

Reopening Massachusetts: Guidance for Home Visiting Services

MA Home Visiting Initiative (MHVI), Welcome Family, Early Intervention Parenting Partnerships Program (EIPP), FIRST Steps Together, FOR Families, and Early Intervention (EI)

For the protection of clients and staff, MHVI, Welcome Family, EIPP, FIRST Steps Together, FOR Families, and EI should continue to prioritize the use of telehealth services where clinically appropriate and feasible for a given participant/client.

Detailed information about Governor Baker's phased reopening plan is available at www.mass.gov/reopening. DPH Commissioner Bharel serves on the Reopening Advisory Board and is working with DPH experts to ensure that public health and safety are the foremost priorities. The Governor's plan is the roadmap for the reopening, and as new information about the COVID-19 pandemic becomes available, the state may need to adjust course.

What does the phased reopening mean for home visiting?

Under the phased reopening, home visiting programs will follow the same guidelines as health care providers. [DPH Phase 3 Reopening Non-Acute Care Hospital/Health Care Provider Guidance](#) (Phase 3 Guidance) states that, effective July 6, 2020, health care providers may continue to provide in-person procedures and services as authorized in Phase 2, with the addition of in-person group treatment and incremental reopening of day programs. Providers must maintain adherence to the prioritization policy and compliance with public health and safety standards outlined in Phases 1 and 2, and continue to utilize and prioritize telehealth whenever feasible and appropriate. Therefore, MHVI, Welcome Family, EIPP, FIRST Steps Together, FOR Families, and EI should continue providing telehealth services where clinically appropriate and feasible for a given participant/client. Telehealth should also be prioritized in lieu of in person group treatment when clinically appropriate.

What are the required public health and safety standards for resuming in-person visits?

[DPH Phase 1 Reopening Non-Acute Hospital Health Care Provider Guidance](#) (Phase 1 Guidance) outlined the required public health and safety standards for health care providers to resume in-person services. These standards continue in Phase 3, and need to be in place should a home visiting program deem it necessary to conduct in-person visits. There you will find detailed requirements related to: (1) personal protective equipment, (2) workforce safety, (3) patient safety, and (4) infection control. Each agency must develop written policies and procedures that meet or exceed the requirements outlined in Section IV of the Phase 1 Guidance or incorporate the requirements of Section IV into its existing policies and protocols.

An overview of the public health and safety standards as they apply to home visiting is provided below. For further information and complete requirements, please refer to the [Phase 1 Guidance](#).

Personal protective equipment (PPE)

- Ensure an adequate supply of PPE and other essential supplies for the expected number and type of services that will be provided. To meet this requirement, providers may not rely on additional distribution of PPE from government emergency stockpiles.
- Take reasonable steps to maintain a reliable supply chain to support continued operations.
- Develop and implement appropriate PPE use policies for all services and settings in accordance with DPH and CDC guidelines.
- The state's re-opening team is working with the Medical Emergency Response Team to produce a list of PPE suppliers. This information will be provided to assist Massachusetts organizations with PPE purchasing.

Workforce safety

- Have appropriate PPE for staff to perform the home visits and any related care for clients. If appropriate PPE is not available to protect the home visitor, the visit should be cancelled or conducted virtually.
- Wear at least a surgical facemask at all times during home visits, consistent with [DPH's Comprehensive PPE Guidance](#).
- Ensure physical distancing between home visitors and families to the extent possible.

Patient safety

- Have a process for checking for signs and symptoms of or known exposure to COVID-19 prior to conducting an in-person visit.
- Ensure all clients and companions aged 2 or older wear face coverings as consistent with [this DPH guidance](#). The requirement for face coverings may be waived for clients and/or companions in special circumstances consistent with applicable guidance.

Infection control

- Demonstrate adherence to [CDC guidelines](#) regarding infection control and prevention to maintain a safe environment for families and staff.
- Have an established plan for thorough cleaning and disinfection of all items used with more than one family during home visits or groups.

If my program needs to resume in-person services in certain cases during Phase 3, how should services be prioritized?

Home visiting programs may deem it necessary to conduct in-person visits or groups for some children and families. In this case, Phase 3 Guidance requires that they establish and adhere to a written prioritization policy for scheduling in-person services and sets parameters for in-person groups. Programs should identify the participants for services that, based on their clinical determination, are most critical and time sensitive. For example, a program might choose to prioritize in-person services for families without access to a phone or internet connection, in cases of suspected child abuse and neglect, or for participants who could experience significant worsening of a condition if a visit is deferred. These prioritization criteria should promote equitable access to care for all populations.

Are there additional considerations for home visiting not covered in the Phase 3 Guidance?

In addition to Phase 3 Guidance, which apply to all types of health care providers, there are other steps that DPH recommends home visiting agencies take in preparing to resume in-person services, including services that take place outdoors.

- Develop protocols for protecting staff who are at [higher risk](#) for severe illness from COVID-19 infection and for requiring sick staff to stay at home.
- Develop a process for notifying participants or families if a home visitor develops COVID-19.
- Develop a process for families to notify home visiting agencies after a visit if household members become ill or test positive for COVID-19 within two weeks of the visit.
- Develop a process for contacting program participants or families to determine whether in-person versus virtual visits are preferred.

What are the compliance and reporting requirements for resuming in-person visits?

Per the [DPH Phase 3 Reopening Non-Acute Care Hospital/Health Care Provider Guidance](#), agencies seeking to deliver in-person home visiting services must adhere to the following:

- Attest, [on a form prescribed by DPH](#) and signed by the agency's chief executive officer or designee, to continuing to meet all Phase 3 criteria and standards.
- Update and maintain written policies and protocols that meet or exceed the standards outline in Phase 3 Guidance.
- Be prepared that DPH will monitor and assess compliance and may require remedial action or suspension of Phase 3 services.

Please refer to [Reopening Health and Human Services in Massachusetts](#) for further information.

If you have questions, or would like support in preparing to meet these public health and safety standards for in-person services, please contact the appropriate DPH staff person for your program.