

**TO:** Agency Directors and Administrators

**FROM:** Kimberly L. Hall, Director

**DATE:** March 16, 2020

**SUBJECT:** PRACTICE CONSIDERATIONS DURING COVID-19

These are truly unprecedented times and circumstances. I know you are all implementing your continuity of operations plans and are making difficult decisions regarding how best to serve the citizens of your county. I value your partnership as we address and mitigate the spread and impact of COVID-19. Ohio Department of Job and Family Services (ODJFS) is in close contact with our federal partners to leverage available resources, waivers, and options to this same end. As you work through your service delivery plans, below are some considerations the ODJFS supports for agencies to prioritize service delivery and activities under these exigent circumstances. As more options become available, we will promptly communicate them with you.

### **Child and Adult Protective Services**

Our child and adult protection responsibilities include responding to reports of maltreatment to our most vulnerable citizens. With those responsibilities also come required mandates for the safety and well-being of children and the elderly; some critical safety services should not be suspended. Below are a few examples of practice considerations for children services.

- **Screening:**
  - PCSAs must be available to the public to accept reports.
  - PCSAs may consider their non-business-hour protocols for daily operations as necessary (e.g. on-call).
- **Assessments/Investigations: Safety is paramount in considering case-by-case options.**
  - PCSAs should prioritize mandated initiation and assessment of safety activities (e.g. 24/72-hour contacts, 5-day contacts, safety assessment requirements) regardless of screened-in pathway.
  - PCSAs should prioritize monitoring of in-home and out-of-home safety plans to ensure child safety.
  - Consideration of alternatives for other 45-60-day assessment/investigation mandates as appropriate and able might include:
    - Increase phone/FaceTime/other videoconference options for contacts and communication for the following:
      - Collateral and other follow-up interviews/contacts with other involved adults and children in the home
      - Deeper-dive assessment questions and dialogue with other involved household members
- **Open, Ongoing Cases (considerations on a case-by-case basis for reducing**

**visits and conducting alternative contacts):**

- Decisions and activities should be prioritized based on an assessment and routine re-assessment of safety and risk.
  - This includes consideration for age, vulnerability, and location when making case-specific determinations.
- Prioritize monthly visit/contact requirements for children and adults with open cases.
- In-Home Cases:
  - Prioritize child and adult visits (and increase connections by phone/FaceTime as able) for open voluntary cases and court ordered protective supervision(COPS) cases with more immediate safety and risk concerns, in which the children are in the home of the perpetrators and adult subjects (e.g. active safety plans, high-risk openings, court-ordered and newly reunified cases).
  - Other open in-home cases may require fewer monthly visits and/or more phone/FaceTime contact instead (e.g. temporary custody to kin with COPS order, other open voluntary cases offering non-safety-related preventive services)
- Custody with the PCSA (e.g. temporary and permanent custody)
  - Prioritize visits with children and adults on trial home visits during the reunification activities.
  - Prioritize kinship placement homes in which caregivers may need more support and guidance from PCSA caseworkers and kinship caseworkers.
  - Paid placement settings (e.g. agency foster homes, network foster homes, group homes, residential facilities) may require reduced visits (children and adults) when the child is assessed to be safe in the paid placement setting.
  - Consider age, vulnerability, and location when making case-specific determinations for ongoing case activity reductions and/or alternatives (document the justifications for those decisions in the SACWIS activity logs).
  - Consider collaborative planning and ways to conduct necessary visits (e.g. designate one caseworker to visit all children in a given group home or residential facility).
  - Continue to follow Interstate Compact on the Placement of Children monitoring requirements for children placed out of state. This includes the monitoring/visitation responsibilities required by the authorities in the state receiving placement of the child.
- **Children Services Visitation with Family Members**
  - Conduct case-by-case assessment for any immediate safety and health concerns for children that would justify limiting outside exposure. Document those decisions in the case record. Consider such things as

whether children are medically fragile, whether they have pre-existing health concerns, and the age of child.

- When case-by-case decisions are made to limit visitation, replace and increase interactions and contact via phone/FaceTime/other videoconference options
- Reduce those involved in the visit to only those who are court-mandated to participate.
  - Consider adjusting visits with siblings and other external family members to phone/FaceTime/other videoconference options to maintain priority interactions and contact.
- For supervised visitation determined necessary to take place in agency offices and other community locations:
  - Be mindful of the items available during visitations, such as toys, games, and books that may not be able to be thoroughly cleaned between visits.
  - Ensure time to clean and wipe down/disinfect visitation areas between visits.
  - Adjust visitation schedules to reduce the number of visits occurring simultaneously.

- **Other Considerations**

- Home Studies/Assessments: conduct as much information gathering as possible via phone/email (after or before initial walk-through of home).
- Medical/Health Requirements (e.g., the five-day medical screen): Gather as much health history as possible via interviews with parents, children, and others. Assess the need for youth to be seen by medical professionals based on whether they are exhibiting symptoms of physical or mental health concerns.
- Case Plan Requirements/Activities: Work with case plan participants to shift meetings and activities to phone/FaceTime/other videoconference options, as feasible.
- Team Meetings (e.g. family team meetings, team decision making meetings, semiannual reviews): Transition to phone/FaceTime/other videoconference options, as feasible.
- Juvenile Court Hearings and Orders: Work with legal counsel and local judges as needed to adjust necessary court orders and hearings (e.g. visitation orders that do not align with health and safety standards for medically fragile children).
- Local Service Provider Planning: Monitor any new telehealth options with reduced restrictions made available by the Ohio Departments of Medicaid and Mental Health and Addiction Services for children and families to continue case plan activities and needed service delivery.
- Residential Facility Protocols for Visits: Some residential centers are already limiting visitors and offering telecommunication options. For example, one facility has communicated that they are taking extra

precautions for caseworker visits and requiring all visits to be scheduled in advance. This includes that caseworkers will have their temperature taken when they arrive and asked if they have recent symptoms related to COVID-19 (cough, shortness of breath, etc.) or have traveled out of country recently. Caseworkers will have a designated room to conduct visits.

- Foster Parent Training/Certification/Re-Certification: For foster parents whose certificates are about to lapse, each agency may want to consider their good cause policy (5101:2-5-13) regarding foster caregivers' failure to complete the required training hours. The policy must include what constitutes a good cause, including a documented illness, critical emergencies, and lack of accessible training programs. The policy also must include procedures for developing a scheduled corrective action plan. If the foster caregiver complies with the policy, ODJFS may renew the certificate. If agencies have questions about their policies or regarding a specific situation, they should contact their foster care licensing specialist.
- PCSA Caseworker/Supervisor Training Requirements: We will continue to explore whether training for new workers and supervisors can be modified.

### **Adult Protective Services**

- Critical safety services should not be suspended.
  - Agencies must be available to accept public referrals of suspected adult abuse and neglect.
  - Agencies should prioritize mandated initiation and assessment activities.
- Some services may be considered on a case-by-case basis for possible reduction, such as referrals for financial exploitation.

### **Public Assistance Services**

- The following critical safety services should not be suspended:
  - Client access to apply and be determined eligible for assistance, during at least normal business hours
  - Expedited benefit determination
  - Initial application benefit determination
    - Applicants should be strongly encouraged to apply through the Ohio Benefits Self-Service Portal (SSP) at [SSP.Benefits.Ohio.Gov](https://SSP.Benefits.Ohio.Gov), as well as through the IVR phone service.
  - Recertifications
    - Recipients should be strongly encouraged reapply and recertify through the Ohio Benefits Self-Service Portal at [SSP.Benefits.Ohio.Gov](https://SSP.Benefits.Ohio.Gov), as well through the IVR phone service
    - County agencies should consider conducting interviews by phone.
  - Redeterminations and interim reports are still required at this time. Recipients who have an SSP account can complete the recertification and

submit the interim report through the SSP. They also can complete the recertification through the IVR. Recipients also have the ability to mail in the interim reports.

- The following services may be considered on a case-by-case basis for reduction:
  - Home visits and remote staff stationing
  - In-person work activity assessment/appraisals and assignment
    - County agencies should consider conducting these appraisals and assessments by phone
- Ensure phones are covered to reduce the need for clients to visit agency lobbies.
- Be creative with lobby phones, drop boxes for verification, etc., to limit person-to-person contact and crowded waiting areas.
- Consider split-shift staffing with extended hours to reduce staff and client occupancy at agencies.

### **Workforce Development Services / OhioMeansJobs Centers**

- Rapid Response services should not be suspended, although employer meetings can be held by phone.
- The following services may be considered on a case-by-case basis for reduction:
  - Large group trainings such as job fairs and job clubs
  - Full capacity use of resource rooms
  - Home visits for the Comprehensive Case Management and Employment (CCMEP) program.
- Most employment services can be completed through [OhioMeansJobs.com](http://OhioMeansJobs.com).
- Services can continue to be provided virtually to customers, including CCMEP.

### **Child Support Enforcement Services**

- The following critical services should not be suspended:
  - Financial Processing
    - Processing orders (new, modifications, terminations)
    - Walk-in payments (promote online options)
    - Financial corrections, manual checks with direct family impact
    - State Disbursement Unit requests (pulls/voids/stop payments)
  - Review and adjustments requests
  - Processing of IV-D applications
- The following services may be considered on a case-by-case basis for reduction:
  - Genetic testing
  - Case hearings
  - Adverse actions:
    - Default
    - Non-Cooperation
    - Contempt
    - Financial Institution Data Match freeze
    - License suspension (driver, professional, recreational)
  - Federal grant activities
- Consider split-shift staffing with extended hours to reduce staff and client

occupancy at county agencies.

**Child Care Services**

- The following critical safety services should not be suspended:
  - Complaint investigations of licensed home providers
  - Initial licensing inspection of home providers
  - Client access to apply for and be determined or redetermined eligible for assistance, during at least normal business hours
  - Client requests to change authorizations for child care providers
  - Step Up To Quality one-star initial registrations and one-star rating renewal registrations
  - License suspension recommendations
- The following services may be considered on a case-by-case basis for reduction:
  - Regular licensed home provider inspections
  - Improper payment investigations
  - License revocation recommendations