



**MEMORANDUM**

**David A. Hansell  
Commissioner**

**Jacqueline Martin  
Deputy Commissioner  
Division of Prevention Services**

**TO:** Prevention Provider Agencies  
**FROM:** Jacqueline Martin  
Division of Prevention Services  
**DATE:** April 2, 2020  
**RE:** Emergency Guidance for Prevention Referrals and 2921 Signatures  
During the COVID-19 Pandemic

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In light of the current COVID-19 pandemic, we are providing the following guidance to safeguard the wellbeing of families and children, as well as CPS staff and provider agency staff. This guidance will be updated as necessary in the coming weeks.

ACS expects all prevention service agencies to accept referrals of families regardless of suspected, possible or known history of contact with COVID-19.

**Transition Meeting Process and Expectations**

Effective immediately, transition meetings will take place via video-conferencing or over the telephone, except in cases of severe abuse/neglect allegations such as sex/physical abuse and domestic violence.

In cases with allegations of severe abuse/neglect, or if the CPS determines it is not safe to conduct a transition meeting via video or phone based on their interaction with the family during the investigation, then the transition meeting must be held face to face.

When a face to face meeting is required and if it is determined that the family is experiencing health risk factors associated with COVID-19, the CPS and prevention agency team must work together to determine the safest course of action. In such cases, CPS should develop a course of action with their borough and central office leadership in collaboration with supervisor and/or director leadership from the prevention provider agency. If a video or phone transition meeting indicates that the case is high risk based on child welfare concerns, refer to the ACS Emergency Casework Contact Guidance for continued engagement with the family.

## **Advance Screening When a Face to Face Transition Meeting is Required**

The current intent of advance screening is to assess family members for COVID-19 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 scheduling a transition meeting, both the case planner and CPS assigned to the family must make diligent efforts to contact the family to pre-screen for any potential risk of COVID-19. The team 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 parent or caregiver answers “yes” to either of the above questions, the case planner and CPS should:

- Direct the parent or caregiver to remain at home with their household members and contact their medical professional, if they have one.
- If the parent or caregiver needs help finding contact information for their medical provider/doctor, case planners should try to assist by conducting online searches.
- If the family does not have a primary care doctor or has been unable to reach their doctor, the family should contact 311.

If a child is assessed to be at high risk in terms of child welfare concerns and is in a home where a household member has symptoms of COVID-19, supervisors should weigh the health risks versus child welfare risks and consult with their directors as needed. In such circumstances, DCP and the prevention agency are encouraged to discuss the CPS’ most recent safety assessment and observation of the home environment prior to the transition meeting, particularly if it helps inform whether a video or phone conference can be safely held. If the child welfare risks can be addressed via phone or video, CPS and case planner should conduct the transition meeting via a phone or video conference.

If the child welfare risks cannot be addressed via video -- including but not limited to serious domestic violence concerns where the presence of a person causing harm could not be detected on a video call, or if a child in the household is believed to be at imminent risk of serious harm or such risk can only be assessed by in-person observation – CPS and case planners should conduct an in-person transition meeting in a location accessible to all parties where social distancing can be maintained, and while taking the health precautions discussed in the ACS Emergency Casework Contact guidance. This may be in an ACS or provider agency office, in a public space, such as a park, if privacy can be maintained, or in the family’s home, if social distancing can be maintained and CPS and case planner follow health precautions and have personal protective equipment, such as gloves, available.

If the parent or caregiver answers “no” to the advance screening questions (i.e. reports that no one in the household has symptoms and they have not been directed to self-isolate or self-quarantine) then the CPS and case planner must arrange an in-person transition meeting, which may be held in the family’s home or, as above, in a community setting such as an ACS or provider agency office, or a public park. In such circumstances, all parties are still encouraged to maintain social distancing and adhere to health precautions.

## **Obtaining Consent for Services (2921)**

During this time when the State has already waived in-person contacts for providers due to COVID-19 (video conferencing is now allowed), Prevention Services providers are not required to have the client's signature on the physical/hard copy of the 2921.

The submission of the electronic Local Equivalent 2921 (LE-DSS-2921) by the provider will suffice for ACS' Systems Support Office (SSO) to proceed with processing the full case opening. The case planner should note on the 2921 signature line that, due to COVID-19, a signature could not be obtained, but that services were discussed with the family, who have agreed to accept services. The case planner should also note the same circumstances in the intake progress note. The client's signature may be obtained at a later date when social distancing mandates have been eased.

In order to complete the referral in PROMIS, the provider should use the LE-DSS-2921 submission date as 2921 signature date.

When feasible, the provider will obtain a physical LE-DSS-2921 signed by the family to consent for services and maintain it in the case record.

### **Case Transfer Process and Expectations**

Effective immediately, all transfers between prevention programs that are not already part of an end of contract process, must be approved by an OPTA team member prior to the case being entered into PROMIS. Providers must still work to locate an available program that fits the needs of the family, and once that program has been identified, they should email the OPTA mailbox – [OTPA@acs.nyc.gov](mailto:OTPA@acs.nyc.gov) with the WMS number, and information on the transferring and receiving program