

ACS GUIDANCE FOR PREVENTION PROVIDERS: HOME VISITS AND CASEWORK CONTACTS

REVISED April 3, 2020 – supersedes 3/18/20 guidance

We at ACS remain committed to our core mission of keeping children safe. This memorandum provides guidance to ACS-Contracted Prevention Providers for visiting children and families during the COVID-19 outbreak in New York City, including teleconferencing where appropriate. This guidance focuses on keeping children, families and staff safe. It will be updated as necessary in the coming weeks.

In addition to the following guidance, ACS is encouraging its providers to have frequent telephone or other electronic contact with the families they serve. For many families, particularly those who may be especially isolated in this stressful time, and who may be experiencing serious mental health challenges or are survivors of intimate partner violence, the reassurance of hearing regularly from a supportive case planner cannot be overstated.

I. HEALTH AND SAFETY

It is important to ensure all staff follow the CDC's guidelines for infection control basics including hand hygiene:

- a. [Infection Control Basics](#)
- b. [Handwashing: Clean Hands Save Lives](#)

ACS requires everyone routinely employ infection prevention strategies to reduce transmission of common respiratory viruses, including COVID-19. In addition, staff should follow these *General Infection Prevention Strategies during the COVID-19 Outbreak*:

- During home visits, apply personal protective equipment (for example, gloves and a cloth mask), if available. If not:
 - Try to maintain as much distance from household members as possible;
 - Refrain from touching any surfaces unless necessary; and
 - Use a hand sanitizer after each physical contact with any household members.
- During home visits, try to maintain a 6-foot distance from all household members. In particular, avoid close contact with anyone who is sick. If close contact cannot be avoided, make sure to launder clothes at the earliest opportunity and avoid shaking the clothes.
- Greetings should not include handshakes or physical contact; they should be done at a distance.
- Cover your mouth and nose with a tissue when coughing or sneezing (in the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm).
- Keep your hands clean (wash your hands often with soap and water for at least 20 seconds). Use an alcohol-based hand sanitizer, if soap and water are not available. Use rubbing alcohol if hand sanitizers are not available.

- Avoid touching your eyes, nose, or mouth with unwashed hands.

The consistent use of these infection prevention strategies cannot be overemphasized.

II. ADVANCE SCREENING FOR PREVENTION HOME VISITS

The current intent of advance screening is to assess family members for symptoms, rather than exposure. As screening guidelines are subject to change, it is important to note that screening families for potential exposure is no longer needed or advised.

When preparing or scheduling appointments for visits, the case planner assigned to the family must make diligent efforts to contact the family to pre-screen for any potential risk of COVID19. The case planner should ask a parent or caregiver the following questions:

- Does anyone in your household have symptoms of a respiratory infection (e.g. cough, sore throat, fever, shortness of breath); or
- Has anyone in your household been directed to self-isolate or self-quarantine by a medical professional?

If the family answers “yes” to either of the above questions, case planners should:

- Direct family to remain at home and contact their medical professional, if they have one
- If they don’t have a medical provider/doctor or have been unable to reach their doctor, they should be directed to call 311
- If the family doesn’t have contact information for their doctor, case planners should try to help the family obtain contact information for their doctor by conducting online searches

If during advance screening the family reports that no one in the household has symptoms and they have not been directed to self-isolate or self-quarantine, the case planner must inquire about the family’s willingness to receive an in-home contact, or willingness to arrange a contact in an alternate location or by video teleconference.

III. CASEWORK CONTACT REQUIREMENTS

Case planners, in consultation with their supervisors and program directors, must prioritize contact with families assessed to have high safety and risk concerns, based on the following:

- The most recent Family Assessment and Services Plan (FASP);
- The case planner’s assessment of safety and risk given their most recent in-home and other contacts with the family and any other information the prevention team deems relevant;

- When there is a court order mandating a specific number of casework contacts, consult with DCP-FSU and the Family Court Legal Services (FCLS) attorney.

In-person casework contacts with families assessed to have high safety and risk concerns with families who have reported they are not experiencing symptoms, must be conducted within ACS Prevention Standards and service model requirements, and adhere to state regulations.¹

If, upon arriving at the home, the case planner believes one or more family members are exhibiting symptoms, the case planner should re-screen using the guidance in Advance Screening for Prevention Home Visits, above. If the answer to either question is yes, follow the guidance above in Section II. Then, calmly and kindly end the visit by setting up a follow up plan for teleconferencing.

IV. TELECONFERENCING

For all other families, including those not considered to have high safety and risk concerns, case planners may conduct casework contacts electronically, using video technology whenever possible (for example FaceTime or Zoom).

This same guidance also applies for families assessed to be high-risk but who report that one or more household members are experiencing symptoms.

During the contact, case planner must ask to see and speak to (as age- and developmentally appropriate) every child in the household. Providers must seek to adhere to the state regulations referenced above.

Family Team Conferencing can be done via video teleconference, or telephone if necessary. Cases with a high risk for intimate partner violence are a potential exception, if the case planner or other provider staff cannot establish the safety of the survivor and children.

Similarly, joint home visits (also known as transition meetings) can be done via video teleconference, or telephone if necessary, in accordance with guidance issued by ACS including, most recently, guidance issued April 3, 2020 entitled “Emergency Guidance for Prevention Referrals and 2921 Signatures During COVID-19.”

If a family has no access to technology for a visit, cannot be visited in person, and there is a concern about child safety, call the Statewide Central Register (SCR) per guidance below.

¹ 18 NYCRR 423.4 states that there must be at least 12 casework contacts with a child and/or family in receipt of preventive services within each six-month period of services. Four of such contacts must be individual face-to-face meetings with the child and/or his family. Two contacts must take place in the child’s home.

V. DOCUMENTATION

Case planners must continue to document all successful contacts, including in-home face-to-face and video contacts, as well as all diligent efforts to contact the family.

Documenting video contacts in Connections - If the contact is via video, select “face-to-face” as the method and “other” as the location, then note in the narrative that it was done via video due to public health risks associated with COVID-19. Please do NOT select “other” for face-to-face contacts in community locations – the “other” location should ONLY be used for video contacts.

Documenting video contacts in PROMIS – select Casework Contact in the Category Type. For the method of contact, we added the option of **Videoconference**. Next, select the location of the family in the Location drop down box. Proceed to select participants and other information as usual. **Please Note:** The PROMIS canned reports will not reflect video contact at this time. We are in the process of developing a new casework contact report. **Also Note:** This new option for videoconference is only available when using CARA to access PROMIS. The public facing access to PROMIS through the internet (nyc.gov) will not display this new enhancement. All users are required to access PROMIS through CARA effective immediately.

VI. SCR/ELEVATED RISK CONFERENCES and MANDATED REPORTERS

Prevention services providers who are unable to reach a family shall assess the family’s risk as described in section II above. If the family is assessed to be a high-risk family, and the case planner has been unable to reach the family despite repeated attempts over three business days, the case planner shall request an Elevated Risk Conference from ACS. Family Team Conferencing guidance is being issued by ACS in a separate document.

As mandated reporters, prevention services case planners are required to make a report to the SCR if they have reasonable cause to suspect that a child is an abused or maltreated child because of their observations of or statement by the child, parent or person legally responsible.¹

¹ See NYS Social Services Law 413 – 416.