**SUPPLEMENTAL GUIDANCE FOR HOME CARE/IN-HOME PROVIDERS**

**On Completion of ICAR Self-Assessment and Action Plan**

**Under NC Medicaid’s Special Bulletin COVID-19 #88**

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| **BACKGROUND** |

On May 11th, NC Medicaid released [***SPECIAL BULLETIN COVID-19 #88: Additional Temporary Rate Increases for Skilled Nursing Facilities, LTSS Personal Care Service Providers and Home Health Providers to support Strengthening Infection Prevention Activities.***](https://medicaid.ncdhhs.gov/blog/2020/05/11/special-bulletin-covid-19-88-additional-temporary-rate-increases-skilled-nursing)

Under this Bulletin, in-home/home care providers under Medicaid’s Home Health, Personal Care and CAP DA services are expected to conduct an Infection Control Assessment and Response (ICAR) self-assessment and submit it along with an Action Plan and the provider’s applicable Infection Control Plan.

NC DHHS’ intention is for all providers covered under Special Bulletin #88 to assess infection control practices, regardless of setting. However, the ICAR tool and related action plan were originally designed to assess facility-based infection control measures, which are not fully applicable to in-home services.

This supplemental guidance clarifies how in-home/home care providers can appropriately complete this tool and leverage this exercise to improve organizational practices.

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| **IF YOU HAVE QUESTIONS ABOUT THIS GUIDANCE** | **Please email Trish Farnham at** **trish.farnham@dhhs.nc.gov** **or Kathie Smith at**  **kathie@ahhcnc.org** |

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| **MODIFIED EMAIL SUBJECT LINE FOR HOME CARE PROVIDERS SUBMITTING ICAR and ACTION PLAN** | **“COVID HC”** |

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| **IF AN ICAR ELEMENT IS NOT APPLICABLE TO HOME CARE** | **Respondent can skip the question and leave element response blank.** |

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| **PLEASE SUBMIT ALL TOOLS AND DOCUMENTS TO THIS ADDRESS** | **evelyn\_cook@med.unc.edu** |

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|  **GUIDANCE FOR HOME CARE/IN-HOME PROVIDERS COMPLETING THE ICAR ASSESSMENT** |
| **Section** | **Home Care/In-Home Guidance** |
| **Throughout the ICAR tool** | * Interpret “facility” as “provider/agency” (and related census) where necessary.
* Interpret “community” as “county” where necessary.
* Interpret “resident” as “client/consumer/person/patient.”
* In-home providers may submit one assessment for multiple locations, if appropriate.
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| **Introduction Page** | * The ONLY applicable section to home care is *Assess Supply of Personal Protective Equipment (PPE) and Initiate Measures to Optimize Current Supply*
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| **Demographics** | * Under Facility Type: select “Home Care”
* Replace “bed” with approximate census number on the day the tool is completed.

Under *Which of the following situations apply to the facility? (Choose the most appropriate answer),** Select among first two boxes based if counties covered by provider agency have confirmed cases.
* If multiple counties are covered and any have confirmed cases, select*Cases reported in their community* option.
* Disregard *Sustained transmission reported in their community* option.
* Please check under Cases identified in their facility (either among HCP or residents), if provider has identified cases among its census or its workforce.
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| **Visitor Restrictions** | * This section is not applicable to home care providers. Please leave blank.
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| **Education, Monitoring and Screening of Healthcare Personnel**  | * “Shift” can be construed as “visit.”
* If agency implements self-screening requirements for home care staff, mark applicable box (Always, Sometimes, Never) based on this practice.
* The element *on Nonessential Personnel Entering the Building* is not applicable to home care providers.
* The element on *Personnel that Work at Multiple Facilities* is not applicable to home care providers.
* “Consulting personnel” can include “contract personnel.”
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| **Education, Monitoring and Screening of Residents** | * If home care provider assesses patient [under this guidance](https://files.nc.gov/ncdhhs/documents/files/covid-19/NC-Interim-Guidance-for-BHIDD-In-Home-Service-Providers.pdf) provided by NC DHHS, check appropriate box under first element (assessment)
* Transmission-Based Precautions [can be found here](https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html).
* *Monitoring of Ill Residents* element is not applicable.
* *Facility dedicated wing* element is not applicable.
* Elements related to *stopping group activities and communal dining* are not applicable.
* *Facility residents leaving the facility* and related PPE element is not applicable.
* Facility education examples may not be applicable, but please still respond to the element.
* *Additional actions when COVID-19 is identified in the facility…* element is not applicable to home care providers.
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| **Availability of PPE and Other Supplies** | * *Hand sanitizer* element can be interpreted to mean “is hand sanitizer available to staff while in the patient’s home?”
* Element related *to sinks being stocked to soap and paper towels* are not applicable to resident’s homes.
* *PPE availability in resident care areas* element should be construed as staff having necessary PPE available for use for patient care.
* *Tissue availability in resident rooms* element is not applicable.
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| **Infection Prevention and Control Practices** | * *Facility has implemented* ***universa****l use of facemasks* element should be construed as applicable to staff only.
* *Additional actions when COVID-19 is identified in the facility or there is sustained transmission in the community* is not applicable to home care providers.
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| **Communication**  | * Complete as appropriate.
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| **GUIDANCE FOR COMPLETING ACTION PLAN** |
| * Please mark “NA” for the Visitor Restrictions.
* For all other sections, please submit action plan information for only applicable elements.
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