

**DATE:** April 7, 2020

**TO:** TennCare Home Health providers, Home and Community-Based Services Providers in CHOICES, Employment and Community First (ECF) CHOICES, Section 1915(c) HCBS Waivers, and the Program of All-Inclusive Care for the Elderly (PACE)

**FROM:** Patti Killingsworth, Chief of LTSS

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**SUBJECT:** **COVID-19 Prevention and Response Guidance**

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The purpose of this memo is to provide guidance for TennCare home health providers and HCBS providers in CHOICES and Employment and Community First CHOICES, as well as HCBS providers in the 1915(c) waivers operated by DIDD and PACE regarding the prevention and expected response to *confirmed* positive COVID-19 cases or *suspected* COVID-19 cases of 1) individuals living in the community who receive these services; or 2) the staff who deliver their services.

**IMPORTANT NOTE:** This is general guidance that sets forth TennCare expectations regarding prevention and provider and health plan responsibilities pertaining to response to *confirmed* positive or *suspected* COVID-19 cases. This is not public health guidance and is not intended to replace such guidance as issued by local, state and federal public health authorities, including local health departments, the Tennessee Department of Health (TDH), the Centers for Disease Control and Prevention (CDC), and the Centers for Medicare and Medicaid Services (CMS). Links to current information issued by these entities are found in the Resources section of this memo. **Providers are expected to stay informed by regularly checking the websites of each of these entities in order to identify, immediately implement, and consistently follow the most current guidance available.**

**Definitions** (as used in this memo):

**Exposed to COVID-19** means that during the last 14 days, the person has been in close contact with a person who has been *confirmed* positive COVID-19.

**Confirmed positive COVID-19** means the person has been tested for COVID-19, and the test was positive.

**Suspected COVID-19** means the person has been tested and is awaiting results OR a physician has indicated that it is likely the person has COVID-19 but is not being tested at this time.

**Close contact** means that the person has been within 6 feet of or providing direct care to an individual with active symptoms, feeling ill, or *confirmed* COVID-19 diagnosis; or being within 6 feet for at least 10 minutes or more of a person with suspected COVID-19, but who is not exhibiting symptoms.

**Quarantine** means that a person *exposed* or *potentially exposed* to a contagious or infectious disease is separated from other people and his/her movement is restricted to see if they become sick and to prevent the potential spread of the disease.

**Isolation** means that a person *confirmed* or *suspected* to have COVID-19 is separated from other people and his/her movement is restricted to prevent the spread of the disease.

## General Expectations

### Protect health and safety

Home health and other HCBS providers have the responsibility to protect the health and safety of individuals under their care at all times. COVID-19 presents a *significant* health and safety risk to individuals receiving home health and other HCBS. People over age 60, immune-compromised people and those with chronic medical conditions or disabilities are at higher risk for severe illness from COVID-19. However, any person, regardless of age, may contract the disease. **The best method of protecting people from infection is to keep the infection out of the home.**

### Deliver needed care

IMPORTANTLY, home health and other HCBS providers remain obligated to deliver authorized services and to ensure that individuals' needs are met. Home health and HCBS providers are expected to have continuous availability of trained and qualified staff to provide authorized services to individuals in their homes, including those who may be *confirmed* positive or *suspected* COVID-19. Providers should follow public health guidance (from CMS and the CDC) as it relates to staff caring for individuals confirmed positive or suspected COVID-19 in their homes.

CMS *Guidance for Infection Control and Prevention Concerning Coronavirus Disease 2019 (COVID-19) in Home Health Agencies (HHAs)* <https://www.cms.gov/files/document/gso-20-18-hha.pdf>

CDC *Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19)* <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-home-care.pdf>

Staffing for persons with COVID-19 should be limited to as few staff as possible. When staff are providing services to a person *confirmed* or to the greatest extent possible, even *suspected* positive COVID-19, it is best if they do not work with people who are not infected. As long as staff continue to meet screening criteria, they may continue working, but ideally are assigned to the maximum extent possible to support only the individual(s) they have been supporting that are *confirmed* or *suspected* positive COVID-19 or others *confirmed* or *suspected* positive COVID-19. This is critical to preventing the potential exposure and spread of the virus to other vulnerable individuals.

The attached scenarios provide *supplementary* guidance and requirements for home health providers and HCBS providers in CHOICES, Employment and Community First CHOICES, Section 1915(c) waivers, and PACE regarding the expected response to *confirmed* positive COVID-19 cases or *suspected* COVID-19 cases of individuals living in the community who receive LTSS or the staff who deliver their services.

### Maintain effective backup staffing plans

Home health and other HCBS providers must have a backup staffing plan to address instances where staff have been exposed to or are providing care for a person who is *confirmed* positive COVID-19 cases or *suspected* COVID-19 or when staff are *confirmed* positive or *suspected* COVID-19.

Residential service providers (Adult Care Homes and Assisted Care Living Facilities—in CHOICES; Community Living Supports, including Family Model—in CHOICES and ECF CHOICES; Supported Living, Residential Habilitation, Family Model, Medical Residential, and Semi-Independent Living—in 1915(c) waivers) should have a backup staffing plan for each home (i.e., setting) in which services are provided.

The provider should identify critical and essential services based on individuals' health status, functional limitations, disabilities, and essential needs. The provider's backup plan should clearly identify individuals with the most critical needs and for whom the provision of services is critical to their day-to-day health and safety. This includes individuals who rely on such services for skilled nursing needs, transfers, mobility, toileting, feeding, and administration of medications or other essential health care tasks. The backup plan should help guide the provider in addressing instances where limited staffing resources impact the provider's ability to deliver all authorized services during a particular day or shift.

While we fully recognize the longstanding workforce shortage in Tennessee and other states, the number of unemployed workers during the pandemic is high and growing; this presents a unique opportunity to recruit additional staff to help ensure adequate staff capacity to deliver needed care. We expect that providers are taking all reasonable actions to hire additional staff as needed in order to continuing meeting the essential needs of those they serve during this emergency.

### Alternative Services and Settings

If a person enrolled in any LTSS program needs alternative services, including services provided in an alternative setting during the period of the emergency, it is critical that the MCO, PACE entity, or for persons enrolled in the Section 1915(c) waiver, the Independent Support Coordinator or DIDD Case Manager, as applicable, is contacted *first* to ensure that the appropriate services are authorized and can be reimbursed.

### Staff training and education

Home health and other HCBS providers should use public health information from the TDH, CMS, and the CDC to educate all staff, the people they serve, and their family members about COVID-19, including the high risk of transmission, enhanced risk for complications among older adults, people with chronic health conditions, and people with disabilities, and basic prevention and control measures for respiratory infections.

## Personnel Policies

Home health and other HCBS providers are required to maintain personnel practices that safeguard individuals against the spread of infectious disease. Providers should ensure that they have processes in place to reduce the spread of communicable and infectious diseases and that those processes are updated to align with CMS and CDC guidance *as it evolves*.

## Screening Staff

**Staff must be screened prior to *each* shift.** This includes taking each staff person's temperature. **Staff must be required to immediately report and should not be permitted to report to work or continue working if *any* of the following apply:**

- Confirmed positive or suspected COVID-19;
- Fever of 100.4 degrees Fahrenheit or above or signs or symptoms of a respiratory infection, such as cough, shortness of breath, or sore throat;
- Close contact in the last 14 days with someone who is *confirmed* positive COVID-19 (i.e., *exposed*), *suspected* COVID-19, or is ill with *any* respiratory illness;
- Worked within the previous 14 days in any setting where COVID-19 has been confirmed; or
- Traveled within the previous 14 days to or from an area with sustained high rates of community transmission (e.g., New York City, Detroit, New Orleans or another country).

Staff with a temperature of 100.4 degrees Fahrenheit or above may not return to work until they have two consecutive temperatures below that level, at least 24 hours apart, without the aid of fever-reducing medication, **and** they do not have any other symptoms of respiratory illness.

Staff who have been exposed to someone who is *confirmed* positive COVID-19 but are asymptomatic (even if confirmed COVID-19 negative via testing early after exposure) should, to the greatest extent possible, be assigned to support only the individual(s) they have been supporting that are *confirmed* or *suspected* positive COVID-19 or others *confirmed* positive COVID-19. This is critical to preventing the potential exposure and spread of the virus to other vulnerable individuals. Out of an abundance of caution, we strongly recommend applying the same approach when staff have been exposed to someone who is *suspected* COVID-19, whenever possible.

This underscores the critical importance of backup staffing plans that will allow for adjustments when needed.

## Screening and Monitoring Individuals Receiving Services

Home health and other HCBS providers are encouraged to speak with HCBS participants (or their caregivers, as appropriate) prior to a face-to-face visit to determine whether the individual or any other person in the home has potential symptoms of COVID-19 or exposure to the disease, using the screening criteria for staff listed above. NOTE that the purpose of this screening is to ensure that staff can take proper precautions during the provision of services; it should not be used to delay or deny needed services as providers remain obligated to provide needed care.

Home health and other HCBS staff are also expected to actively and consistently monitor individuals receiving services for potential symptoms of respiratory infection. Staff should immediately notify agency management, the person's family member(s) or representatives (as applicable), and the person's primary care provider if the person begins exhibiting symptoms such as fever, cough, or shortness of breath. Whenever possible, staff should seek guidance from the person's PCP with regard to appropriate actions, including testing and/or treatment. The person should not be transported to the emergency room unless advised by the PCP or if the person's symptoms appear to be immediately life-threatening. Transporting a person to the emergency department unnecessarily could expose them to COVID-19 or other infectious diseases, or direct limited hospital resources away from those with the most urgent needs. If staff are unable to reach the person's PCP for guidance, they should contact the local health department to help assess the situation and provide guidance on further action. Staff may also contact the local health department or the Tennessee Coronavirus Public Information Line (see Resources section below) or a local assessment site for further instruction.

## Emergency Contact Information

Home health and HCBS providers should ensure that staff have the following contact information readily available for each person receiving services:

- Family member(s) or representative (as applicable)
- Primary care provider
- Local health department (see Resources section below)

**Providers should ensure ready access to medication and other relevant medical information if a person needs to be evaluated by medical personnel or transported to the hospital.** The provider should contact the MCO to help coordinate non-emergency transport for testing or treatment, or dial 911 for emergency transport, when appropriate. The home health or other HCBS provider should coordinate with the MCO or PACE entity, and for persons enrolled in the Section 1915(c) waiver, with the Independent Support Coordinator or DIDD Case Manager, as applicable, to ensure that services are in place when a hospitalized patient is preparing for discharge in order to ensure they are ready to meet the person's care needs upon return home.

## Required Notifications

**Home health and other HCBS providers are required to *immediately* notify their local health department anytime:**

- They suspect an individual has COVID-19; or
- There is an increase in the number of respiratory illnesses among individuals they serve or staff providing those services.

In addition, **home health and other HCBS providers are required to *immediately* notify the TDH Emergency Response Team at 615-741-7247.** The provider should specifically advise that:

- [Residential provider] This is a *potential* high-risk situation based on shared (congregate) living arrangement and the number of people and/or staff in the home; or

- [Home health or in-home HCBS provider] This is a *potential* high-risk situation based on exposure of agency staff and other individuals they support.

Providers are also required to notify the person's MCO, DIDD, or PACE entity, as applicable. The COVID-19 reporting process **for MCOs** is attached to this memo.

## Hand Hygiene

**Staff must practice universal precautions, including good hand hygiene prior to and during the provision of all services.** Staff should also encourage and assist as needed persons receiving HCBS to wash their hands frequently.

### Key times to wash hands include:

- **Before, during, and after** preparing food
- **Before** eating food
- **Before** and **after** caring for someone at home who is sick
- **Before** and **after** treating a cut or wound
- **After** using the toilet
- **After** changing diapers or undergarments or assisting with toileting needs
- **After** blowing your nose, coughing, or sneezing
- **After** touching an animal, animal feed, or animal waste
- **After** handling pet food or pet treats
- **After** touching garbage
- **After** you have been in a public place and touched an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens, etc.
- **Before** touching the eyes, nose, or mouth

### To wash your hands, follow these five steps every time:

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.

If soap and water are not available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. However, sanitizers do **not** get rid of all types of germs, so thorough handwashing is always best.

Residential service providers must ensure that homes are equipped with soap, hand sanitizer, and any other disinfecting agents to maintain a healthful environment. Home health and other in-home care

providers should take needed supplies with them into the home in case they are not readily available in the home to ensure that handwashing and other basic precautionary measures can be taken during the provision of services.

## Other General Safety Precautions

In addition to hand hygiene, staff should receive education and be expected to follow and encourage those they support to follow general safety precautions to limit potential exposure or spread of COVID-19. These include, but are not limited to:

- Limit physical contact, such as handshaking, hugging, etc.
- Cover coughs and sneezes with your elbow. If using hands, immediately wash hands using CDC hand hygiene guidance above.
- Avoid touching eyes, nose and mouth (entries for the virus and other germs into the body).
- Practice social distancing. Stay 6-feet away from others whenever possible.
- Avoid any location where there are 10 or more people. This includes dining and activities.
- Frequently wipe all high-touch surfaces **with disinfectant**, including kitchen counters, dining tables, other tabletops, doorknobs, bathroom fixtures (toilet seat, toilet handle, sink and fixtures), phones, keyboards, remote controls, etc.

## Use of Personal Protective Equipment (PPE)

PPE consists of masks, face shields, isolation gowns, and exam gloves.

Home health and other HCBS providers should have PPE available and should **use PPE as recommended by the CDC**. This includes using PPE in circumstances where it is warranted AND not using PPE when other alternatives are sufficient. This will help to ensure that limited PPE supplies are available for health professionals actively treating individuals with COVID-19.

If providers are unable to obtain PPE, they will not be cited for not having supplies if they cannot obtain them for reasons outside of their control. Providers should follow national guidelines for optimizing current supply or identify the next best option to care for the individuals.

## Resources:

**Tennessee Department of Health**  
[www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html)

Tennessee Coronavirus Public Information Line available daily from 10 a.m. to 10 p.m. Central  
**833-556-2476 OR 877-857-2945**

Local Regional Health Departments  
<https://www.tn.gov/health/health-program-areas/localdepartments.html>

COVID-19 Assessment Sites

<https://www.tn.gov/health/cedep/ncov/remote-assessment-sites.html>

**The Centers for Medicare and Medicaid Services**

<https://www.cms.gov/medicare/quality-safety-oversight-general-information/coronavirus>

**The Centers for Disease Control and Prevention**

CDC <https://www.cdc.gov/coronavirus/>

CDC Guidance <https://www.cdc.gov/coronavirus/2019-ncov/communication/guidance-list.html?Sort=Date%3A%3Adesc>

**Response when Person Receiving RESIDENTIAL Services is Confirmed COVID-19 Positive**

(The person has been tested for COVID-19, and the test was positive.)

TennCare Response	MCO, DIDD, or PACE Entity Response	Provider Response
<p>Maintain tracking and oversight based on information reported by the MCO, DIDD or PACE entity and elevate concerns regarding PPE shortages when there is a <i>confirmed</i> COVID-19 case.</p>	<ul style="list-style-type: none"> <li>• Notify TennCare via COVID-19 reporting process.</li> <li>• Elevate concerns regarding PPE shortages when there is a <i>confirmed</i> COVID-19 case.</li> <li>• Facilitate transportation to hospital if determined to be needed.</li> <li>• Maintain tracking and oversight based on information reported by the provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Notify local Health Department.</li> <li>• Notify the TDH Emergency Response Team of high-risk situation based on sharing living arrangement at <b>615-741-7247</b>.</li> <li>• Notify primary care (or other treating) provider to advise regarding treatment needs.</li> <li>• Notify family member(s) or representative, as applicable—of person who is <i>confirmed</i> COVID-19 positive <u>and</u> family member(s) or representative of other persons living in the home.</li> <li>• Notify MCO, DIDD, or PACE entity, as applicable, using COVID-19 reporting process.</li> <li>• <b>Notify and facilitate testing of persons living in the home AND all staff</b> who may have had close contact with the person who is <i>confirmed</i> COVID-19 positive during the 14 days prior to the onset of symptoms up to implementation of isolation or as advised by the TDH ERT or local Health Department.</li> <li>• Notify others who may have had close contact with the person who is <i>confirmed</i> COVID-19 positive during the 14 days prior to the onset of symptoms up to implementation of isolation.</li> </ul> <p><b>IF IT IS DETERMINED THAT HOSPITALIZATION IS <u>NOT</u> REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Isolate person who is <i>confirmed</i> COVID-19 positive in their own room (with a separate bathroom, if possible). Isolation should continue until asymptomatic (including no fever) for at least 72 hours.</li> <li>• Continue to provide needed support to the person in isolation and separately to other persons living in the home. Staffing for persons with COVID-19 should be limited to as few staff as possible. When staff are providing services to a person <i>confirmed</i> positive COVID-19, it is best if they do not work with people who are not infected.</li> <li>• Review and implement revised staffing plan, including emergency back-up as needed.</li> <li>• Review/reinforce info and training to all staff and other persons living in the home on heightened infection control procedures.</li> <li>• Require and provide Personal Protective Equipment (PPE) for the person who is <i>confirmed</i> COVID-19 positive and staff supporting them. The provider should request PPE as needed to ensure supply and make it clear that they have a COVID-19 positive case and need priority PPE. If they are not able to get required PPE and have a <i>confirmed</i> positive case, they must document and notify the MCO, DIDD, or PACE entity, as applicable, immediately.</li> <li>• Notify the PCP of any significant changes in the person’s condition to advise regarding treatment or seek emergency care in circumstances that are immediately life-threatening.</li> <li>• Create and maintain log of all persons who interact with the person who is <i>confirmed</i> COVID-19 positive (including staff)—during the period of isolation.</li> <li>• Explore potential to relocate other persons supported to other homes or settings, <i>as possible and desired</i>.</li> <li>• Facilitate ongoing communication with family member(s) or representative, as applicable, and communication between the person and family and friends, using telephonic or video technologies (such as FaceTime or Zoom).</li> </ul>

**Response when Person Receiving RESIDENTIAL Services is *Suspected* to have COVID-19**

(The person has been tested and awaiting results OR a physician has indicated that it is likely the person has COVID-19, but is not being tested at this time).

TennCare Response	MCO, DIDD, or PACE Entity Response	Provider Response
<p>Respond to requests from MCO, DIDD, or PACE entity for assistance or guidance and elevate concerns regarding PPE shortages when there is a <i>suspected</i> COVID-19 case.</p>	<ul style="list-style-type: none"> <li>• Assist provider with obtaining testing as needed and appropriate, based on guidance of PCP/ treating provider and/or local Health Department.</li> <li>• Facilitate transportation to testing if determined to be needed.</li> <li>• Follow-up to determine status and testing outcome, as applicable.</li> <li>• Elevate concerns when alerted regarding PPE shortages when there is a <i>suspected</i> COVID-19 case.</li> </ul>	<ul style="list-style-type: none"> <li>• Contact primary care (or other treating) provider to advise regarding COVID-19 testing/treatment. See memo for alternatives.</li> <li>• Notify local Health Department.</li> <li>• Notify the TDH Emergency Response Team of <i>potential</i> high-risk situation based on sharing living arrangement at <b>615-741-7247</b>.</li> <li>• Notify family member(s) or representative, as applicable—of person who is <i>suspected</i> to have COVID-19.</li> <li>• Notify staff and others who may have had close contact with the person who is <i>suspected</i> to have COVID-19 during the 14 days prior to the onset of symptoms up to implementation of quarantine.</li> </ul> <p><b>IF IT IS DETERMINED THAT HOSPITALIZATION IS <u>NOT</u> REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Quarantine person who is <i>suspected</i> to have COVID-19 in their own room (with a separate bathroom, if possible) until the person is confirmed COVID-19 negative via testing <b>and</b> is asymptomatic (including no fever) for at least 72 hours.</li> <li>• Continue to provide needed support to the person in quarantine and separately to others living in the home.</li> <li>• Review/reinforce info and training to all staff and people living in the home on heightened infection control procedures.</li> <li>• Require and provide Personal Protective Equipment (PPE) for staff supporting the person who is <i>suspected</i> to have COVID-19, following the most current CDC guidance. The provider should request PPE as needed to ensure supply and make it clear that they have a <i>suspected</i> COVID-19 case and need priority PPE. If they are not able to get required PPE and have a <i>suspected</i> COVID-19 case, they must document and notify the MCO, DIDD, or PACE entity, as applicable, immediately. (PPE for support settings with <i>confirmed</i> COVID-19 should be prioritized above settings with <i>suspected</i> COVID-19 when PPE supplies are limited. See memo for additional guidance.)</li> <li>• Notify the PCP of any significant changes in the person’s condition to advise regarding treatment or seek emergency care in circumstances that are immediately life-threatening.</li> <li>• Create and maintain log of all persons who interact with the person who is <i>suspected</i> to have COVID-19 (including staff)—during the period of quarantine.</li> <li>• Facilitate ongoing communication with family member(s) or representative, as applicable, and communication between the person and family and friends, using telephonic or video technologies (such as FaceTime or Zoom).</li> </ul>

**Response when Person Receiving IN-HOME SUPPORT is *Confirmed* COVID-19 Positive**

(The person has been tested for COVID-19, and the test was positive.)

TennCare Response	MCO, DIDD or PACE Entity Response	Provider Response
<p>Maintain tracking and oversight based on information reported by the MCO, DIDD or PACE entity, and elevate concerns regarding PPE shortages when there is a <i>confirmed</i> COVID-19 case.</p>	<ul style="list-style-type: none"> <li>• Notify TennCare via established reporting processes.</li> <li>• Elevate concerns regarding PPE shortages when there is a <i>confirmed</i> COVID-19 case.</li> <li>• Facilitate transportation to hospital if determined to be needed.</li> <li>• Maintain tracking and oversight based on information reported by the provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Notify local Health Department.</li> <li>• Notify the TDH Emergency Response Team of high-risk situation based on exposure of agency staff and other individuals they support at <b>615-741-7247</b>.</li> <li>• Coordinate with person and family member(s) or representative to notify primary care (or other treating) provider to advise regarding treatment needs.</li> <li>• Notify MCO, DIDD, or PACE entity, as applicable, using COVID-19 reporting process.</li> <li>• Educate person and family member(s) or representative of the critical importance of isolation and notification and self-quarantine of all other individuals who may have had close contact with the person who is <i>confirmed</i> COVID-19 positive during the 14 days prior to the onset of symptoms up to implementation of isolation.</li> <li>• <b>Notify and facilitate testing of staff</b> who may have had close contact with the person who is <i>confirmed</i> COVID-19 positive during the 14 days prior to the onset of symptoms up to implementation of isolation or as advised by the TDH ERT or local Health Department.</li> </ul> <p><b>IF IT IS DETERMINED THAT HOSPITALIZATION IS <u>NOT</u> REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Isolate person who is <i>confirmed</i> COVID-19 positive in their own room (with a separate bathroom, if possible). Isolation should continue until asymptomatic (including no fever) for at least 72 hours.</li> <li>• Continue to provide needed support to the person in isolation. Staffing for persons with COVID-19 should be limited to as few staff as possible. When staff are providing services to a person <i>confirmed</i> positive COVID-19, it is best if they do not work with people who are not infected.</li> <li>• Review and implement revised staffing plan, including emergency back-up as needed.</li> <li>• Review/reinforce info and training with all staff working in the home on heightened infection control procedures.</li> <li>• Require and provide Personal Protective Equipment (PPE) for staff supporting the person who is <i>confirmed</i> COVID-19 positive. The provider should make it clear that they have a COVID-19 positive case and need priority PPE. If they are not able to get required PPE and have a <i>confirmed</i> positive case, they must document and notify the MCO, DIDD, or PACE entity, as applicable, immediately.</li> <li>• Notify the PCP of any significant changes in the person’s condition to advise regarding treatment or seek emergency care in circumstances that are immediately life-threatening.</li> <li>• Create and maintain log of all persons who interact with the person who is <i>confirmed</i> COVID-19 positive (including staff)—during the period of isolation.</li> <li>• Facilitate ongoing communication with family member(s) or representative, as applicable, and communication between the person and family and friends, using telephonic or video technologies (such as FaceTime or Zoom).</li> </ul>

**Response when Person Receiving IN-HOME SUPPORT is *Suspected* COVID-19 Positive**

(The person has been tested and awaiting results OR a physician has indicated that it is likely the person has COVID-19 but is not being tested at this time).

TennCare Response	MCO, DIDD, or PACE Entity Response	Provider Response
<p>Maintain tracking and oversight based on information reported by the MCO, DIDD or PACE entity and elevate concerns regarding PPE shortages when there is a <i>suspected</i> COVID-19 case.</p>	<ul style="list-style-type: none"> <li>• Notify TennCare via established reporting processes.</li> <li>• Elevate concerns when alerted regarding PPE shortages when there is a <i>suspected</i> COVID-19 case.</li> <li>• Facilitate transportation to hospital if determined to be needed.</li> <li>• Maintain tracking and oversight based on information reported by the provider.</li> </ul>	<ul style="list-style-type: none"> <li>• Notify local Health Department.</li> <li>• Notify the TDH Emergency Response Team of <i>potential</i> high-risk situation based on exposure of agency staff and other individuals they support at <b>615-741-7247</b>.</li> <li>• Coordinate with person and family member(s) or representative to notify primary care (or other treating) provider to advise regarding COVID-19 testing/treatment. See memo for alternatives.</li> <li>• Educate person and family member(s) or representative of the critical importance of quarantine and notification and self-quarantine of all other individuals who may have had close contact with the person who is <i>suspected</i> COVID-19 positive during the 14 days prior to the onset of symptoms up to implementation of quarantine.</li> <li>• <b>Notify staff</b> who may have had close contact with the person who is <i>suspected</i> COVID-19 positive during the 14 days prior to the onset of symptoms up to implementation of quarantine.</li> </ul> <p><b>IF IT IS DETERMINED THAT HOSPITALIZATION IS <u>NOT</u> REQUIRED:</b></p> <ul style="list-style-type: none"> <li>• Quarantine person who is <i>suspected</i> COVID-19 positive in their own room (with a separate bathroom, if possible) until the person is confirmed COVID-19 negative via testing <b>and</b> is asymptomatic (including no fever) for at least 72 hours.</li> <li>• Continue to provide needed support to the person in quarantine.</li> <li>• Review and implement revised staffing plan, including emergency back-up as needed.</li> <li>• Review/reinforce info and training with all staff working in the home on heightened infection control procedures.</li> <li>• Require and provide Personal Protective Equipment (PPE) for staff supporting the person who is <i>suspected</i> COVID-19 positive. The provider should make it clear that they have a <i>suspected</i> COVID-19 positive case and need priority PPE. If they are not able to get required PPE and have a <i>suspected</i> COVID-19 case, they must document and notify the MCO, DIDD, or PACE entity, as applicable, immediately. (PPE for support settings with <i>confirmed</i> COVID-19 should be prioritized above settings with <i>suspected</i> COVID-19 when PPE supplies are limited. See memo for additional guidance.)</li> <li>• Notify the PCP of any significant changes in the person’s condition to advise regarding treatment or seek emergency care in circumstances that are immediately life-threatening.</li> </ul> <p>Create and maintain log of all persons who interact with the person who is <i>suspected</i> COVID-19 positive (including staff)—during the period of quarantine.</p> <ul style="list-style-type: none"> <li>• Facilitate ongoing communication with family member(s) or representative, as applicable, and communication between the person and family and friends, using telephonic or video technologies (such as FaceTime or Zoom).</li> </ul>