



The requirement for in-person face-to-face visits by Support Coordinators has been suspended since March 2020 due to the COVID-19 pandemic. Effective August 16, 2021, in-person face-to-face visits shall resume as outlined in this document. Please direct any questions to DDD.SCHelpdesk@dhs.nj.gov.

Waiver Requirements for Support Coordination Visits

As required by the NJ FamilyCare 1115 Comprehensive Demonstration programs and outlined in section 13.1 of the Community Care Program and Supports Program Manuals, Support Coordinators must complete a monthly contact, quarterly in-person face-to-face visit and an annual in-person face-to-face home visit.

Timeline for Return to In-Person Face-to-face Visits

- 1. For the period from August 16, 2021 through December 31, 2021:** Support Coordinators are directed to resume in-person face-to-face visits. In-person face-to-face visits shall be *attempted* for as many assigned individuals as possible during this period. If an individual declines an in-person face-to-face visit the reason shall be documented in iRecord. The ability to change the iRecord icon to reflect the appropriate visit type shall be retained.
 - Individual/Family Homes (Not Provider Managed Residential Settings such as Group Homes) - If an in-person face-to-face visit is declined due to a household member being symptomatic of, positive/quarantining due to exposure for COVID-19 or a general COVID-19 concern, the visit may be conducted via phone/video call with the reason documented as a case note in iRecord. A different date may be selected if all parties are agreeable. The Support Coordinator shall convey that, barring a member of the household being symptomatic of or positive/quarantining due to exposure for COVID-19, quarterly and annual in-person face-to-face visits will be required to resume beginning January 1, 2022.
 - Provider Managed Settings such as Group Homes – Provider managed settings are expected to comply with the in-person face-to-face visit requirement unless there is a resident of the home who is symptomatic of or positive/quarantining due to exposure for COVID-19. In this instance, the visit shall be re-scheduled for at least 14 days later (unless less time is directed by a healthcare professional) or as appropriate based on the health of the resident(s).
 - Day Programs – Support Coordinators shall inquire with the day services provider about its voluntary ability to facilitate in-person face-to-face visits during this period.
- 2. For the period beginning January 1, 2022:** Support Coordinators are directed to resume in-person face-to-face visits for **all** assigned individuals, scheduling as necessary to ensure this waiver requirement is met. 100% of clients are expected to receive their in-person face-to-face visits in calendar year 2022.
 - Individual/Family Homes or Provider Managed Residential Settings such as Group Homes – If a member of the household is symptomatic of or positive/quarantining due to exposure for COVID-19 an in-person face-to-face visit may not take place. In this instance, the reason shall be documented as a case note in iRecord and an in-person face-to-face visit shall be re-scheduled for at least 14 days later (unless less time is directed by a healthcare professional) or as appropriate based on the health of the resident(s). A phone/video visit shall be completed for the month an in-person face-to-face visit cannot occur.
 - Day Programs – Support Coordinators shall schedule in-person face-to-face meetings with the day services provider as occurred pre-pandemic.

Protocols for Visits (Regardless of Location) - Requirements for in-person face-to-face visits include the following:

1. Support Coordination Agency shall meet the visitation requirements outlined in this guidance.
2. Support Coordinators must self-screen using the screening questions found in this document prior to all in-person visits and not participate if symptomatic of or positive for COVID-19. If positive for COVID-19, in-person visits shall not resume until the Support Coordinator is cleared by a healthcare professional.
3. In-person face-to-face visits must be scheduled in advance with the individual/family/provider and time on-site kept to a minimum.
4. For visits in the individual/family home, Support Coordinators are encouraged to contact the household the day before the visit and ask the screening questions found in this document, rescheduling as appropriate. *In any case, the screening questions shall be asked prior to entering the site on the day of the visit.* Household members can self-report responses to questions – Support Coordinators are not expected to take temperatures.
5. For visits to provider managed settings, the provider will advise if a visit cannot occur due to COVID-19. It is recommended that the Support Coordinator call the day before the visit and reschedule as appropriate. Screening protocols in place by the provider shall be adhered to.
6. A Support Coordinator should not complete an in-person face-to-face visit within 14 days of a member of a household being visited testing positive for COVID-19 or having symptoms of COVID-19 for which a healthcare professional has directed quarantine (unless less time is directed by a healthcare professional).
7. Support Coordinators must wear a face covering and physically distance (6 feet apart from others) while conducting an in-person face-to-face visit. Other participants should be encouraged to wear a face covering and physically distance. The refusal or inability of an individual/family member to comply does not release the Support Coordination Agency from the responsibility to complete an in-person face-to-face visit. A brief in-home interaction can occur followed by an interaction outside the home if preferred by the involved parties.
8. Support Coordinators shall monitor themselves for signs and symptoms of COVID-19 for at least 14 days after the visit. If symptoms occur, Support Coordinators should self-isolate at home and contact their healthcare provider for guidance on quarantine and testing. If positive for COVID-19, the Support Coordinator shall immediately notify the provider/family of the date they visited and complete an incident report.
9. The Division is not limiting the number of homes that a Support Coordinator can visit on a single day. Support Coordinators shall keep a record of persons visited in a single day that is accessible to their supervisor if needed.

Vaccine Information

COVID-19 vaccines currently authorized in the United States are effective against SARS-CoV-2, including severe COVID-19 disease. Preliminary evidence suggests that the currently authorized COVID-19 vaccines may provide some protection against a variety of strains. A growing body of evidence suggests that fully vaccinated people are less likely to have asymptomatic infection and potentially less likely to transmit COVID-19. Investigation is ongoing.

The risks of COVID-19 infection in fully vaccinated people cannot be completely eliminated as long as there is continued community transmission of the virus. Vaccinated people could potentially still get COVID-19 and spread it to others. At this time, there is limited data on vaccine protection in people who are immunocompromised. People with immunocompromising conditions, including those taking immunosuppressive medications, should discuss the need for personal protective measures after vaccination with their healthcare provider.

An individual/family/provider may inquire about the vaccination status of the Support Coordinator and the Support Coordinator may do the same. However, information is not required to be provided by any party. Out of respect for everyone's privacy, it is recommended that all parties approach every interaction assuming participants are not vaccinated and follow CDC recommendations around wearing face coverings and physical distancing from others.

If an individual/family is not vaccinated and would like information on how to receive a COVID-19 vaccine, the Support Coordinator shall share the information found at [NJ Vaccine Appointment Finder](#), for homebound individuals, [NJ Homebound Vaccine](#) and reasonably assist with coordinating vaccination.

At this time, people are considered fully vaccinated for COVID-19 ≥2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥2 weeks after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen).

Screening Questions

The following screening questions should be used for Support Coordinator self-screening as well as for pre-screening of individuals prior to visits. Support Coordination Agencies may find it helpful to develop a screening form, so that documentation can be recorded and stored.

1. Signs and symptoms of a respiratory infection (Regardless of vaccination status)

- A. Have you had a temperature over 100.4° within the past 24 hours?
- B. Current temperature must be verified and recorded as directed.
- C. Thermometer must be completely sanitized between uses.
- D. Have you had any of the following symptoms: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea not related to another known condition (see [CDC Symptoms of Coronavirus](#)).

2. Close contact with someone who has COVID-19 (Not applicable to *fully vaccinated* staff/individuals unless they are immunocompromised)

A. Have you had close contact with someone* who has tested positive for COVID- 19 in the past 14 days?

- Please note that if the close contact was solely due to continuing care for an infected individual in the residence or other healthcare setting and appropriate personal protective equipment was worn during that encounter answering Yes to this question does not preclude the staff person from working or someone participating in a visit. In this instance, the staff person can continue to work, unless they display symptoms, and should follow universal precautions including wearing personal protective equipment. Please see [NJDOH Healthcare Personnel Exposure to COVID-19 Case Risk Algorithm](#) for detailed information.
- Close contact for healthcare exposures is defined as follows: Someone who was: (a) within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated, and/or (b) had direct contact with the infectious secretions of a person with laboratory-confirmed COVID- 19. Examples include Caring for or visiting the person; Having unprotected direct contact with infectious secretions or excretions of the patient (for example, being coughed on or handling a dirty tissue).

3. Travel outside of New Jersey ([NJ Travel Guidelines](#)). (NOT APPLICABLE TO FULLY VACCINATED PERSONS)

- A. Are you, or anyone in the household, unvaccinated and have traveled within the last 14 days to a U.S. state other than Delaware, New York or Pennsylvania for more than 24 hours and not followed CDC guidance upon return – including self-quarantining for at least 7 days after travel AND having had a negative test for COVID-19 3-5 days upon return to NJ, OR having self-quarantined for 10 days upon return and being asymptomatic of COVID-19?

References and Resources

1. [CDC Guidance for Potential COVID-19 Exposure Associated with International or Domestic Travel](#)
2. [CDC Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)