

Update as of April 13, 2020

Purchase of Service Agencies Frequently Asked Questions | COVID-19

Note: The responses in this document are based on the most current guidance at the time of posting. They may be updated as the situation evolves.

Q. Will DCFS provide POS agencies with protective gear/additional supplies needed to combat the virus?

A. Protective gear, or personal protective equipment (PPE), is in very short supply right now. The State of Illinois is prioritizing delivery of existing supplies to first responders at this time. DCFS is working with the state to acquire gloves, masks and hand sanitizer and will work with POS agencies when these supplies become available.

Q: Are there any testing kits available?

A: The test for SARS-CoV-2 (Coronavirus) has been in very limited supply in the U.S. As more tests become available, more individuals will be tested.

At this time, the test is only available in medical facilities and only those at highest risk of contracting the virus and those at highest risk of severe complications are being tested. Those currently prioritized for testing by the CDC include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk

for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

3. Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from geographic affected areas within 14 days of their symptom onset.

Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

IDPH has created a webpage for personal guidance and information about testing: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus/personal-guidance-and-testing>

Q. Can we have guidelines / expectations in writing? Until then, practices will not be consistent across the state.

A. On Sunday, March 15, 2020, DCFS sent out guidelines to all providers. DCFS will continue to update those guidelines as circumstances change. There is a new site posted to the D-Net (<http://dcfsnet/ooc/coronavirus/SitePages/Home.aspx>) – DCFS will continue to make recommendations and guidance available there, and will also maintain a provider Q and A area online.

Q. What position will DCFS take on the POS contractual obligations that will be unable to be met due to COVID-19 fallout?

A. The expectations for POS obligations are the same as DCFS obligations. Every agency needs to develop and implement plans consistent with the guidance provided by DCFS on March 15, 2020, titled “*Guidance for Purchase of Service (POS) Agencies - Coronavirus Disease 2019.*” The safety and protection of children remain paramount during this crisis, and planning to ensure the continuation of essential services should be at the forefront of any POS agency planning effort. DCFS recognizes that staffing challenges lie ahead and that performance metrics during this period may need to be assessed differently.

For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

For updated guidance regarding parent-child and sibling visits, please see [Action Transmittal 2020.02](#).

Q. What is the guidance from DCFS if all schools and day care centers are forced to close?

A. All K-12 schools have been closed across the state. DCFS and ISBE sent joint communication to all 852 school district foster care liaisons on March 13, 2020, requesting notification if the district is going to do e-learning or paper packets. If the district is 1:1 with computers, DCFS has notified the liaison that youth in care may not have internet access, and DCFS does not want students going to public places to get internet access. Students in the care of DCFS are a protected class with regard to e-learning, and they will not be penalized for incomplete work. DCFS has asked that youth in care receive a paper option. All district foster care liaisons were given their current, complete list of youth in care in their specific district on Friday, March 13, 2020.

Additionally, on Saturday, March 14, 2020, ISBE shut down all non-public (therapeutic/residential) schools in Illinois. These facilities are not 1:1 with computers. The therapeutic/residential schools decide whether to provide paper packets. Those decisions will be reevaluated on March 30.

All post-secondary students have been contacted about living arrangements in case students may not stay on campus. Youth in care, along with homeless and international students, are allowed to stay on campus. If the youth does not feel comfortable staying on campus, DCFS will work with the student to find housing during this time. DCFS's post-secondary education specialists have also let college youth in care know that DCFS will assist them with money for food and provisions during this time.

The majority of day cares have also been closed, per Governor Pritzker's order. Please see [Guidance for Child Care Centers, Child Care Homes, and Early Education Programs \(3/20/20\)](#) and [COVID-19: Frequently Asked Questions Following the Mandatory Closure of All Child Care Centers and Homes \(3/20/20\)](#) for more information.

Q. IDHS released a communication assuring community-based human service providers will not be financially penalized and will be held harmless and kept whole as operations are diminished or temporarily suspended during this national and state emergency. Specifically,

capacity grant funding will be provided to supplement lost/reduced fee-for-service billings as well as fund operations within grant programs to help preserve Illinois' social services delivery system and safety net. What funding assurances is DCFS able to commit to help support private organizations throughout this crisis?

A. Please see the memo from March 20, 2020 titled [How is DCFS supporting private agencies who have diminished or suspended non-essential services?](#)

Q. Should there be written summaries after each webinar?

A. DCFS will continue to publish written updates to the Q and A document. ICOY has shared the recording of webinars on its website, and DCFS will continue to link to those recordings on its website.

Q. If COVID-19 disrupts the service delivery process for POS agencies resulting in inadequate staffing/resources/etc., will POS agencies have any protection (indemnification) from negative outcomes that might occur?

A. POS agency contracts state that they are operating as independent contractors. Agencies are required under the contract to maintain their own insurance. Additionally, the contract provides that "Any indemnification by the Department will be governed by the State Employee Indemnification Act (5 ILCS 350/1 et seq.) as interpreted by the Illinois Attorney General. The department makes no representation that an independent contractor will qualify or be eligible for indemnification under said Act."

Q. Overall staff ratios to client for all programs will be affected. What guidance does DCFS propose?

A. DCFS understands there may be instances where ratios may not be met, as these are extenuating circumstances. Agencies unable to maintain staffing ratios shall implement strategies outlined in their Continuity of Operations Plan (COOP) and notify their APT monitor. During this unprecedented situation, DCFS and POS will ensure the best possible outcomes by working as one team to serve children and families. Agencies should report to Monitoring immediately if ratios become concerning for child safety.

Q. Recognizing that we are already under a workforce crisis and the need for training new staff is critical, how will DCFS implement further training?

A. The Office of Learning and Professional Development (OLPD) has put forth a contingency plan which includes converting all currently essential trainings to an on-demand, teleconference or webinar format so that all participants can continue with essential trainings without physically being gathered together in a training classroom. Where possible, participants will be redirected to already existing online or virtual formats of trainings, such as caregiver in-service and pre-service trainings. Where on-demand training options do not exist, such as caseworker Foundation Training, or where participants do not have access to online learning, such as certain caregiver pre-service participants, trainers will be ready to offer currently scheduled trainings from an adapted telephone conference or WebEx format. It will be possible to reschedule a very limited number of trainings to a future date when operation returns to normal. The OLPD has also put forth a strategy to postpone the simulation portion of investigator pre-service training to occur once operation returns to normal.

Child Welfare Employee License (CWEL) exams and tests all currently occur prior to simulations and are not directly impacted by a delay specifically in simulations.

The OLPD is also working on a plan for offering Foundations and CWEL testing virtually for both pre-service staff participants and university partnership student test takers who currently also take some of the Foundations tests. The virtual method will include the use of either a laptop or cell phone video scan of the participant's identification and a room environment to prove no external unauthorized resources are in view of the test taker. A virtual proctor will remain watching the video of the test taker through each time limited test. The OLPD is also piloting an option to continue Child and Family Team Meeting (CFTM) facilitator training and coaching using phone and/or video conferencing so Illinois remains compliant with the BH consent decree.

Q. If we move to online resources for providing behavioral health services that we would currently bill for – will there be discussion with HFS to make online therapy, etc. services billable? If so, billing guidance is needed.

A. Governor Pritzker signed [Executive Order 2020-09](#) on March 19, 2020 to allow for expansion of telehealth. DCFS is unable to provide insurance or Medicaid billing guidance, but recommends consultation on this matter with the Department of Healthcare and Family Services and the Medicaid billing [resources](#) available through ICOY.

Q. How should organizations manage large absenteeism and quarantine?

A. DCFS requested that POS agencies complete their own contingency plans addressing these issues, and as of March 19, the majority have been submitted. Monitoring will be in regular contact with agencies and should be notified if staffing ratios become a safety concern.

Each DCFS Division continues to work on contingency plans as they relate to operational needs in their units. Essential staff have already been identified along with critical functions within their Divisions that absolutely need to be completed to keep the Department moving forward. DCFS is closely monitoring the day to day operations of all offices. If operations are impacted due to absenteeism, DCFS can exercise contractual rights to detail staff to other locations to assist as needed.

Q. Union vs. Non-Union rules/stipulations. Are there discussions with unions about situations where non-union employees might have to fill in for union employees?

A. At this time, DCFS is not aware of any discussions occurring. DCFS has a workforce that is comprised of almost 90% Union staff.

Q. Can the stringent hiring process for new employees be temporarily streamlined to help offset staff shortages due to COVID-19 infection?

A. DCFS continues to work closely with CMS and AFSCME as it relates to implementing new processes in an effort to streamline hiring. At this time, we are still able to bring on new hires with start dates prior to April 1st. We are revising on a case by case hire dates beyond April 1, 2020 given there are employee requirements that DCFS has put into place this week, with the majority of staff working remotely. As this continues to move forward, DCFS is looking at conducting interviews utilizing WebEx, sending new hire paperwork electronically for completion as opposed to in-person meetings. The Office of Learning and Professional Development has made adjustments to procedures in order to conduct trainings via virtual means.

Q. Will Dashboards be suspended during the COVID-19 precautionary period?

A. The Dashboard is operational. APT will be conducting monitoring meetings via phone once a month unless otherwise requested. Caseload ratios are a part of those monthly conversations and are recorded twice a month.

Q: Will procedures for Norman/Flex funds be adapted regarding in person check pick up/checking photo ID?

A: DCFS is still processing Norman and Youth Cash Assistance requests. Kaleidoscope (serving Cook county) and Cunningham Children’s Home (serving Champaign, DeWitt, Ford, Iroquois, Livingston, McLean and Vermilion counties) are only distributing checks via mail. Checks will be mailed to the caseworker, unless the caseworker indicates the check should be mailed elsewhere. All other Norman and Youth Cash Assistance Program providers can mail the check to the caseworker or payee if the caseworker requests it.

DCFS recognizes that there may be barriers to obtaining worker and supervisor signatures due to remote work. DCFS wants to ensure that we make every effort to meet the cash assistance needs of youth and families. Please contact John Egan at John.J.Egan@illinois.gov for assistance if you cannot sign Norman or Youth Cash Assistance requests while working remotely.

Q: What will be the response from MCR (SASS/CARES) providers for psychiatric emergencies?

A: Please see the most recent guidance from the Department of Healthcare and Family Services, linked here: <https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn200317b.aspx>.

Q: Will agencies be penalized if parents or foster parents do not want sibling visits to occur due to COVID-19?

A: Please see [Action Transmittal 2020.02 – Parent-Child and Sibling Visitation](#) for guidance.

Q: Given our therapeutic residential and foster care capacity is already limited and the escalating need for providers to maintain capacity to serve youth, especially those currently in hospitals and to more effectively mitigate and prevent further spread of Coronavirus throughout our communities, can DCFS advocate with state and federal officials to ensure referred youth are able to be officially tested for COVID-19 prior to admission?

A: At this time, IDPH and the CDC continue to recommend testing only for individuals with symptoms suspicious for COVID-19. Additionally, the test that is currently performed on non-

hospitalized individuals takes 1-3 days for results which makes it impractical for use as a screening tool prior to placement changes.

Q. Will the DCFS scholarship due date be pushed to a later date?

A. The deadline has been extended to April 15, 2020. DCFS is exploring an additional extension.

Q. Will DCFS DCP investigators still go out to homes for investigations?

A. Guidance was issued to Child Protection staff on March 18, 2020 and can be found here: [COVID-19 \(Division\) Preparation Plan and Emergency Contact List](#).

Q. Communication on the suspension of visitation was communicated to clients 8 days after the governor's directives. For families who are considered essential employees and who are potentially exposed to asymptomatic patients, who have been following the circuit court visitation orders, have potentially already brought COVID-19 home. Under these circumstances any perceived protections that visitation suspension provides no longer exist. Shouldn't suspension of visitation be done on a case by case basis and not in broad sweeping restrictions?

A. The Stay-at-Home Order issued by Governor Pritzker went into effect on March 21, 2020. DCFS' guidance on visitation was developed in alignment with this order and with the safety of children, families and staff in mind. It is subject to change as circumstances change.

Q. What waivers, if any, are in place to assist with utilizing back-up staff?

A. DCFS understands that some programs may need to hire back-up staff or transfer staff from other programs or positions into programs that are experiencing a staffing shortage. Agencies seeking to hire back-up staff or transfer internal staff should contact their assigned DCFS Licensing representative or Licensing administration for assistance.

Q. How is DCFS processing licensing applications and other licensing paperwork? Should documents be mailed as per regular practice?

A. At this time, DCFS recommends that applications and other documents be e-mailed in order to comply with social distancing recommendations and the Stay-at-Home order.

Q. We have begun to provide telehealth services in our Behavioral Health Program. We are requiring that staff obtain a verbal consent from clients age 12 and older, as well as verbal consent from a parent/guardian for clients under age 18. For clients that are youth in care, how should we go about obtaining consent from the Guardian Consent unit in order for youth under age 18 to participate in Telehealth services? Thank you.

A. Please see [Letter to Providers of Mental/Behavioral Health Services re: Consent for Telehealth \(4/3/20\)](#) and the associated supplemental form, [Informed Consent of Guardian for Telehealth Services \(4/3/20\)](#), for information on the consent process.

Q. In anticipation of more restrictive "stay at home" orders further limiting local travel to help prevent spread, has there been consideration letters to allow DCFS and essential workers passage to commute to and from work should the need arise?

A. DCFS is in regular communication with the Governor's Office, IEMA and IDPH and will establish a protocol that allows DCFS and POS to carry out their duties should more restrictive orders call for it.

Q1. FFCRA: Who is a "health care provider" who may be excluded by their employer from paid sick leave and/or expanded family and medical leave?

Q2. FFCRA: Who is an emergency responder?

A. Federal definitions of these two terms can be found in the Federal Register from April 6, 2020 (29 CFR Part 826.30(c), linked here: <https://www.govinfo.gov/content/pkg/FR-2020-04-06/pdf/2020-07237.pdf>

Q. Other state agencies like DHS, are encouraging nonprofits to continue to pay employees regardless of their ability to do their jobs. We have at least one staff member that is in the high-risk category and is uncomfortable working. She is an essential worker and her job cannot be done remotely. I would like to be able to honor her discomfort coming to work but am incurring additional staffing costs. I know DCFS has added 20% to our contracts. Will DCFS help cover the additional staffing costs and any incentive pay to help keep staffing our group home?

A. Effective March 16 through April 30 (extended as necessary), DCFS will be providing additional financial support amounting to a 20% increase to the non-Medicaid portion of the daily

rate. You will be seeing the first installment available mid-April. All agency support is included within the 20% supplemental funding and can be used flexibly by agencies as needed for program related COVID-19 expenses.

Q. Will POS agencies be able to keep excess revenues for this fiscal year?

A. Excess revenue/profit can only be retained in compliance with Rule 434.7(h).

Q. Director Smith said on 4/4 that "DCFS has also increased board payments to foster parents for March and April to help with additional expenses." Where can we find information and amounts? When will additional March board payments be distributed? If foster parents were supposed to receive this and did not, what should they do?

A. With youth in care unexpectedly out-of-school, foster families are experiencing additional food costs and our older youth in care and foster families are experiencing income instability and uncertainty. For March and April, we are extending a \$100 per month supplemental payment to the youth in paid out-of-home placements to help with these expenses. The first installment will be paid in mid-April. Additional information can be found on the Department's Coronavirus/COVID-19 Updates website under the Provider and Contractor News (Messages to Providers) section.

Q. Are emergency shelters included under the umbrella of residential programs that will receive additional funding at this time?

A. Yes, residential shelters will receive the additional funding.

Q. Will DCFS process/handle this \$100 supplemental payment the same way they do the \$10 Christmas payment to the kids each year? Will POS agencies pay licensed homes and DCFS pay unlicensed homes? Will it include payment for every child in a paid placement effective the last day of the month?

A. Yes, that was the quickest payment mechanism that allowed DCFS to get March payments out by mid-April instead of per diem-based payments, which would not have been paid until late in the fiscal year. POS will pay for their licensed homes and DCFS will be making all the unlicensed payments. The \$100 payment is not household-based, but will be paid for every child in

paid placement. For example, if a foster home has three children (licensed or unlicensed) on the last day of the month, they will receive \$300 for that month.

Q. Should the entire \$100 be sent to the foster parent placement as of the last day of the applicable month (i.e. for month of March paid to foster parent of record on 3/31), the same as the Christmas bonus? Will it need to be prorated by day and paid according to each placement during the applicable month?

A. Yes, funds should not be retained by agencies for administrative costs but are considered to be pass-through funds going to the caretakers. The payment will not be prorated by DCFS. This payment method, while fast to implement and with the critical benefit of getting funds out to foster parents and our youth living on their own in real time, does have the drawback similar to the Christmas payments of not being prorated.

Q. How much discretion is available in determining whether visits between parents and children in relative foster placement can avoid suspension, where visits are supervised by caregivers?

A. Visitation should follow [Action Transmittal 2020.02](#), dated March 25, 2020.

RESIDENTIAL TREATMENT

Q. Should required in-person visitation be suspended?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. Should non-essential medical visits be suspended?

A. DCFS recommends that you consult with individual health care providers first; however, reports indicate that many health care providers have been canceling these appointments.

Q. Should youth travel on public transportation?

A. According to the CDC, the risk of the risk of exposure to respiratory viruses may increase in crowded settings, like public transportation (source: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>).

Q. Will video/skype/social media contact be accepted for the in-person visit?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. How do we protect youth with special health needs? Should visits be suspended?

A. DCFS recommends suspending face-to-face visits for medically fragile youth until further notice. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. What instructions should we give our janitorial services?

A. DCFS recommends that you follow CDC cleaning guidelines, which are available [here](#).

Q. Should vehicles that transport youth be disinfected after each use?

A. DCFS has requested guidance from IDPH specific to vehicles. In the meantime, click here – <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html> – for CDC cleaning guidelines.

Q. If youth present with cough/runny nose/fever – what should we do?

A. Contact the youth's health care provider for direction.

Q: How will residential monitoring be conducted to lessen the transmission of possible COVID-19 from campus to campus?

A. Monitors will conduct phone conferences, and video conferences (where appropriate). Monitors and Supervisors will contact agencies at least twice weekly to obtain the status of youth, programming, ratios and other necessary reports to assess an agency's ability to fulfill its responsibility to keep children safe. It is increasingly important for DCFS to remain in contact with youth, families and agencies to assess safety and address imminent needs they may have.

For programs that were recently or currently monitored on-site with enhanced, or intense frequency, residential monitoring will make at least daily phone and/or video contact with the agency to assess the agency's functioning.

For circumstances that require emergency visits to see some children, each agency should be asked screening questions about whether staff or any youth have symptoms, have traveled internationally or have been exposed to someone diagnosed with COVID-19. Please refer to the Department's directives found on the website.

Q. How should we pay for teachers, educators & others for non-public special education schools for Act of God days? Continue to pay as normal? Lessen calendar days worked?

A. Local school districts and the Illinois State Board of Education are the primary education providers for youth in care. The Department will continue to pay as normal, so providers should have enough revenue to support all current staffing and payroll costs. Additional revenue-stabilization efforts are underway. Please see the memo from March 20, 2020 titled [How is DCFS supporting private agencies who have diminished or suspended non-essential services?](#)

Q. Will there be additional funding to offset the additional residential staffing costs to staff our homes during school hours while schools are closed by mandate?

A. The Department is developing an exceptional payment solution for facilities that have extraordinary COVID-19-related costs due to school closure and other COVID-19 challenges. Updates will be posted on the Department's COVID-19 [D-Net page](#).

Q. What is DCFS recommending to providers who have youth who return from run? Can a provider turn a youth away who returns from run? We are hearing that some providers are refusing them entry back into the program. Not confirmed, just rumored at this time.

A. The department is recommending that children/youth who have returned from an elopement, receive the following screening:

- a) Does the child/youth have a fever, cough or trouble breathing?
- b) In the last 14 days, has the child/youth had close contact with a person with test-proven COVID-19?

If the answer to a and b is no, the youth should be quarantined and monitored for emerging symptoms for 14 days.

If the answer is yes to either a or b, or if within 14 days symptoms of COVID-19 emerge, providers should call a medical provider and the state health department.

The Department will work to provide resources needed to support the provider's decision to take the child/youth back into the facility from an elopement. While the Department's goal is to promote a return to placement, a provider can recommend that a youth not return to a facility.

Q. With the statewide bed shortage and full shelters, how is DCFS managing this?

A. The Department is working to develop several resource pools to address the needs of children and youth who are impacted by COVID-19. Emergency Foster Care resources are being expanded to receive children and youth who would be displaced as a result of COVID-19. We are also working to confirm spaces throughout the state that could be operated as isolation/quarantine locations for children and youth who have been exposed to COVID-19, cannot be maintained within the current placement location, and need isolated monitoring for a 14-day time period.

Q. What support will the DCFS provide to residential agencies should there be a staff shortage?

A. DCFS understands that some programs may need to hire back-up staff or transfer staff from other programs or positions into programs that are experiencing a staffing shortage. Agencies seeking to hire back-up staff or transfer internal staff should contact their assigned DCFS Licensing representative or Licensing administration for assistance.

Q. Will DCFS consider lifting certain hiring requirements (fingerprinting, physicals and training, etc.) for residential treatment programs as providers struggle with residential staff that have to self-quarantine or become ill from the virus, for purposes of redeploying other staff to cover these positions?

A. DCFS understands that some programs may need to hire back-up staff or transfer staff from other programs or positions into programs that are experiencing a staffing shortage. Agencies

seeking to hire back-up staff or transfer internal staff should contact their assigned DCFS Licensing representative or Licensing administration for assistance.

Q. Will there be a temporary hold on visiting youth to assess for residential step-downs? Do we have the authority to put our own hold on this activity?

A. The youth's team should first attempt to facilitate a safe in-person visit by taking the following steps:

1. Ensure that all parties involved are not symptomatic or under isolation
2. Protective gear is worn during the visitation according to residential provider procedures
3. The room is properly sanitized according to CDC guidelines
4. Proper handwashing is completed before and after a visitation

However, if any of these steps cannot be followed prior to a visit, the assigned caseworker may facilitate the visit using a HIPAA-compliant video platform.

FOSTER CARE

Q. Do workers continue to do home visits?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. If a foster parent is sick, do we quarantine the foster children to that home and cancel their visits with their parents, siblings?

A. Generally, decisions to quarantine are made by health care providers. If a household is under quarantine as deemed by a health care provider, no person is permitted to leave – except to seek medical attention – until the quarantine is lifted.

Agencies are encouraged to suspend supervised in-person parent-child visits until further notice has been given by DCFS. Caseworkers should encourage and facilitate, to the extent possible, alternate means of communication such as video conference and phone calls.

For unsupervised visits, the below screening should be conducted before proceeding with the visit:

- 1) Within the last 14 days have you traveled to an area with widespread coronavirus according to the CDC?
- 2) Within the last 14 days have you had close contact (6 feet) with a person with test proven COVID-19?
- 3) Do you have fever, cough or trouble breathing?

If the answer to any of the questions is “yes”, a family or child is determined to be in medical isolation due to exposure or a family or child is determined to be quarantined, video or phone contact should be arranged if possible.

Please see [Action Transmittal 2020.02](#) for guidance on Parent-Child and Sibling Visitation.

Q. If a foster child is quarantined to a foster home – how much information can we share with the bio parent and still keep confidentiality for the foster parent?

A. If the parent’s rights are still intact, they would be entitled to know about their child’s medical condition. They are not entitled to information about the foster parent’s medical condition without a consent. If the quarantine is based on exposure, and not because the child has contracted the virus, then that can be stated without disclosing the source of the exposure.

Q1. Will foster parents who have to stay home for children because of school closure be compensated lost wages for missing work?

Q2. How are foster parents being compensated when they have to miss work because schools are closed?

A. The Department is unable to replace lost income from non-DCFS sources. The Illinois web page on COVID-19 and Unemployment Benefits can be found at <https://www2.illinois.gov/sites/coronavirus/FAQ/Pages/Unemployment-FAQ.aspx>

Q. For HMR homes who receive children during this time, has there been anything put in place to financially help them with immediate needs? Remember it generally takes a while before they get any financial assistance.

A. See below responses regarding both payment and service continuity.

- **Payment Continuity**—The Department has designated our fiscal division as an essential service to ensure payments continue so our caregivers and agency partners can meet their obligations in maintaining essential services. Agencies that discontinue essential services will not be eligible for any supplemental emergency payment support during the COVID-19 crisis. (See Letter to POS Providers March 20, 2020)
- **Service Continuity**—The Department continues to support all foster caregivers under normal policy and billing practices. This includes services such as Respite Care, Special Service Fees, and Intensive Placement Stabilization. Additional caregiver supports (such as expanded use of Flex Funds) will be available soon. Updates will be posted on the Department’s COVID-19 D-Net page.

Q. Do we stop visiting our children out of town who we currently go to visit by airplane and train?

A. Youth who reside out of state are typically monitored by the local child welfare agency. DCFS recommends visits to youth via airplane or train be postponed except in case of emergency, and alternate means of contact such as videoconference should be used at this time.

Q. Do we continue to visit our children in highly populated areas where there are large concentrations of people?

A. It is not clear what is meant by areas. If this refers to geographic areas or public places, providers should follow IDPH and CDC recommendations. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. If caseworkers are at work but not feeling well, do we ask them to go home or ground them from home visits?

A. The DCFS Medical Director has developed [a communication](#), available on the DCFS website and D-Net, to help staff determine when it is best to stay home. IDPH Employer Guidance is also available.

Q. What is our penalty from DCFS and the courts if we can’t do all required home visits?

A. DCFS is working with the courts and court stakeholders to determine a response and will share as soon as it is finalized.

Q. Can we do visits with facetime, etc. and count them as a required visit?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. Example: Foster parent has a child in the home who is medically compromised and wants to take a 3-year-old foster child out of preschool to protect the other child from exposure. Should we allow?

A. Schools are closed per Governor Pritzker's order.

Q. With the inability to visit youth who are incarcerated due to IDOC's visitation restrictions, how can we monitor and utilize alternative service delivery, including the use of technology?

A. Illinois Department of Corrections (IDOC) has made video and phone contact available to individuals incarcerated in its facilities. Please visit this webpage for more information: <https://www2.illinois.gov/idoc/facilities/Pages/VisitationRules.aspx>

For youth detained in a Department of Juvenile Justice facility, please visit this webpage for more information: <https://www2.illinois.gov/idjj/Pages/COVID19.aspx>. Contact the youth's Youth and Family Specialist for specific questions.

Q. If therapists working with youth believe the youth is ill or has been exposed, can they limit the required therapy sessions?

A. The therapist should ask the following screening questions before a scheduled session:

1. Within the last 14 days, have you traveled to an area with widespread coronavirus according to the CDC?
2. Within the last 14 days, have you had close contact (6 feet) with a person with test proven COVID-19?
3. Do you have fever, cough or trouble breathing?

If the answer to any of the questions is “yes”, a family or child is determined to be in medical isolation due to exposure, or a family or child is determined to be quarantined, in-person sessions should not be held.

Providers are encouraged to utilize telehealth. Please see the United States Department of Health and Human Services guidance linked here: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html> and Executive Order 2020-09, signed March 19, 2020 by Governor Pritzker.

Q. Will ACRs and Court go on as scheduled?

A. ACRs will be conducted via telephone. Regarding court, staff should check <http://illinoiscourts.gov/Administrative/covid-19.asp> before hearings to ensure their assigned courtroom is still open.

Q. Will we continue to be expected to visit youth that are hospitalized (medically or psychologically)?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. What would visitation look like for our youth that reside in residential facilities?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. What precautions should be taken regarding Bio Parent/Child visits that are being supervised by staff and/foster parents?

A. Agencies are encouraged to suspend supervised in-person parent-child visits until further notice has been given by DCFS. Caseworkers should encourage and facilitate, to the extent possible, alternate means of communication such as video conference and phone calls. Please see [Action Transmittal 2020.02](#) for guidance on Parent-Child and Sibling Visitation.

Q. We are supposed to visit with children three times per month, can foster parents refuse access to foster children in their home? How do we proceed with sibling visits, or parent-child visits, that typically occur in the community?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#). For updated guidance regarding Parent-Child and Sibling Visitation, see [Action Transmittal 2020.02](#).

Q: For visits that have to be supervised and can't be supervised in the community due to the lack of locations (closing of restaurants, libraries, private agencies etc.), do we have parents and children have contact via face time/teleconference and/or phone or do we postpone the visits? If the answer is no, is DCFS going to allow POS agencies to utilize their visitation rooms at some of their facilities to do those visits?

A: Please see [Action Transmittal 2020.02](#) for guidance on Parent-Child and Sibling Visitation.

Q. For Intact program - we heard you say, once per month contact via phone or video. Does this apply to weekly, high-risk or safety plan cases?

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. I heard on the initial Director's Call that home visits are expected to be monthly; however, agencies with specialized youth and contracts are required to visit clients 2x/month in home and see youth a 3rd time in person in another setting. Does this remain the expectation, or are we reducing contact to 1x/month in-person, in the home?

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. Our youth that are already medically compromised, should we still do visits with them even though we may be asymptomatic carriers?

A. In-person visits to medically fragile/compromised youth should be suspended at this time. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: If we are transitioning some visits to phone or video call, what feedback will DCFS have regarding ensuring confidentiality and safety monitoring via phone or video call?

A: DCFS rules, state and federal law related to confidentiality apply when using technology. Staff should ensure that communication occurs away from others if they are working from alternate sites.

Q: What is the DCFS directive about youth in care traveling out of state? Will foster parents or the agencies need to follow any additional procedure for these?

A: Please see the Q&A from March 18, 2020. Youth in care should not travel out of state at this time.

Q: Are Intact Family Programs expected to respond in person to complete transitional visits on new referrals and ongoing weekly in-home visits?

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: We have intact family services workers not wanting to conduct home visits due to concerns for their own health, their immediate family members (should staff contract the virus while on a home visit), as well as concerns for the clients health (example families with medically complex children). Some of our staff themselves may have compromised immune systems and/or reside with older adults and those considered most vulnerable.

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: Will case managers be able to conduct home visits via skype or face time, will it meet contractual obligations? Both foster care and intact contracts.

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: If some foster homes have indicated that they don't want the foster child to be exposed to possible carriers and are saying they don't support visits in their homes by parents and our organizational staff. Will skype video interviews be acceptable?

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: Please define medically complex. We have several Foster Care and Intact cases without this designation, yet children or family members have significant health issues. Are we to make a judgement on who is at highest risk?

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: Will DCFS put out written guidance about what to do if a client has COVID-19 or screens as high risk?

A: If a youth has COVID-19 or is exhibiting symptoms, the caregiver should contact a health care professional for guidance and notify the DCFS Guardian's Consent Hotline pursuant to the memo titled [DCFS Notification of Youth in Care Exposed/Symptomatic/Confirmed to have COVID-19 \(4/7/20\)](#). Regarding staff visits to the home, please consult the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: As a foster care provider who works with many kids who live with heightened health risks, including those who are taking medication to suppress their immune systems, what would be the best plan of action for home visits with these conditions?

For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q: A lot of our youth are cared for by older caregivers, identified by IDPH as at significantly increased risk, how can we implement safety protocols to ensure that our youth and parents are maintaining safety first without altering day-to-day care or increased relocations with homes already being an existing issue?

- How can we assist our workers as they are legitimately concerned about their personal health and exposure as they continue doing required community-based services? These are staff who regularly step into difficult situations in support of their commitment to our kids.

A: For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. DCFS monitors notified us that we were not permitted to utilize alternative methods of monitoring and supervision and that we should proceed as usual with visitation, but the directives from the Governor as well as the mandate differs from the prohibition orders. How can we appeal this decision and receive direction that allows our workers, youth and foster caregivers to feel safe?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. How will this affect visitation with high risk children and foster parents?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. What is the protocol for not completing in-person visits when a member of the household is symptomatic?

A. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#).

Q. Will POS CWS workers be allowed to work remotely to restrict spreading the virus and/or cancel home visits when necessary to ensure our health safety as well?

- What does home visitation look like?
- Will parent/child or sibling visit still need to be conducted?

A. The decision to permit staff to work remotely rests with the POS agency. For updated guidance regarding face-to-face contact, please see the memo titled [COVID-19 and Modifications to In-person Contact Requirements \(3/20/20\)](#). For updated guidance regarding Parent-Child and Sibling Visitation, see Action Transmittal 2020.02.

Q. Due to decrease in staffing level with call offs due to sickness - what is the flexibility with staffing ratios?

A. DCFS understands there may be instances where ratios may not be met, as these are extenuating circumstances. Agencies unable to maintain staffing ratios shall implement strategies

outlined in their Continuity of Operations Plan (COOP) and notify their APT monitor. During this unprecedented situation, DCFS and POS will ensure the best possible outcomes by working as one team to serve children and families. Agencies should report to Monitoring immediately if ratios become concerning for child safety.

Q: What is the plan for the delivery of child welfare services in the community if a state of emergency is called and everyone is quarantined?

A. Please see the [Director’s Message to all DCFS and Private Agency Staff](#), dated March 20, 2020. Governor Pritzker issued a Stay-at-Home Order on March 20, 2020. This executive order exempts all child protection and child welfare staff, both at DCFS and in the private sector.

Q1. Will foster parents be reimbursed if day-care is closed and they have to pay for alternative care for foster children?

Q2. If in-home caregiving is needed by a foster parent, specifically HMR, are there funds available to keep the placement stable? What is being done to ensure timely disbursement of these?

A. When previous child care has been suspended or availability is limited (due to the COVID-19 pandemic), foster parents who choose an alternative child care arrangement while employed, in training and/or in an educational program should fully complete the [CFS2000 – DCFS Day Care Service Eligibility Application](#) and submit it to the caseworker. The worker will review and ensure the following actions are taken in Section III on page 5.

Unrelated/Unlicensed Day Care Providers must be Fingerprinted (through a Department-authorized vendor) and complete the [CFS 718-D Authorization for Background Check](#) for Unlicensed and License-Exempt Child Care.

On the CFS2000, the worker or supervisor will provide the date in which the unrelated/unlicensed day care provider’s Fingerprint receipt and CFS 718-D was submitted to Background Check Unit. The worker or supervisor is responsible for documenting the receipt and results of the unrelated/unlicensed day care provider’s background check.

Related/Unlicensed Day Care Providers will have a SACWIS system background check (CANTS and SOR) completed by the worker or supervisor. On the CFS 2000, the worker or supervisor will document the date when the SACWIS-based CANTS/SOR checks were completed.

- Once completed, workers will submit the CFS2000 – Day Care Service Eligibility Application to the regional day care service eligibility/social service community planner for processing.
- The social service community planner will request that the unlicensed day care provider complete a [W-9](#) in order to secure a Provider ID number (through the Illinois Comptroller’s Office) for payment purposes.

Q. How is foster care intake being handled? Still through CAPU or through the afterhours process?

A. CAPU is still operating as usual during business hours.

Q. How will DCFS payments to daycares be handled during this time of the daycare closure, but foster parents are still responsible for tuition?

A. Eligibility for DCFS-funded child care continues without interruption. Foster parents are not required to pay for day care services as long as a CFS 2000 - Day Care Service Eligibility Application has been reviewed, processed and approved. Regional social service community planners (SSCP) are responsible for processing the applications.

DCFS will continue to pay for child care for applicants (i.e. foster parents, birth parents (intact family services and reunification cases), teen parents and adoptive parents) who meet the criteria for eligibility (i.e. working, in-training, pursuing education/academic pursuits). Please note: Intact families with children aged 0-5 years of age are allowed DCFS-funded child care as long as a protective need has been identified. For additional information, see [Procedures 302.330 – Day Care](#).

Q. Why are Intact programs being required to conduct in-person visits if they are conducting weekly phone contacts? Especially considering there is no protective equipment available.

A. In-person contacts are required to ensure that homes remain safe environments for children. As of March 31, 2020, 40,260 pairs of gloves have been distributed to POS agencies. Additional protective gear, including masks, has been ordered for direct service staff.

Q. How is DCFS going to continue to assist/support in parent reunification at this time?

A. The Department continues to support connection between children and their parents via phone and video. On cases involving children who have unsupervised visitation with their children, and wherein children are transitioning to permanency in the home of a parent- visitation has continued. The Department continues to assess the technology capabilities of parents and has plans to install technology in each field office for parental use for completion of services, as well as contact with their children.

Q. How is DCFS going to help parents continue requested services such as requested evaluations for unification at this time?

A. The responsibilities of a caseworker remain the same. They are charged with being connected to service providers, discussing progress of parents in services, and also requesting and reviewing progress reports and evaluations.

Q. Has the failure to adhere to social distancing and/or sanitary guidelines, specific to the COVID-19 Virus, being considered as a basis for taking protective custody?

A. Whenever necessary, allegations of risk of harm, and medical neglect will be considered and applied. As is the case for all neglect allegations, a parent's "blatant disregard" for the care and protection of their child shall be considered. A child protection specialist's responsibility remains unchanged in situations involving imminent safe concerns. Protective custody of a child shall be determined on a case by case basis.

Q. Will licensing workers still be expected to accompany DCP workers on concurrent investigations for licensed foster homes?

A. Licensing staff should accompany DCP workers if it is necessary to ensure the safety of children. Licensing workers should consult with their supervisors and DCP to determine the necessity of a joint visit. [Action Transmittal 2020.04 - Licensing Requirements During the COVID-19 Health Emergency](#) provides additional detail.

Q. For stand-alone/licensing only investigations, if a foster family answers yes to any pre-screen questions, can licensing workers delay their visit to the home? Or can the licensing worker utilize a virtual visit for initial contact with making in-person visit at a later date?

A. All alternate communications and collection of documents including video assisted virtual visits, interview by phone or video conferencing, contact with collateral sources by phone, electronic transmission of relevant documents etc. are acceptable at this time. Also, in-person visits can be postponed to a safer and more appropriate time. Licensing workers should consult their supervisors for direction. [Action Transmittal 2020.04 - Licensing Requirements During the COVID-19 Health Emergency](#) provides additional detail.

Q. Are investigators being trained on how to have appropriate contact with at-risk families and protect themselves from the virus?

A. DCFS leadership has engaged in conversation with staff and held Regional Town Hall meetings with the DCFS Medical Director, Dr. Margaret Scotellaro, who spoke on how to have appropriate contact with at risk families and how to best protect themselves from the virus. Additionally, child protection staff have all been provided gloves and N95 masks.

Q. If a foster child has been exposed or is put in self-isolation with presenting symptoms of the virus, are POS agencies required to notify APT or any other DCFS entity?

A. Yes, POS agencies are required to notify APT/Residential Monitoring. This is also covered within the twice weekly COVID-19 report that has been established. Should anything change in between report outs, providers will notify APT/Residential immediately. Additionally, providers should notify the DCFS Guardian's Consent Hotline pursuant to the memo titled [DCFS Notification of Youth in Care Exposed/Symptomatic/Confirmed to have COVID-19 \(4/7/20\)](#).

Q. If an employee refused to do in-person visits due to the health risks, what would be the consequences?

A. The response to this rests with the individual POS agency as the employer. If an employee of DCFS refused to do in-person visits, this would be addressed on an individual basis by the direct supervisor.

[DAY CARE](#)

Q. DCFS Daycare Licensing standards say that daycares cannot send a youth home for a fever unless the fever is 101.4 or higher. All information that we are aware of says that action should

be taken at 100.4 by the CDC. Will DCFS temporarily adjust the daycare standard to match what the CDC says?

A. DCFS will follow the guidance of CDC and IDPH during special and or national emergency situations.

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