

HFNY COVID-19 FAQs

	QUESTIONS	ANSWERS
VIRTUAL HOME VISITS & DOCUMENTATION	<ol style="list-style-type: none"> 1. What counts as a virtual visit? <i>Updated 5.11.20*</i> 2. How often do virtual visits have to take place? 3. Are virtual visits counted as "in home" visits and where should they be documented: narratives or case notes? <i>Updated 12.14.20*</i> 4. Should we still get consents from families for assessments and enrollment? 	<ol style="list-style-type: none"> 1. A virtual home visit can be "voice to voice" phone contact (phone call) or virtual "face to face" contact. Refer to page 1 of the FSS Virtual Home Visit Guidelines for more information. 2. Most sites have chosen to keep the visit frequency of the family's previous level. If a family is on level TR, we are recommending that sites schedule visits according to what is realistic and manageable for staff and families 3. Virtual home visits should be documented in the Home Visit Narrative using 'Type of Visit # 5 for telephone only or # 6 for video calls. When either is selected, a reason must be indicated. Our current policy only allows virtual visits to occur due to 'Community safety advisory', 'Weather conditions/natural disasters (snowstorm, hurricane, floods, etc.)' and 'Pandemic'. When conducting a virtual visit (phone or video) the content of the visit must match the goals of a regular home visit: promote positive parent-child interaction, healthy childhood growth and development and enhance family functioning. Please refer to 4-2B in the Policy Manual, HFA's "What makes a virtual home visit a visit?" and The HFA guidance updated 4/3/20 ("CHEERS") for more details. Things done outside of home visits like check-ins in between visits, text messages, interfacing with referral sources, dropping off items to families at home etc. can be added as Case Notes. 4. Yes. Consents are still required and can be signed using screen shots, Adobe fill & sign, Docusign etc. (if possible and if no HIPAA violation is present); if they cannot be signed, verbal consent suffices for now but the forms must be signed and filed when regular in-home services resume. You can learn more about the HIPAA regulations that apply to COVID-19 here.

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VIRTUAL HOME VISITS & DOCUMENTATION CONT...

5. Can virtual home visits include more follow up on basic needs and less focus on curriculum?
6. Are shorter virtual visits (less than 45 minutes) ok? *Updated 4.20.20**
7. What is considered an attempted visit? How are attempted visits being documented?

5. Yes. Virtual visits should be flexible according to the needs of the family and basic needs/concrete support might be more prevalent due to the current crisis. Curriculum is not required at every visit according the HFA BPS. Refer to page 2 of the [FSS Virtual Home Visit Guidelines](#) and [the HFA guidance updated 4/3/20](#) ("Focus of Home Visits").
6. Yes. The HFA BPS has not set a specified time frame for how long visits need to last. Visits should be scheduled flexibly as per the family's schedule, availability and needs. See [the HFA guidance updated 4/3/20](#) ("Length of Home Visits"). For visits under 30 mins, the validation on the HV narrative in the MIS will be lifted so that HV narratives can be entered for those visits (as long as they include the components of a home visit according to HFA).
7. If a scheduled virtual visit is cancelled by the family or the family is a "no-show," this is considered an attempted visit and would be documented as such on the home visit narrative. If no visit was scheduled but the staff member has been attempting contact with the family to try and schedule a visit, attempted visits will be documented in the home visit narrative as follows:
 - a. **Levels 1 & 2:** select one attempted contact for the week, or bi-weekly (according to the family's previous level) and document it as an attempted visit
 - b. **Levels 3 & 4:** select one attempted contact for the month or quarter and document it as an attempted visit (according to the family's previous level)
 - c. **You can document additional attempted phone calls, texts etc. in case notes**

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VIRTUAL PARENT SURVEYS &	<ul style="list-style-type: none">8. Can assessments be done virtually and do I need to do the entire Parent Survey? How would I handle scoring etc.? <i>Updated 5.15.20*</i>9. Can a warm transfer be done virtually?	<ul style="list-style-type: none">8. Assessments can still be done virtually in a modified manner. Please refer to the FRS Virtual Parent Survey Guidelines for more information. Please note that while the Parent Survey can be <u>scheduled</u> by text, the Parent Survey itself should never be completed by text. See the HFA guidance updated 5/15/20 ("Parent Survey") for more PSCO guidance.9. Yes. Sites that are assessing have done virtual warm transfers and have continued to enroll families; you can document your warm transfers in the same manner you've done in the past
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LEVEL CHANGES & GRADUATIONS

10. What level should families be on - Level TR or their current level? *Updated 12.7.20*
11. What should we do with families on Level CO?
12. If a family was about to change levels before COVID-19, can their level still be changed?
13. For families that were supposed to graduate in May or June, should a virtual graduation take place (and close families out in MIS) or should services be extended so families can graduate in person? *Updated 4.20.20**

10. This guidance is related to families that are already on CO, TO or TR and have been for an extended period of time (more than 6 months). Please consider the following:
 - If the family is meeting at or close to the expected frequency of the level they were previously on, and you are able to achieve the goals of a home visit during visits (virtually, in person or over the phone), the family should be moved off of TR and back to their previous level. Please see the FAQ Question 1 for more information on goals of home visits.
 - If the family is **unable** (i.e. technology challenges, issues with children not being in school) to meet at the frequency of the level they were previously on, but they remain engaged and in communication with the worker, the family can stay on TR. Discussions in supervision should be taking place to ensure the family is getting the needed services and that potential strategies are being considered and implemented to increase contact and move back to the previous level, if possible.
 - If the family is **unwilling** to meet with or remain in communication with the worker, discussions in supervision should be taking place to determine the best course of action. These discussions should be similar to a family that is on CO in deciding if keeping the family open is appropriate.
11. Families who were on Level CO before going virtual can remain on Level CO and continue to receive creative outreach as specified in the site's creative outreach plan. Families on CO can be closed at the end of the 92-day period, as usual, if they are not re-engaged
12. From a trauma informed perspective, programs should consider pausing level changes in order to ensure that families are receiving all the support they need. In addition to families' greater need for concrete supports, there may be increases in the rates of DV and child abuse and neglect during this time. For these reasons, decreasing visit frequency could pose an increased risk to families.

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		<p>13. It is recommended that programs make their own determinations on this based on discussions with their graduating families. Some things to consider are: has the family recently become destabilized due to COVID-19? If the family is closed now, will they end up still needing support from the FSS? Do staff have the capacity to hold on to graduating families until an in-person graduation can take place?</p>
SUPERVISION	<p>14. What is the expectation for supervision?</p> <p>15. Do virtual (phone or otherwise) supervisions count as in-depth family discussions or status checks?</p> <p>16. Can supervisions shorter than 45 mins each session be strung together to create the 1.5 hours? Some supervisors and staff are managing children at home and cannot do the 2 45- minute time blocks</p>	<p>14. 75% of supervisions for the month are still required but can be split into shorter time slots. See page 3 of the FSS Virtual Home Visit Guidelines or FRS Virtual Parent Survey Guidelines</p> <p>15. Virtual discussions about families still count as in-depth discussions as long as they continue to meet the criteria for what needs for covered in an in-depth discussion. See page 2 of the HFNY Guidelines for Supervision Notes</p> <p>16. Yes. We understand that due to the current challenges with telecommuting, supervision sessions might need to be broken into shorter chunks. If you are breaking supervisions into multiple sessions for the week, complete 1 supervision note at the end of the week including all the content discussed in the supervisions for the week. Make sure that the total duration of supervision adds up to 1.5 hours (for .75-1 FTE staff). For staff less than .75 FTE refer to the HFA guidance updated 4/3/20 ("FAQs About Supervision") for supervision length requirements. You can include a statement on the first page of the note specifying the dates the supervision sessions took place.</p>

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SAFETY	<p>17. How can safety be ensured for parents with DV while doing Parent Surveys and virtual home visits with the partner present? <i>Updated 5.11.20*</i></p>	<p>17. Increases in DV may occur, as they often do in times of high stress. In addition, abusive partners might be home with their families at this time and privy to virtual conversations. We want programs to be mindful about promoting safety. Some considerations might be ensuring that staff are exploring with families who will be involved in virtual visits and asking "is this still a good time for you?" before starting visits. Staff might want to consider steering clear of triggering conversations in case the other partner is present and be mindful of cues families may send (such as silence or fearfulness) that may indicate that they are not safe. We are recommending that programs have team discussions centered around Ensuring Safety in a Virtual Setting to discuss best practices for their site. You can also review the <u>Child Abuse Maltreatment Policy Presentation</u> ppt on the <u>training</u> tab of the HFNY website as well a link to materials from a recent training around supporting families experiencing IPV in the "<u>Additional Training Resources</u>" document. Our CA team is here to provide support if needed. Please reach out to your Contract Manager or PCANY QA Specialist if you need further support. The CA team will continue our discussions around safety.</p>
TEAMBUILDING & SELF-CARE	<p>18. How can staff can stay connected virtually? 19. What are some things staff can do for self-care?</p>	<p>18. Some sites are continuing team meetings virtually through Zoom, Skype, Free Conference Call, Google Hangouts etc. Some sites also have group chats through What's App or GroupMe where they check in/share resources. Staff have remained connected by sending funny videos/memes as well as themed team meetings "wear your craziest hat" "bring your biggest mug." Frequency of check ins varies by program but most programs do some sort of check in at least 2x a week. Choose what works for your team. See ideas at <u>https://education-first.com/covid-19/</u></p> <p>19. Sites can discuss effective self-care strategies in team meetings. There are some additional tips <u>here</u>.</p>

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SCREENING TOOLS

20. Do I still have to document CHEERS virtually?

*Updated 4.28.20**

21. Do I need to do the CHEERS Check-In virtually?

If so, how? Can I ask families for a taped parent child interaction so I can complete CCIs?

22. Are ASQs and ASQ-SEs still required?

*Updated 5.20.20**

23. If my child development specialist is off-site, do they still need to sign off on all ASQs/ASQ-SEs done within the program?

*Updated 4.20.20**

24. What do we do if someone reports suicidality during a virtual PHQ-9?

*Updated 4.20.20**

25. Can screening tools (PHQ-9s, AUDIT-Cs, etc.) be completed by text?

*Added 5.11.20**

20. Yes. Please refer to [HFA's Virtual CHEERS guidelines](#) and [the HFA CHEERS Tip Sheet](#) for guidance on CHEERS

Documentation. [The HFA guidance updated 4/3/20](#) ("CHEERS") allows for an abbreviated version of CHEERS to be completed (2 domains).

21. See the HFA guidance, webinars and tools on completing CHEERS Check-

In <https://www.healthyfamiliesamerica.org/network-resources/?topic=cheers-check-in-validated-pci-tool>. For HFNY sites, there are several options to complete the CHEERS Check In:

- CHEERS Check In can be completed in person during an in home or out of home visit.
- HFNY sites can invite parents to interact with their children over a virtual visit (video only) and complete the CHEERS Check in then.
- HFNY sites may also invite parents to record themselves with their child and send the video to their home visitor. If HFNY sites decide to use videos with families to complete CHEERS Check in, a video release **MUST** be signed by the family to consent to the video being released to the site. In addition, the program must delete family videos for CHEERS Check In after the assessment, scoring, supervisor feedback and documentation are completed.

22. See [the HFA guidance updated 4/3/20](#) ("ASQ-3 and ASQ:SE-2*"); if you can do them online or have parents fill them out that's great, but if not, when HVs resume do the next closest ASQ. You can access a training [here](#) on how to do ASQs virtually. You can also access info on how to do the ASQ using a [secure weblink](#) or by sending families [JPEGs of the tool](#).

23. No. If your child development specialist is in-house or can review developmental screens virtually that is fine but we understand that this isn't possible for all programs. When you

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		<p>enter the ASQ/ASQ-SE in the MIS check "no" for the question that asks whether the screen was reviewed by a Child Development Specialist (CDS). Write a note in case notes that ASQ/ASQ-SE was not able to be reviewed by the CDS due to COVID-19 and ensure that the ASQ/ASQ-SE is discussed in supervision.</p> <p>24. We are recommending that programs review and modify their current PHQ-9 protocols to develop procedures for this. We recommend that sites do some advance research about services available in their communities so staff can have resources at their fingertips should suicidality arise. OMH has a free COVID-19 emotional support and consultation hotline (844-863-9314) as a resource option. Many mental health clinics are also offering virtual services.</p> <p>25. No. The screening tools can be mailed, emailed or sent by text to a parent (as blank copies) to <u>view</u> in advance of a 'visit'. However, they should not be filled out by texting back and forth. A conversation should take place with the parent to complete the tools.</p>
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PERFORMANCE INDICATORS

- 26. Are home visit and assessment observations still required?
- 27. Should sites continue to do outreach and enroll families? If so, how and where?
- 28. If my capacity is less than 85% will I be penalized for that?
- 29. How are home visit rates being calculated?
*Updated 12.14.20**
- 30. How will Performance Indicators be impacted by COVID-19? *Updated 12.14.20**

- 26. We acknowledge that many QA activities will be impacted due to working in a virtual environment. We encourage sites to continue observations if they have the capacity to do so. This can benefit staff who may be feeling unsure about how to successfully conduct a virtual visit/assessment. Many sites have continued observations by phone or video conference and have reported benefits in supporting best practice. However, we understand that not all sites have the technological capabilities to complete virtual observations. Therefore, we will be mindful of this in our future PI cycles.
- 27. Some sites have chosen to continue getting referrals by reaching out to providers/referral sources by phone, fax and email. They are still receiving referrals and assessing/enrolling virtually. However, we understand this is not possible for all sites. See [the HFA guidance updated 4/3/20](#) for further guidance ("Enrolling New Families + What to do if you're not enrolling per usual")
- 28. We understand that enrollment/capacity will be impacted for many sites due to COVID-19. We are encouraging programs to do the best they can and consider creative ways to reach out to families (i.e. consider reaching out to families who previously refused services and might be more open to assistance now; asking enrolled families to share the program with friends and neighbors etc.). For many families, HFNY might be the lifeline they need to cope with the current crisis. We also encourage sites to focus on ways to retain families currently enrolled. We will continue having conversations with sites to provide support and discuss the impact of COVID-19 on utilization across the state.
- 29. Virtual visits now count as "home visits" at this time (refer to HFNY Policy 4-2B). Therefore, we strongly urge programs to continue documenting all virtual home visits in the home visit narrative. See FAQ#3 to clarify what counts as a virtual "home

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		<p>visit." Continue documenting attempted visits as specified in FAQ #7.</p> <p>30. The PIs covering 4/1/20-9/30/20 have been impacted by COVID-19 and were interpreted in the context of the current crisis.</p>
TRAINING & ORIENTATION	<p>31. Can shadowing home visits, assessments or supervisions be done virtually so staff can meet the shadowing requirement for orientation?</p> <p>32. For staff who were not yet trained in the curriculum, what should they present to families? <i>Updated 4.20.20*</i></p> <p>33. What are some additional training resources & ideas I can use to keep new staff occupied? <i>Updated 4.20.20*</i></p>	<p>31. Yes. Virtual shadowing counts for the shadowing requirement for orientation (BPS 10) if conditions allow for you to do so.</p> <p>32. Staff can access the FSU curriculum online if the digital curriculum is purchased by the program and text the curriculum to families. The FSU curriculum can be used without prior training. There is also a temporary GKG certification course staff can take online that lasts 4 months and the full 5-day GKG training is now being offered online for \$1495 per person. Contact Amber Green at agreen@greatkidsinc.net or (715) 679-8381 for info. CDs with electronic handouts can be purchased that can be shared with staff.</p> <p>33. There are some new resources on the training tab of the HFNY website (click on "Additional Training Resources"). Other ideas include: using activities from the TOL workbooks and having staff read through the Best Practice Standards to get familiarized. For questions re: PCANY trainings, please reach out to Erika Leveillee (eleveillee@preventchildabuseny.org)</p>

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ADMIN	<p>34. Are budgets, spending adjustments and contract development still on the same timeline?</p> <p>35. How can we hold staff accountable for their hours since they're now working virtually?</p>	<p>34. According to the email from OCFS on 4/2/20, claims and spending adjustments are being processed and July contracts and work plans are out for development. For specific information on your contract, please reach out to your Contract Manager at OCFS.</p> <p>35. Sites have developed strategies to ensure accountability for hours worked. Some sites are using Google Calendar, electronic timesheets and more frequent check-ins with staff. Sites can determine how to manage accountability based on what works for their program and what they feel staff may need</p>
RESOURCES	<p>36. Where can I find resources for families re: food, housing, finances and basic needs? <i>Updated 12.14.20*</i></p> <p>37. Where can I find resources for parents and kids to talk about COVID-19?</p>	<p>36. Refer to HFNY Financial Resources on the COVID-19 Section of the HFNY Website or the Resource section of the HFA Website; Email Christine Callahan directly to add any new resources you find: ccallahan@albany.edu</p> <p>37. Sesame Street Online has some great, kid friendly videos and articles about different topics (washing your hands, health emergencies, talking to kids about COVID-19 etc.). They also have play activities for kids.</p>