

# COVID-19 Frequently Asked Questions (FAQ) for Out of Home Care Providers

Updated 3/25/2020

It is important that all private child caring (PCC) and private child placing (PCP) providers review information available at the [KYCOVID19](https://www.ky.gov/kycovid19) website. This is the primary source of information and guidance for all Kentuckians during this state of emergency. In addition, the Department for Community Based Services (DCBS) will continue to issue Contract Correspondence Transmittals (CCT) to provide guidance for our PCC/PCP providers. This FAQ document was created to share the responses that have been given to specific provider questions so that all providers have the same information. This document will be updated with new questions and answers and redistributed in the coming weeks. Additional questions that arise may be directed to the PCC/PCP Liaisons, Holly Davis and Sherry Postlewaite at [HollyC.Davis@ky.gov](mailto:HollyC.Davis@ky.gov) or [Sherry.Postlewaite@ky.gov](mailto:Sherry.Postlewaite@ky.gov)

## **1. Can treatment planning meetings or family team meetings be completed via video or phone?**

Yes, during the current state of emergency in which physical distancing is encouraged and gatherings of groups of people are prohibited, it is preferable for meetings of this type to occur via videoconferencing platforms whenever possible. The same participants should be included, with special effort to facilitate participation by the youth, parents, and other appropriate family members. The Department for Medicaid Services (DMS) has issued guidance regarding HIPAA compliant platforms within their FAQ document, which is attached here for reference.

## **2. Physicians, dental, and vision providers are no longer scheduling routine or well-check examinations. Is there a provision for youth not receiving those services timely under these circumstances?**

Yes, it is expected that routine dental, vision, and medical well care physical examinations will not be conducted as usual during this time. It will be important for the out of home care provider to document through PCC tracking the reason the appointment could not occur timely. These routine appointments should be brought up to date as soon as reasonably possible after this state of emergency has ended.

## **3. It is far from ideal to hold a group therapy session through video conferencing. Is the weekly group requirement able to be waived during this time?**

If the provider deems there would be no therapeutic benefit to conducting group therapy via videoconferencing platform, it can be waived during this state of emergency. The provider should clearly document the reasons that this requirement was not met, and resume with group therapy sessions immediately once the state of emergency has ended.

## **4. What will the Cabinet's expectation be for supervision if a DCBS client is hospitalized and quarantined in the hospital with COVID-19? Will we be required to have a staff person stay at the hospital outside the door?**

These decisions will need to be made on a case by case basis with consideration to hospital protocols, whether youth is in a regular room or intensive care, staffing, and other available resources to ensure the needs of all children continue to be met. It will be imperative for a hospitalization to be reported

immediately to the youth's DCBS worker and the Medical Support Section within the Division of Protection and Permanency ([Alice.Scheffler@ky.gov](mailto:Alice.Scheffler@ky.gov)).

**5. Will we be able to conduct therapy in an alternate setting, such as tele therapy by video or just voice, depending on the technology available in the foster home?**

Therapy services should be provided utilizing telehealth platforms. DMS has provided guidance regarding HIPAA compliant platforms in a recently released FAQ, which is attached for reference. If the foster home does not have technology to accommodate telehealth, phone contact between the therapist and youth should still occur as this is in the best interest of the child. However, this technically does not meet the requirements to be counted as an individual therapy session. The provider should clearly document all services provided, including any barriers to meeting requirements.

**6. Certified Social Workers (CSW) have not been allowed to provide tele therapy, which is a major problem because we have CSWs on staff that do therapy for our kids. Have you all heard anything from the Social Work Board about whether or not they will allow tele therapy during this time?**

Yes, the Kentucky Board of Social Work released guidance on March 19, 2020 to allow CSWs to also utilize telehealth platforms, as long as they are under supervision of a board approved Licensed Clinical Social Worker (LCSW). This provision is in place only for the duration of the current state of emergency. In addition, the requirement for face to face supervision between LCSW and the CSW is suspended during this time.

**7. Are electronic signatures allowed during this time?**

Yes, electronic signatures will be acceptable during this state of emergency. This is applicable to treatment plans, any documentation related to placement of a child, documentation for maintenance of a foster parent file, or other routine documents that are required on a daily basis. Some documents related to adoptions should still be signed by the foster/adoptive parents and scanned back to the worker, followed by mailing the hard copy of the document. This includes Adoptive Placement Agreements and Adoption Assistance contracts.

**8. Will there be any provisions to the required face-to-face visits in foster homes, such as the required monthly in-home visit, the second face-to-face with the foster parent, and the monthly required out-of-home visit with the youth only?**

Yes, in accordance with the Governor's executive orders to suspend in-person services, these visits and contacts should occur utilizing videoconferencing platforms. To the extent possible, the frequency of contact should be increased to provide additional support to children and families during this challenging time. The Administration for Children and Families has offered guidance that contacts utilizing videoconferencing platforms will count as face to face contacts during this time. It will be important to document that the provider assessed needs and safety during each of these contacts in the same manner as would have occurred during an in-person visit. When documenting these contacts through PCC tracking, these should be documented as face to face in the foster home with details in the narrative that a videoconferencing platform was utilized because of the current state of emergency. If the foster home does not have technology to accommodate videoconferencing, the provider should have very frequent contact by phone, speaking to each child (who is verbal) privately and regularly.

Telephone contacts should not be counted as face to face for documentation purposes. However, the provider should clearly document the barriers to completing face to face contacts.

**9. Are there exceptions to the prohibition against face to face contacts?**

Yes, face to face contact would still be necessary for any concerns related to safety or times of crisis. Additionally, face to face contact may be necessary for initial placement of a child or children in a home. A suggested screener (attachment to CCT 20-02) has been provided to DCBS staff and private providers to utilize prior to face to face contact whenever possible. In addition, everyone should follow precautions to help prevent infection including social distancing, frequent handwashing, staying home when sick, and covering coughs and sneezes. Additional information to prevent infection can be found [here](#) at the KYCOVID19 website.

**10. Will placements continue to occur as usual during this state of emergency? Will there be any guidance or protocols specific to COVID 19 of youth who are newly entering care since this outbreak?**

The number of reports to DCBS has decreased in recent weeks. The impact on the number of children entering care is unknown at this time, but there will definitely be need for continued placement resources during the state of emergency. Utilization of screeners is encouraged by both DCBS and PCC/PCP providers to identify children who may have been exposed to COVID 19. Efforts will be made to reduce the number of DCBS and provider staff who have face to face contact with children during removal and placement. As COVID 19 becomes more widespread in the state, it will be important for PCP agencies to identify their foster homes willing to take children with known exposure to COVID 19. Similarly, if a provider is no longer able to accept children for placement because of the spread of COVID 19, it will be important to notify the PCC Liaisons and Children's Review Program regarding this change.

**11. Will there be any provisions to annual licensure requirements for foster homes as it relates to any delays of in-person contact that is limited due to COVID 19?**

Yes, face to face contact in the home should **not** occur for the purpose of licensure or meeting annual requirements during this state of emergency. The only face to face contacts with foster families should directly relate to safety, immediate placement need, or crisis that cannot be addressed by other means. To the extent possible, videoconferencing should be used to complete these annual requirements, in addition to documentation that the family has met other requirements such as training and background checks. It should be clearly documented that an in-person walk through of the home could not be completed because of the state of emergency, and it should be completed as soon as possible when the state of emergency has ended. The Office of Inspector General (OIG) Division of Regulated Child Care (DRCC) will not be completing annual survey visits during the state of emergency.

**12. Will there be exceptions allowed to the foster parent training requirements regarding face to face in a group setting? Will alternate methods of delivery be allowed?**

Yes, videoconferencing platforms are encouraged to deliver training to foster parents to the extent possible. If the videoconferencing platform is utilized to provide training to multiple persons which allows them to also interact, this can be counted as a face to face training in a group setting. If there is a need to deliver individual training via teleconference, the DPP-113 should still be submitted for approval

documenting the reason this was necessary. Online platforms may also continue to be utilized to meet a portion of training requirements as well.

**13. What if a family just lost their job during this crisis and they are scheduled for re-licensure?**

Everyone is dealing with unique challenges during this time, which should be clearly documented. The PCP agency should provide as much support to the family as possible to help preserve placements. Many additional benefits and supports are available to families in crisis, including unemployment insurance. These financial supports should be considered in assessing the family's ability to meet all household member's needs.

**14. What if a driver's license expires?**

The Governor has allowed a 90 day extension for renewal of an expired driver's license. DRCC will not be conducting annual surveys during the state of emergency. However, they will consider the Governor's 90 day extension when surveys resume.

**15. Will there be leniency and/or extensions granted for annual certifications of Medically Complex homes due to the state training cancellations and anticipated delays?**

Yes. The annual training conference was canceled to protect the health of foster families who are caring for our most medically vulnerable children. An alternative format for delivering this training to families certified as medically complex is currently being explored, and this information will be forthcoming. Providers should clearly document the reason this requirement could not be met timely in each impacted family's records.

**16. Should PCPs continue to approve new families during this state of emergency?**

There will be a continued need for foster families during the state of emergency. If fingerprinting and required in-home visits had already occurred, then the home study can be completed and approved. However, there will be no fingerprinting of prospective foster families during the state of emergency. The close contact required for the purpose of fingerprinting is not in keeping with the Governor's executive orders, nor does it allow for the protection of our DCBS staff. Similarly, in-person contacts in the home for the purpose of completing home studies should not resume until the state of emergency has ended.

**17. What happens if a foster parent tests positive for COVID 19?**

If a foster parent tests positive for COVID 19, please notify the PCC/PCP Liaisons. If the foster parent is recovering at home, precautions regarding isolation from other family members should be followed as described on the [KYCOVID19](#) website. If the other foster parent is not ill and can continue to provide care for children in the home, it is preferable that children not be moved. Placement changes for children who have been exposed only increases potential spread of the illness. The DCBS worker for each child should be notified of the exposure. PCP agencies should make a proactive plan with each family which identifies alternate caregivers in the event a household is impacted to the extent that there is not a healthy foster parent able to provide care. Please communicate with the PCC/PCP liaisons if there are families for whom no alternate plan can be developed.

**18. During this crisis, can Independent Living (IL) programs suspend the money that has to be diverted into these youth's savings accounts?**

Yes, many young people have lost employment or have been otherwise negatively impacted by this crisis. Programs may suspend the diversion of funds into savings and provide those monies directly to the young person during this state of emergency. IL programs should also assist young people with determining if they are eligible for any other benefits, such as unemployment insurance benefits.

**19. Safe Crisis Management (SCM) reviews are not conducive to social distancing. Can exception to this regulatory requirement be made during this state of emergency?**

Administrative regulations will not be amended during this time. However, providers should adapt the manner in which these reviews are conducted to incorporate social distancing, use of videoconferencing to the extent possible, and limiting to discussion of the events leading up to use of SCM and whether de-escalation or other means could have been used to greater extent to avoid SCM. Focus can be placed on developing measures to reduce future need for SCM rather than on demonstration of the manner in which the SCM was conducted (which would require contact between individuals).

**20. Has the state suspended all out of state travel? Are youth allowed to travel out of state?**

DCBS staff are prohibited from any out of state travel not deemed essential or not directly related to safety of a child. The Governor has recommended no out of state travel for spring break or vacations at this time. However, DCBS is aware of some circumstances in which families live close to state lines and may travel across state lines for groceries, doctor appointments, or other essential activities. These essential or life-sustaining activities are still allowed even if the destination is across state lines.

**21. Is there special guidance for high risk youth? Is there a plan for communication to their parents to quell fears about their care?**

Every precaution should be taken to ensure that children and youth with underlying medical conditions are not exposed to COVID 19. As is requested of all Kentuckians, there should be no interaction between these children and others with whom they do not reside. The Medical Support Section within the Division of Protection and Permanency (DPP) is closely monitoring testing and concerns related to COVID 19. They are available for consultation for specific concerns related to a child's medical condition or exposure to COVID 19. They may be reached by email at [Alice.Scheffler@ky.gov](mailto:Alice.Scheffler@ky.gov) or [MaryJ.Thompson@ky.gov](mailto:MaryJ.Thompson@ky.gov). Additionally, our DCBS staff are being advised to notify parents if a child has a known exposure to COVID 19.

**22. Will the Cabinet write a letter to give to PCC staff members to show that they are essential employees?**

PCC and PCP administrative staff, direct care staff, and placement staff are considered essential employees to ensure the care and treatment of children continues during this state of emergency. This information is clearly explained in the CCT issued in conjunction with this FAQ. The CCT can be provided to all staff. Providers may also wish to issue individual letters to each staff person with their name to accompany the CCT.

**23. Are PCC/PCP staff eligible to utilize the Limited Duration Child Care centers established for use by first responders and health care workers?**

Yes, PCC and PCP staff are considered essential staff and eligible to utilize these Limited Duration centers, depending upon availability of openings. Information about the location of centers can be found at the DRCC website: <https://chfs.ky.gov/Pages/cvres.aspx>

**24. In light of potential staffing shortages due to the spread of illness, will residential providers be allowed to reduce staffing ratios?**

There are no changes to regulatory requirements regarding staffing ratios at this time. However, specific concerns about staffing should be shared with the PCC Liaisons and DRCC as issues arise.

**25. Are there specific protocols that should be followed if a youth or staff person tests positive?**

All youth tested for COVID 19 should be reported to Alice Scheffler in the Medical Support Section as described in [CCT20-02](#). If a direct care staff tests positive, the provider should notify the PCC/PCP liaisons, along with the names of children who had direct contact with that staff within the past two weeks. Staff should discontinue contact with others if they have a known exposure to COVID 19 or have symptoms of illness.

**26. We are seeing guidance on the Centers for Disease Control (CDC) website to not go to the hospital/doctor if symptoms arise but we also have been told through OIG and DCBS if a youth requests to go to the doctor or is ill, that we have to take them. So we need guidance there as well.**

Please follow guidance on the [KYCOVID19](#) website under the “When to Seek Care” tab on the main page. The child’s DCBS worker should also be notified of any illness. Generally speaking, medical care should be sought for the same symptoms and situations that would have led to seeking medical care prior to the pandemic. The Kentucky COVID 19 hotline may also be contacted for guidance at (800) 722-5725.

**27. When should isolation occur? What are the isolation policies of the CDC?**

**Isolation** means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease, and potentially infectious, from those who are not infected, in order to prevent spread of the communicable disease. Isolation should occur when a resident is ill, and is reasonably believed to have COVID 19. Previous guidance on “when to seek care” should have already been utilized, and testing would likely be planned or have occurred. If there is sufficient concern to warrant testing, then there is sufficient concern to warrant isolation. The CDC recommends that isolation for an infected person continue until both of the following have occurred:

- The patient is free of fever, productive cough and other acute symptoms of respiratory infection for 72 hours. AND
- 14 days has elapsed from the day the patient first experienced symptoms.

The following website from the CDC addresses disinfection and cleaning necessary, but also includes a link regarding isolation procedures. While this guidance mentions educational/dorm settings, the CDC indicates this is the same guidance all non-healthcare residential settings for youth. [Disinfection and Isolation](#) Questions may also be directed to the Kentucky COVID 19 hotline at (800) 722-5725. DCBS is

also working with DPH to develop guidance specific to residential treatment facilities for youth regarding quarantine and isolation procedures. This information will be forthcoming to providers.

**28. What if the child is having cold like symptoms or symptoms indicative to strep? Should a child be isolated with these symptoms?**

Medical care should be sought for illnesses that would previously have required medical care, such as strep. Please follow guidance above regarding “when to seek care” if there is uncertainty. The child should be isolated beginning at the point that there is reasonable belief that the child is infected with COVID 19, as described. This would include the medical provider indicating such and testing for the illness, or upon being advised to do so as a result of communication about symptoms with the medical provider or representative of public health.

**29. Is the CDC or other healthcare official prioritizing testing for clients in residential settings?**

DPH has advised that residents and staff of PCC residential facilities should have tests processed through the state lab for expedited results. This will need to be coordinated with DPH. If a resident or staff person will be tested for COVID 19, it should be requested for this to be processed through the state lab. Providers may contact the Kentucky COVID 19 hotline at (800) 722-5725. If unable to obtain timely assistance through the hotline, providers may contact DPP Director Christa Bell at (502) 564-6852, ext. 3556. This number has been forwarded to a cell phone and will be monitored outside of normal business hours during the current state of emergency.

**30. Does isolation mean the child has to be in their own room alone and have access to their own bathroom not used by others? Or do they need to be moved to a separate building alone?**

Isolation in a separate room, ideally with a separate bathroom, is sufficient. It is not necessary to move a resident to another building for the purpose of isolation, unless that is logistically necessary based on available space. Either the child should wear a mask or anyone entering the room should wear a mask during the isolation period.

**31. We do not have a space that is adequate to isolate youth that are placed at Provider Location A. If we need to isolate those youth we will need to do so at (same) Provider Location B. Under normal conditions, this is considered a move. Will this be considered a move and will this be acceptable to isolate youth away from their normal placement location?**

DRCC has requested to view areas identified for the purpose of isolation if these are areas of the facility that have not been surveyed previously. If a child is moved to a location outside of their normal cottage or physical location of the licensed program for the purpose of isolation, this will not be considered a placement move. This can be reflected as a temporary living condition within PCC tracking. It will be important to keep the DCBS worker and Medical Support Section informed of the condition of the child and these measures.

**32. Providers need access to Personal Protective Equipment (PPE). Can DCBS assist with this need?**

DCBS does not have access to PPE. However, DPH has advised that residential providers should contact their local public health departments and emergency management services. These local entities are

responsible for management and distribution of PPE to their local communities, including any stockpiled or donated PPE. Entities wishing to donate PPE are being directed to these local agencies for appropriate distribution. With known shortages of PPE during this pandemic, providers are encouraged to reserve use of PPE for high risk situations or until an illness actually occurs.

**33. Are social services agencies exempt from the Governor's business closures by Executive Order?**

Under the Governor's Executive Order 2020-257 from March 25, 2020, organizations that provide charitable and social services are exempt. The order indicates that businesses or non-profit agencies providing food, shelter, or social services to the disadvantaged or other special populations are exempt from closure. However, these organizations have a responsibility for social distancing to the extent possible, to take necessary actions to stop the spread of illness, and to scale back in person services as much as possible. Continued use of telehealth and videoconferencing for necessary contacts is encouraged. Any in person contact should be limited to only that which is necessary for response to immediate safety concerns, placement, or crisis.

**34. Many staff are having to take on additional responsibilities both at work and at home, helping clients with homework, navigating short-staffing due to illness and personal child care issues. Staff are very concerned about having late Application for Level Packets (ALP) or reports to CRP late during this time. Has any thought been given to this?**

The due date for ALPs is not being extended at this time. It is actually in a provider's interest to submit the ALP on time if it is possible the level might be higher, as the effective date of the rate can't be backdated to when the ALP was due. The rate would not be increased until after the ALP is received. The Children's Review Program reports compliance with timely submission of ALPs to DCBS. DCBS does not intend to take any action regarding late ALPs during the state of emergency.