the face mask in a garbage receptacle.
5. Wash or sanitize your hands after removal and disposal or storage of face mask.
6. If reuse of the facemask is necessary, do the following
 - a) *Store the face mask in a paper bag, not plastic.*
Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage
 - b) *Do not reuse face masks that have become wet or soiled*

E. Removing Cloth Face Covering

1. Wash or sanitize your hands before removing the face covering.
2. Do not touch the inside of the face covering (the part over the nose and mouth). It may be contaminated from your breathing, coughing, or sneezing.
3. Untie or remove the ear loops and remove the face covering by the straps.
4. Fold outside corners together, placing the outside of the mask inside the fold.
5. Place face covering in a washing machine or a paper bag until it can be washed (See D. 6, a-b above).
6. Wash or sanitize hands after removal and disposal or storage of face covering.
7. [Video Link](#)

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F. Cleaning a Cloth Face Covering

1. Washing Machine
 - a) *Include cloth face coverings in regular laundry*
 - b) *Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering*
 - c) *Wash or sanitize your hands before transferring the laundry to the dryer*
2. Washing by Hand
 - a) *Prepare a bleach solution by mixing:*
 - (i) *5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or*
 - (ii) *4 teaspoons household bleach per quart of room temperature water*
 - b) *Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.*
 - c) *Soak the face covering in the bleach solution for 5 minutes.*
 - d) *Rinse thoroughly with cool or room temperature water.*
 - e) ***Make sure to completely dry cloth face covering after washing.***
3. How to Dry (Dryer)
 - a) *Use the highest heat setting and leave in the dryer until completely dry.*
 - b) *Wash or sanitize your hands before removing from the dryer.*
 - c) ***Make sure to completely dry cloth face covering after washing.***
4. How to Dry (Air Dry)
 - a) *Lie the face covering flat and allow to completely dry. If possible, place the face covering in direct sunlight.*
 - b) ***Make sure to completely dry cloth face coverings after washing.***
 - c) *Wash or sanitize hands before moving or using the face covering.*

G. Helpful Videos and Resources

1. How to wear and remove a face mask: [Video #1](#) or [Mask Demonstration & Proper Care](#)
2. [Putting on and removal of gloves](#)
3. [Use of alcohol-based hand sanitizer](#)
4. [Cleaning and Disinfection for Non-emergency Transport Vehicles](#)

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H. Keeping Your Family and Household Members Safer

1. Wear washable clothing.
2. Remove clothing in garage, foyer, or entryway.
3. Place clothes in a laundry basket with a liner, a garbage bag, or directly into the washing machine.
4. Utilize the highest possible water temperature when laundering your clothing.
5. Shower immediately.
6. Limit contact with others within your household until the above steps are completed.

III. Screen Employees

Before resuming any in-person contact with an individual receiving services, it is vital that employees learn to screen themselves for signs of a COVID-19 infection. Employees must follow their employers screening protocols. Below are examples of protocols that may be used.

If at any time an employee does not pass any of the screening methods described below, they should seek medical advice and contact their local health department for further instructions about when to return to work. A listing of Michigan Local Health Departments may be found on the MDHHS website (www.michigan.gov/mdhhs) or by clicking this link: [Michigan Local Health Departments](#).

A. Working from Office or Business

Employees who are not working from home should be screened before entering the workplace. Proper screening consists of taking the employees temperature, if available, and asking about specific symptoms of COVID-19. Any employee with a temperature above 100.4 degrees Fahrenheit or who is exhibiting other symptoms of COVID-19 should be sent home.

B. Working from Home or on the Road

Employees who are not in a workplace may use the [CDC Self-Checker application](#), MI Symptoms application (available at <https://misymptomapp.state.mi.us/login>) or an application of their employer's choice to check their symptoms as needed before visiting individuals in-person. If using the MI Symptoms application, the user will need to create a username and password and log into the website.

C. Self-Screening

Alternatively, employees may ask themselves the following set of questions. A "Yes" answer to any question means the employee should not go to work, contact their supervisor, and follow the Centers for Disease Control and Prevention (CDC) [recommended steps](#) until you meet criteria to [discontinue home isolation](#). This listing of symptoms may be updated by the CDC. Please check the CDC website (www.cdc.gov) regularly to update this listing.

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1. In the past 24 hours, have you experienced?
 - a) *Fever or chills*
 - b) *Cough (new onset)*
 - c) *Shortness of breath or difficulty breathing (new onset)*
 - d) *Fatigue of unknown onset or that is persistent and unusual*
 - e) *Muscle or body aches of unknown onset or that is persistent and unusual*
 - f) *Headache that is persistent or unusual*
 - g) *New loss of taste or smell*
 - h) *Sore throat*
 - i) *Congestion or runny nose of unknown onset (not allergies)*
 - j) *Nausea or vomiting*
 - k) *Diarrhea*
2. Have you traveled by plane internationally in the past 14 days?
3. In the past 14 days, have you:
 - a) *Had close unprotected contact with an individual diagnosed with COVID-19? Unprotected contact means contact without the proper use of PPE, hand sanitization, and infection control protocols.*
 - b) *Had unprotected contact with any Persons Under Investigation (PUIs) for COVID-19?*

IV. Screen Individuals Receiving Services

Screening of individuals and all others that will be at the in-person visit is essential. This screening should be conducted the day of the scheduled in-person visit. If there is a need to make an unannounced visit, the screening may take place upon arrival to the meeting place. Employees must ask the individual and everyone else at the in-person visit the following set of questions. This listing of symptoms may be updated by the CDC. Please check the CDC website (www.cdc.gov) regularly to update this listing.

A. Skipping the Screen

If meeting the individual at a place where everyone is screened using a protocol like the one described below, this screening may be skipped. It is not necessary to re-screen the individual if they have already passed one screening on the day of the visit.

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B. Case Manager or Coordinator Instructions

For case managers or coordinators, if the individual answers “Yes” to any question, the in-person visit should be rescheduled no less than 14 days from the originally scheduled visit. If others who will be present at the in-person visit answer “Yes” to any question, the visit should be rescheduled to no less than 14 days from the originally scheduled visit. Case managers or coordinators should assure proper use of PPE, hand sanitization, and other infection control procedures during the visit. If this is not possible, the in-person visit should be rescheduled.

C. Direct Care Worker Instructions

For direct care workers, if the individual answers “Yes” to any question, the visit should be rescheduled to no less than 14 days from the originally scheduled visit. If the direct care worker deems the visit essential, the direct care worker should contact the supervisor, and the direct care worker should make sure they are following established protocols for the use of PPE, hand sanitization, and infection control procedures before, during and after the visit. If others who will be present at the in-person visit answer “Yes” to any question, direct care workers should proceed as if the individual answered “Yes” to any question, and if possible, have the other person leave the location of the in-person visit, or self-isolate in a different room during the in-person visit.

D. Screening Questions for Individuals Receiving Services

1. In the past 24 hours, have you experienced?
 - a) *Fever or chills*
 - b) *Cough (new onset)*
 - c) *Shortness of breath or difficulty breathing (new onset)*
 - d) *Fatigue of unknown onset or that is persistent and unusual*
 - e) *Muscle or body aches of unknown onset or that is persistent and unusual*
 - f) *Headache that is persistent or unusual*
 - g) *New loss of taste or smell*
 - h) *Sore throat*
 - i) *Congestion or runny nose of unknown onset (not allergies)*
 - j) *Nausea or vomiting*
 - k) *Diarrhea*
2. Have you traveled by plane internationally in the past 14 days?
3. In the past 14 days, have you:
 - a) *Had close contact with an individual diagnosed with COVID-19?*
 - b) *Had contact with any Persons Under Investigation (PUIs) for COVID-19?*

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- E. If the screening is to be conducted upon arrival at the in-person visit, follow this protocol:
1. Maintain a 6-foot physical distance when screening.
 2. Assess the 3 questions above in section C for the individual and everyone at the meeting place.
 3. If no one at the meeting place is ill and have passed the screening questions, proceed with the visit.

V. Conducting the In-Person Visit Safely

To reduce the spread of COVID-19 and to enhance individual and worker safety, this section includes guidance and tips on home visit safety for the worker, individual receiving services, and their household members.

A. Hybrid Visits

1. Conduct some activities telephonically before the in-person visit. This will allow you to shorten the length of the in-person visit, then confirm information gathered over the phone at the in-person visit.
2. Review, explain, and discuss documents that need to be signed with the individual before the in-person visit.
 - a) *Prepare all documents that need to be signed.*
 - b) *When possible, send an electronic copy of the documents to the individual. Ideally, they would have a copy of the document to read as you review it with them over the phone.*
 - c) *Ask the individual to sign the documents electronically, if possible.*
 - d) *When electronic copies or signatures are not possible:*
 - (1) *Print two copies of each document, one for you and one for the individual receiving services.*
 - (2) *If time allows, mail the individual their copies of the documents and ask them to review and sign them before the in-person visit. You may choose to pick up the signed documents at the visit or have the individual mail the signed documents back to you.*
 - (3) *At the in-person visit, follow the protocol outlined in the “Conducting the In-Person Visit” section below.*
3. Use this opportunity to explain protocols to the individual.
 - a) *You will be contacting them the day of the visit to conduct a screening.*
 - b) *The individual and everyone else at the visit will be asked to wear a face covering during the in-person visit.*

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- (1) *If the individual does not have a face covering, offer to provide one, if possible.*
 - (2) *If the individual is unable to wear a face covering, postpone the in-person visit if possible. If postponement is not possible, discuss ways to conduct the in-person visit that maintain physical distancing or allow for a barrier between the employee and the individual (such as through an impermeable screen or window).*
 - (3) *If others who want to be present during the in-person are unable or refuse to wear a face covering, ask if the in-person visit can be conducted without them present, or require them to be in a different room during the visit.*
 - c) *You will be wearing a face mask and other PPE (as needed and determined appropriate) during the visit.*
4. Ask the individual if they have any special requests for you to help them feel safe during the visit
5. As appropriate, remind the individual that if they are uncomfortable with an in-person visit, they may choose to use telephonic, telehealth or video conferencing.
6. When using the hybrid approach for assessments or reassessments, the first date of contact whether telephonically or in-person to begin the assessment is the official assessment date. Additionally, the entire assessment or reassessment process (in-person and telephonic) should be completed within 5 business days of the official assessment date.

B. Preparing for the In-Person Visit

1. Ensure you have needed PPE, a spare set of PPE (in case of breakage or damage), and a sanitary tool kit.
2. Store personal items securely in your vehicle prior to arriving at the location.
3. Wash or sanitize hands at arrival.
4. Clean and sanitize items needed for the home visit including but not limited to:
 - a) *Cell phone*
 - b) *Pen*
 - c) *Name badge*
 - d) *Clipboard*
 - e) *Laptop*
 - f) *Additional supplies*

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C. Conducting the In-Person Visit

1. If possible, when conducting an interview or assessment, do so by phone or video conferencing, or by viewing the individual through a window. Interviews or assessments may also be conducted with the individual from the entryway without entering the home.
2. If physical distancing and individual safety and privacy can be maintained, consider conducting the visit outside.
3. If the interview or assessment is conducted within the home, utilize the following recommendations:
 - a) *Bring only items necessary to complete the home visit.*
 - b) *Follow procedures for using face masks and other PPE before entering the home.*
 - c) *Greet the individual and others present verbally and avoid physical contact such as handshakes.*
 - d) *If possible, sit on a wood or metal chair that has been disinfected before using.*
 - e) *Explain the reason you are using PPE (to help prevent the spread of COVID-19).*
 - f) *If possible, maintain a 6-foot distance from others.*
 - g) *Avoid placing belongings on tabletops and counters unless disinfected before setting them down.*
 - h) *If possible, avoid doorknobs: have the individual or other person present open doors or use a disposable barrier such as a disposable glove, paper towel, or napkin.*
4. When electronic copies or signatures are not possible for documents that need to be signed:
 - a) *If you mailed the individual their copies of the documents and asked them to review and sign them before the in-person visit:*
 - (1) *Ask if they mailed the documents back to you. If so, let them know you will make copies of the signed documents and mail them back to the individual (if required or requested).*
 - (2) *If the documents were not mailed back, have the individual place the signed documents in a sanitary bag (avoid touching the documents). Wearing gloves, label, and date the bag. Do not touch its contents for at least five days. Let the individual know you will make copies of the signed documents and mail them back to the individual (if required or requested).*

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- b) *When time does not allow for mailing the documents:*
 - (1) *Print two copies of each document. Place one copy in a file folder for the individual, and the other in a file folder for you.*
 - (2) *At the in-home visit, hand the individual their folder with all documents in it. Wearing gloves when sharing documents is highly recommended.*
 - (3) *Have the individual sign the documents in your file folder. When feasible, limit touching the documents and have the individual use their own pen.*
 - (4) *Once signed, place the documents back in the folder you prepared for yourself. If possible, place the entire folder in a sanitary storage bag. Date the bag and do not touch its contents for at least five days. Let the individual know you will make copies of the signed documents and mail them back to the individual (if required or requested).*

D. After the In-Person Visit

- 1. Follow guidance on proper removal of face masks and PPE.
- 2. To help keep your vehicle as safe as possible take the following steps:
 - a) *Wipe your materials with disinfectant prior to entering the vehicle.*
 - b) *Use an EPA Approved Disinfectant or a mixture of 4 teaspoons bleach per quart of water.*
 - c) *Disinfect the vehicle door handle (inside and out) after each visit.*
 - d) *Utilize a barrier where you are placing your supplies. Place a garbage bag on the vehicle floor or in the trunk to place used PPE and discard it daily. Be sure to close the garbage bag each time you place used PPE in it.*

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Appendix A: The Six Phases

<u>The Six Phases:</u>	<u>Uncontrolled Growth</u>	<u>Persistent Spread</u>	<u>Flattening</u>	<u>Improving</u>	<u>Containing</u>	<u>Post-Pandemic</u>
	<i>Phase 1 – Stay Home Stay Safe:</i>	<i>Phase 2 – Stay Home, Stay Safe:</i>	<i>Phase 3 – Safer at Home</i>	<i>Phase 4 – Safer at Home</i>	<i>Phase 5 – Stay Safe</i>	<i>Phase 6 – Returning to Normal</i>
	Increasing number of new cases every day – likely to overwhelm health system	Continue to see high case levels with concern about health system capacity	Case growth is gradually declining	Cases, hospitalizations, and deaths are clearly declining	Continued case & death rate improvements, outbreaks quickly contained	Community Spread not expected to return
<u>Health and Safety Measures for:</u>	- Shelter in place - Avoid congregate settings - Strict physical distancing - Reduce travel to essential activities - Wear appropriate PPE including face coverings - Practice good hand hygiene - Limit in-person service provision to essential activities only - Frequently disinfect high-touch areas and surfaces	Same as Phase 1.	Same as Phase 1.	- Shelter in place - Gatherings of up to 10 people - Strict physical distancing - Limited travel - Wear appropriate PPE including face coverings - Practice good hand hygiene - Limit in-person service provision to essential activities only - Frequently disinfect high-touch areas and surfaces	- Slowly resume away from home activities - Gatherings of up to 30 people - Strict physical distancing - Some travel - Wear appropriate PPE including face coverings - Practice good hand hygiene - Slowly resume in-person services - Frequently disinfect high-touch areas and surfaces - Screen employees daily - Screen individuals before in-person visit	First 60 days: - Same as Phase 5 After 60 days: - Resume normal activities
- Adults aged 60+, - Adults with disabilities, - Vulnerable Adults, - Adults at risk for serious complications, and - Individuals providing services to any of the above						

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<u>Case Management or Supports Coordination</u>	• All activities should be conducted via phone, telehealth, video technology, or email • Have more frequent communication to check on the individual's welfare • Refer individuals with symptoms to their healthcare professional	Same as Phase 1	Same as Phase 1 • Provide training to case managers on how to properly use and dispose of PPE • Provide training on how to properly sanitize items used during in-person visits	Same as Phase 3	• Slowly resume in-person visits based upon the individual's unique situation • Use a hybrid approach • Prioritize individuals for in-person visits ○ Newly receiving services ○ Do not have informal supports ○ Have a status change ○ Need annual renewal • Individual agrees to use face covering during meeting • Maintain physical distancing during in-person visit	First 60 days: • Same as Phase 5 After 60 days: • Resume normal activities
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Appendix A: The Six Phases

<u>The Six Phases:</u>	<u>Uncontrolled Growth</u>	<u>Persistent Spread</u>	<u>Flattening</u>	<u>Improving</u>	<u>Containing</u>	<u>Post-Pandemic</u>
	<i>Phase 1 – Stay Home Stay Safe:</i>	<i>Phase 2 – Stay Home, Stay Safe:</i>	<i>Phase 3 – Safer at Home</i>	<i>Phase 4 – Safer at Home</i>	<i>Phase 5 – Stay Safe</i>	<i>Phase 6 – Returning to Normal</i>
	Increasing number of new cases every day – likely to overwhelm health system	Continue to see high case levels with concern about health system capacity	Case growth is gradually declining	Cases, hospitalizations, and deaths are clearly declining	Continued case & death rate improvements, outbreaks quickly contained	Community Spread not expected to return
Home-based Service Delivery	- Limited to essential activities only - Workers must properly use PPE, when available - Individuals should wear face coverings - Limit the number of different workers in the home - Daily screening of direct care workers (DCWs) before working	Same as Phase 1	Same as Phase 1	Same as Phase 1	Same as Phase 4	First 60 days:
Home based services are those services delivered in the individual's home and include the provision of assistance with activities of daily living				- Re-evaluate essential services (i.e. homemaking not essential in Phase 1, but is now or informal caregivers returning to workplace) - Evaluate availability of DCWs	- Re-evaluate all services - Slowly resume all home-based services based on individual's unique situation - DCWs must be available and able to work	Same as Phase 5
						After 60 days: Resume normal activities

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Appendix A: The Six Phases

<u>The Six Phases:</u>	<u>Uncontrolled Growth</u>	<u>Persistent Spread</u>	<u>Flattening</u>	<u>Improving</u>	<u>Containing</u>	<u>Post-Pandemic</u>
	<i>Phase 1 – Stay Home Stay Safe:</i>	<i>Phase 2 – Stay Home, Stay Safe:</i>	<i>Phase 3 – Safer at Home</i>	<i>Phase 4 – Safer at Home</i>	<i>Phase 5 – Stay Safe</i>	<i>Phase 6 – Returning to Normal</i>
	Increasing number of new cases every day – likely to overwhelm health system	Continue to see high case levels with concern about health system capacity	Case growth is gradually declining	Cases, hospitalizations, and deaths are clearly declining	Continued case & death rate improvements, outbreaks quickly contained	Community Spread not expected to return
<u>Community-Based Service Delivery</u>	Suspend the delivery of community-based services	Same as Phase 1	Same as Phase 1	Same as Phase 1 Begin planning to resume services with new protocols	- Some services may slowly resume based upon availability - Learn new protocols for service delivery - Evaluate individual's unique situation before resuming services	First 60 days: Same as Phase 4 After 60 days: Resume normal activities
Community-based services are those services delivered outside of the individual's home, but not in a congregate setting.						

A Phased Approach to Resuming Standard Operations for: Case Management and other Home and Community-Based Services

Appendix A: The Six Phases

<u>Congregate Service Delivery</u> Congregate services are services delivered outside of the individual's home with groups of 2 or more individuals receiving services at the same time. This guidance does NOT include congregate residential living settings such as adult foster care, homes for the aged, or assisted living.	Suspend the delivery of community-based services	Same as Phase 1	Same as Phase 1 • Begin planning to reopen with new protocols • Sanitize and disinfect setting • Sanitize and disinfect transport vehicles • Properly train staff to use PPE • New protocols may be necessary to resume services ○ Staggering staff shifts ○ Establish traffic patterns ○ Reevaluate capacity ○ Enforce physical distancing ○ Transporting individuals to setting	Same as Phase 3 • May resume service provision to up to 10 individuals at a time when deemed essential for the individual • Evaluate individual's unique situation before resuming services • Practice physical distancing • Modify transportation protocols • Individuals wear face coverings • Infection control protocols in place • All staff screened daily • All individuals screened before service provision & throughout day	Same as Phase 4 • May provide services to up to 30 individuals at a time if capacity allows. • Evaluate individual's unique situation before resuming services • Maintain modified transportation protocols	First 60 days: Same as Phase 5 After 60 days: Resume normal activities
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A Phased Approach to Resuming Standard Operations for:
Case Management and other Home and Community-Based Services
Appendix A: The Six Phases

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A Phased Approach to Resuming Standard Operations for:
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Appendix B: In-Person Visit Checklist

Screening	Completed/Have
Employee (Employer process, MI Symptoms Application, Self-check)	☐
Ask individual and others who will be present:	☐
1. In the past 24 hours have you experienced	
a. Fever or chills	
b. Cough (new onset)	
c. Shortness of breath or difficulty breathing (new onset)	
2. Have you traveled by plane internationally in the past 14 days?	
3. In the past 14 days have you:	
a. Had close contact with someone diagnosed with COVID-19?	
b. Had contact with any persons under investigation for COVID-19?	
Sanitary Tool Kit	
Ziploc bag	☐
Hand Soap	☐
Paper towel	☐
Hand Sanitizer (60% or more alcohol)	☐
Disinfectant wipes	☐
Paper bag	☐
Garbage bag	☐
Extra face masks or face coverings	☐
Personal Protective Equipment (PPE)	
Face mask or face covering	☐
Other PPE deemed necessary	☐
Work Supplies (cleaned and sanitized)	
Cell Phone	☐
Pen	☐
Name Badge	☐
Clipboard	☐
Laptop	☐
Additional supplies or documents	☐
Actions Prior to Visit	
Wash or sanitize hands	☐
Store personal items in car	☐
Sanitize work supplies	☐
Put on needed PPE using proper procedures (wash or sanitize hands before and after)	☐
Actions During Visit	
Maintain physical distance (6 feet)	☐
Avoid handshakes	☐
Avoid touching doorknobs: have others open doors or use barrier (i.e. paper towel, glove)	☐
Actions After Visit	
Remove PPE using proper procedures (wash or sanitize hands before and after)	☐
Disinfect vehicle door handle (inside and out)	☐
Place work supplies on barrier located on vehicle floor (i.e. a garbage bag)	☐
Wash or sanitize hands	☐

A Phased Approach to Resuming Standard Operations for: Case Management and other Home and Community-Based Services Appendix C: Self-Implemented Health Screening Template

Note: This template has self-screening questions to be used by employees each day prior to beginning their workday. Each employee must work with their supervisor to establish a log to track days they are working.

If at any time an employee does not pass the screening below, they should seek medical advice and contact their local health department for further instructions about when to return to work. A listing of Michigan Local Health Departments may be found on the MDHHS website (www.michigan.gov/mdhhs) or by clicking this link: [Michigan Local Health Departments](#).

Employee Name: _____

Date Screened: _____

Question 1: Symptom Check

A check in any box means the employee should not go to work, contact their supervisor, and follow the Centers for Disease Control and Prevention (CDC) [recommended steps](#) until you meet criteria to [discontinue home isolation](#).

In the past 24 hours, have you experienced (check all that apply):

Fever (above 100.4° F) or chills	☐	Fatigue of unknown onset or that is persistent and unusual	☐	Headache that is persistent or unusual	☐
Cough (new onset)	☐	Sore Throat	☐	Nausea or Vomiting	☐
Shortness of breath or difficulty breathing (new onset)	☐	Muscle or body aches of unknown onset or that is persistent and unusual	☐	Congestion or runny nose of unknown onset (not allergies)	☐
		New loss of taste or smell	☐	Diarrhea	☐

Question 2: International Travel

A “Yes” answer to this question means the employee should not go to work, contact their supervisor, and follow the Centers for Disease Control and Prevention (CDC) [recommended steps](#) until you meet criteria to [discontinue home isolation](#).

Have you traveled by plane internationally in the past 14 days? Yes ☐ No ☐

Question 3: Contact with someone exposed to COVID-19?

A “Yes” answer to either question means the employee should not go to work, contact their supervisor, and follow the Centers for Disease Control and Prevention (CDC) [recommended steps](#) until you meet criteria to [discontinue home isolation](#).

In the past 14 days have you:		
Had close <u>unprotected</u> contact with an individual diagnosed with COVID-19? Unprotected contact means contact without the proper use of PPE, hand sanitization, and infection control protocols.	Yes ☐	No ☐
Had unprotected contact with any Persons Under Investigation (PUIs) for COVID-19?	Yes ☐	No ☐