



December 30, 2021

**Topic: Support Coordinator Field Visits
Effective February 1, 2022**

The requirement for face-to-face visits by Support Coordinators (SCs) was suspended in March 2020 due to the COVID-19 pandemic. In July 2021, the Division released guidance on the limited resumption of face-to-face visits through the end of calendar year 2021. This document confirms requirements for face-to-face visits **effective February 1, 2022** which were previously to begin January 1, 2022. 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, SCs must complete a monthly contact, quarterly face-to-face visit and an annual face-to-face home visit.

Background Rationale and Evidence for Public Health Recommendations for Fully Vaccinated People¹

All COVID-19 vaccines currently approved or authorized in the United States are effective against COVID-19, including against severe disease, hospitalization, and death. Available evidence suggests the currently approved or authorized COVID-19 vaccines are highly effective against hospitalization and death for a variety of strains.

The risk of COVID-19 infection in fully vaccinated people cannot be completely eliminated as long as there is continued community transmission of the virus. Early data suggest infections in fully vaccinated persons are more commonly observed with the Delta variant than with other COVID-19 variants. However, data show fully vaccinated persons are less likely than unvaccinated persons to acquire COVID-19, and infections with the Delta variant in fully vaccinated persons are associated with less severe clinical outcomes. Infections with the Delta variant in vaccinated persons potentially have reduced transmissibility than infections in unvaccinated persons, although additional studies are needed.

Resumption of Face-to-Face Visits

Support Coordinators² and Staff in Licensed Residential and Certified Day settings are required to comply with [Executive Order 252](#) and [Executive Directive No. 21-011](#) which requires covered workers to be fully vaccinated against or submit to weekly testing for COVID-19. Further, SCs shall complete daily screening for positivity, symptoms and exposure for COVID-19. If they do not pass the screening they are prohibited from engaging in face-to-face interactions. SCs shall wear a well-fitting face covering during visits.

So long as screening permits and masking occurs as per current guidance found in the Developmental Disabilities section of the [DHS Novel Coronavirus Information Page](#), all congregate residential and day service settings shall accommodate face-to-face SC visits. If an individual or their caretaker in a private home are hesitant to engage in a visit it is important to understand the reasons and work collaboratively toward resolution. In all cases where there is concern over a face-to-face visit the SC shall communicate that:

- Vaccination is effective against COVID-19;
- SCs are required to (i) either be vaccinated or tested weekly for COVID-19, (ii) screen for COVID-19 positivity, symptoms and exposure before each visit, and (iii) will not participate in a visit if screening is not passed;
- Exposure to COVID-19 occurs through close contact³ which is defined as being within six feet of someone who has

¹ https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinated-people.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Ffully-vaccinated-people.html

² <https://www.state.nj.us/humanservices/ddd/documents/covid19-support-coordination-agency-vaccination-compliance.pdf>

³ <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>

- tested positive for COVID-19 for a total of 15 minutes or more over a 24 hour period; and
- The SC will wear a well-fitting face covering during the visit and the encounter can take less than 15-minutes if preferred.

The Division recognizes that COVID-19 remains a concern and seeks to provide support and assistance. Therefore, if an individual or their caretaker decline to engage in a face-to-face visit after receiving information from their SC, the SC is directed to document this in a case note. Support Coordinators are to contact the DDD.SCHelpdesk@dhs.nj.gov for guidance if an individual will reach three months or more, beginning in February 2022, without a face-to-face visit. It is expected that Support Coordinators will attempt face-to-face visits each month so that the end of a quarter is not reached without one occurring. After contact to the Division is received, the Support Coordination Unit will contact the individual/caretaker and engage in a collaborative discussion to clearly understand their concerns with the goal of reaching a sensible solution to address them, such as a brief socially distanced interaction.

Support Coordinator Face-to-Face Visits for the Period Beginning February 1, 2022

SCs are directed to resume face-to-face visits for all assigned individuals, scheduling as necessary to ensure this waiver requirement is met. 100% of individuals are expected to receive the required face-to-face visits in calendar year 2022. If face-to-face visits were conducted in 2021, the quarterly schedule should continue from the date of the last face-to-face visit, where possible. If no visits were completed in 2021, the first quarterly visit should be completed by April 30, 2022. Video conferencing does not satisfy the face-to-face visit requirement.

- Individual/Family Homes or Provider Managed Residential Settings such as Group Homes** – As it relates to COVID-19, if the individual or a member of the household is being isolated (tested positive), quarantined (unvaccinated individual who came into close contact with an infectious individual), or symptomatic, then a face-to-face visit can be delayed. Please see the *Screening Questions* section of this document for recommended timeframes for face-to-face visit re-scheduling. A phone/video visit shall be completed any month in which a face-to-face visit cannot occur.
- Day Programs** – SCs shall resume face-to-face meetings with the day services provider and adhere to the screening requirements in-place at the setting.

Protocols/Requirements for Face-to-Face Visits (Regardless of Location)

- Each Support Coordination Agency (SCA) shall meet the visitation requirements herein.
- Regardless of the setting being visited, SCs must self-screen using the screening questions found in this document prior to all in-person face-to-face visits. SCs should **not** participate if the answer to any screening question is “Yes” (subject to the qualifying exceptions for close contacts set forth below). If positive for COVID-19, the SC shall not resume visits until the SC staff completes isolation pursuant to [CDC recommendations for Healthcare Personnel](#).
- Face-to-face visits must continue to be scheduled in advance with the individual/family/provider and time on-site kept to a minimum.
- For visits in the individual/family home, SCs are encouraged to contact the household the day before the visit and ask the screening questions found in this document. *In every 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 – SCs are not expected to take temperatures.
- For visits to provider-managed residential settings, the provider will advise if a member of the household is being isolated (tested positive), being quarantined (unvaccinated individual who came into close contact with an infectious individual), or symptomatic for COVID-19. It is recommended that the SC call the day before the visit to verify a visit can take place. Screening protocols in place by the provider shall be followed.
- SCs must wear a well-fitting face covering and physically distance (6 feet apart from others) while conducting a 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 SCA from the responsibility to complete a face-to-face visit. A brief in-person interaction can occur followed by an interaction outside the setting if preferred by the involved parties.
- SCs shall monitor themselves for signs/symptoms of COVID-19 for at least 14 days after the visit. If symptoms occur, SCs shall follow CDC recommendations on testing and isolation or contact their health care provider for additional guidance. If positive for COVID-19, the SC shall immediately notify any provider/family they visited for

the period starting two days before they first experienced symptoms through the start of their isolation and complete an incident report to the Division.

8. The Division is not limiting the number of homes that a SC can visit in a single day. SCs shall keep a record of persons visited in a single day that is accessible to their supervisor if needed.
9. If an individual/family is not vaccinated and would like information on how to receive a COVID-19 vaccine, the SC shall share the information found at <https://covid19.nj.gov/pages/finder> or, for homebound individuals, [NJ Homebound Vaccine](#) and reasonably assist with coordinating vaccination.

Screening Questions

The following screening questions shall be used for SC self-screening and pre-screening of individuals prior to visits. SCAs may find it helpful to develop a screening form, so that documentation can be recorded and stored. Answering “Yes” to Questions 1, 2 or 3 relating to positivity or symptoms shall result in the face-to-face visit being re-scheduled for at least five days later. Answering “Yes” to Question 4 related to exposure shall result in the face-to-face visit being rescheduled for at least five days later if the SC staff is unvaccinated or is eligible for but has not yet received their booster shot. In all circumstances, less or more time may be required as directed by a healthcare professional, CDC Guidance or as appropriate based on the health of the individual(s) or other household members. A phone/video visit shall be completed for any month in which a face-to-face visit cannot occur.

1. Is the Support Coordinator engaging in a face-to-face visit currently positive for COVID-19?

2. Is a member of the household an SC is visiting currently positive for COVID-19?

3. 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. Have you had any of the following symptoms not related to an existing health condition: 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](#)).

4. Close contact with someone who has COVID-19 (Not applicable to *fully vaccinated*⁴ staff or those who have recovered from SARS-CoV-2 infection in the prior 90 days unless they are immunocompromised)

- A. Have you had close contact with anyone* 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 necessarily preclude the staff person from work. In this instance, please see [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) for direction.
 - Close contact for healthcare exposures is defined as: (a) being 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) having direct contact with the infectious secretions of a person with laboratory-confirmed COVID- 19. Examples include, without limitation, (a) caring for or visiting the infected person, or (b) having unprotected direct contact with infectious secretions or excretions of the patient (for example, being coughed on or handling a dirty tissue).

References and Resources

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

⁴ 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).