



Community-Based Services Q&A

This information seeks to guide our service providers during the COVID-19 pandemic. This guidance is subject to change as best practices from the Centers for Disease Control and Prevention are updated.

Important reminders:

- Remote interventions are appropriate for most DCS cases, particularly when coupled with some face-to-face service when there are child-safety risks. Child and family teams should evaluate every case to determine the best way to serve a specific family with the input of families and providers. Keep in mind the DCS Practice Model, which calls for collaboratively teaming to decide the best way to serve children and families.
- If a child and family team can't decide how to deliver services effectively, or if members disagree on the delivery method after considering all the presenting risks, teams should consult DCS and provider leadership. Providers should follow the chain of command when seeking the guidance of DCS leadership (starting with the supervisor, escalating to division manager, local office director, regional manager, etc.). FCMs and probation officers should seek guidance from provider leadership, similarly taking into account the provider's chain of command, when a clear agreement can't be reached.

Provider call: Oct. 26, 2020

Q: I was unable to attend the DCSCARES Act request for funding (RFF) webinar on Oct. 15. Is there a recording?

A: Yes. The webinar can be found on the DCS request for proposal page here: <https://www.in.gov/dcs/3151.htm>

Q: Is it acceptable during the public health emergency for a new hire to job-shadow virtually, or may a new hire conduct socially distanced mock sessions with a seasoned staff member who would role-play a particular service?

A: Yes, shadowing through virtual means whenever possible is acceptable during the public health emergency.

Provider call: Nov. 9, 2020

Canceled, no questions submitted

Provider call: Nov. 23, 2020

Q: If our service area county is labeled in the orange or red category, are we still required to have face-to-face meetings, or is telehealth acceptable under those circumstances?

A: Child and family teams may decide how services are delivered for specific cases, balancing both COVID-19 and child-safety risks. Child and family teams working cases in counties in which there is significant COVID-19 spread should take that into consideration when determining how to deliver services in a specific case. Keep in mind that it is very difficult to mitigate serious risks to child safety through virtual service delivery only.

Q: With schooling returning to virtual and parents wanting to assist children with schooling, are tutors allowed to work with parents and children during visits to complete virtual classes and teach parents how to help with homework/assignments? Will DCS allow the visit facilitator and tutor to bill during that time?

A: Yes, child and family teams are approved to be creative in how they address education concerns related to COVID-19 and should discuss these possibilities. Providers must provide thorough documentation of any deviations from the written service standards or approval for services in excess of what is commonly expected.

Q: At what age does DCS expect children to wear a mask? We acknowledge the CDC recommends children under the age of 2 should not wear a mask and schools have different guidelines at times. We have been in situations where a child has tested positive and wasn't wearing a mask so we wanted to get some guidance on this.

A: CDC guidance states that all children except those 2 and younger or any age with special needs should wear a face mask. If there are issues with this, or if a particular child has recently tested positive, the child and family team should discuss the case circumstances and consider virtual visits until the child (or anyone else personally involved in the service/visit) no longer tests positive and/or is deemed not contagious. Please see our May 22 guidance for further details.

Q: May home visits be done virtually if a resource family has been instructed to quarantine?

A: The team who knows that case best should still make the final decision, weighing both COVID 19 and child-safety risks. If the team cannot agree, please escalate the issue up the respective chains of command within your agency and DCS.

Q: If the agency case manager has been instructed to quarantine, may virtual visits be done during their quarantine to maintain continuity for the family, provided there are not child safety issues?

A: Yes. Someone who has been told to quarantine should not see a DCS-connected child or family face to face when under quarantine. The child and family team may authorize all virtual services for this person or opt to introduce an additional service/service provider to address any child-safety concerns that are difficult to handle through virtual means.

Q: Face-to-face visits are becoming increasingly difficult with so many staff members out with COVID or in quarantine. Any thoughts on how to handle this?

A: Virtual services may be utilized with the approval of the child and family team. Keep in mind these scenarios should be considered in advance during the "what could go wrong?" part of child and family team meetings. Also, this underscores the importance of following CDC and ISDH guidance on precautions to prevent the spread of the virus.

Provider call: Dec. 7, 2020

Q: Can we require (or strongly suggest) that parents wear masks during visits in their own home?

A: Yes, and you may bring them masks to wear during the visit if they do not have their own. If you encounter resistance, and there are clear COVID concerns (e.g., an inability to use social distance) in the environment or other concerns related to potential infection risks, inform the child and family team so possible resolutions can be discussed.

Q: Has DCS received any communication about when the COVID-19 vaccine will be available to home-based service providers?

A: We do not know specifics. The Indiana Department of Health will make those decisions and notify those impacted when the time comes. We will communicate with providers as we learn more. In the meantime, please continue to follow all previous IDOH and CDC precautions related to COVID-19.

Provider call: Dec. 21, 2020

Q: A birth parent requested a foster family be tested for COVID-19 after out-of-state travel prior to picking up a child from respite care. What is DCS' position on requiring foster families to obtain COVID testing at the request of a child and

family team member? What if the foster family disagrees?

A: This depends where the case stands legally. Please work with local management or licensing to determine the next steps.

Q: A foster toddler tested positive for COVID but never showed symptoms and quarantined per CDC guidelines. What is DCS' position on requiring retesting of COVID-positive children before resuming parenting time and/or other services?

A: DCS defers to the child's physician or the local health department's recommendation. Please escalate concerns such as these within the child and family team/local DCS office if an agreement cannot be readily reached.