

March 20, 2020

Purchase of Service Agencies Frequently Asked Questions | COVID-19

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/oc/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 PERMANENCY AND INTACT FAMILY SERVICES:

For children in foster care, contacts should be made monthly. Staff should make a pre-visit phone call to determine if the child or others in the home are exhibiting symptoms. If the child or others in the home are exhibiting symptoms, staff should provide direction to seek medical screening, and video and phone contact will suffice.

If a family or child is in medical isolation due to exposure to COVID-19, a worker will not make contact with a family outside of Emergency Medical Services’ (EMS) ability to assess safety and the worker’s ability to make contact via video and phone.

If there is immediate concern for the safety of a child, the DCFS hotline and law enforcement (or EMS, depending on the issue) should be contacted.

Contact with parents for visitation with children in care can be completed via video visitation if possible.

Worker contact with parents should be completed via phone or video.

DCFS recommends suspending face-to-face visits for medically fragile youth until further notice.

Children should not be given permission to travel out of state at this time.

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 (specified in IWAS at ISBE) 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.

If a day care decides to close their operation, we have no authority to ask them to remain open. Day care entities are private businesses that make their own operational decisions, including when to open and close and their hours and days of operation. DCFS monitors compliance with licensing standards while they are operating or on a pending application. DCFS can inquire about notices to parents, transition plans, whether they will contact other day care entities nearby to accommodate those children, and whether they will offer their staff to those day care entities still willing to operate.

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 is developing a response to this question and will respond as soon as it is finalized.

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.

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 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 cases 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. 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. 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.

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.

RESIDENTIAL TREATMENT

Q. Should required in-person visitation be suspended?

A. DCFS Residential Monitoring or a local DCFS representative will be completing in-person contacts at residential facilities to observe the environment and assure physical safety. A point person will be identified at each residential facility to assist primary assigned workers in conducting phone or videoconference contacts at least monthly. Those point people will be posted on the DNET COVID-19 information link (<http://dcfsnet/ooc/coronavirus/SitePages/Home.aspx>).

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. DCFS Residential Monitoring or a local DCFS representative will be completing in-person contacts at residential facilities to observe the environment and assure physical safety. A point person will be identified at each residential facility to assist primary assigned workers in conducting phone or videoconference contacts at least monthly. Those point people will be posted on the DNET COVID-19 information link (<http://dcfsnet/ooc/coronavirus/SitePages/Home.aspx>).

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.

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 will seek 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.

FOSTER CARE

Q. Do workers continue to do home visits?

A. Contact with children in foster care and intact family services should continue as required, following the use of pre-screening questions.

Prior to in person contact with the family, phone contact should be made, and the following screening questions asked:

- 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.

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.

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

A. DCFS is working on a response to this question and will share that response as soon as possible.

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. Is this referring to geographic areas, care settings, or public places? If this refers to geographic areas or public places, providers should follow IDPH and CDC recommendations. DCFS will provide additional guidance regarding congregate care settings as soon as possible.

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 (attached) 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. Contact with children in foster care and intact family services should continue as required, following the use of pre-screening questions.

Prior to in person contact with the family, phone contact should be made, and the following screening questions asked:

- 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.

DCFS will follow up regarding the compliance implications of this question, as the response is still being determined.

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. Regarding smaller preschools exempt from this order, DCFS is working on a response and will follow up as soon as possible.

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 youth in medical hospital settings required contacts should be made through phone or video conferencing only. For youth in psychiatric hospital settings, the assigned worker should make every effort to coordinate in-person contact with the child at the facility.

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

A. DCFS Residential Monitoring or a local DCFS representative will be completing in-person contacts at residential facilities to observe the environment and assure physical safety. A point person will be identified at each residential facility to assist primary assigned workers in conducting phone or videoconference contacts at least monthly. Those point people will be posted on the DNET COVID-19 information link (<http://dcfsnet/ooc/coronavirus/SitePages/Home.aspx>).

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: 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. 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. Remote options for visitation, such as videoconference, should be utilized until further notice from DCFS.

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.

[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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