



ACS GUIDANCE FOR PREVENTION PROVIDERS: HOME VISITS AND CASEWORK CONTACTS

Updated 12/23/20 - supersedes 6/1/20 guidance

We at ACS remain committed to our core mission of keeping children safe. This memorandum provides revised guidance to ACS Prevention Providers for visiting families and assessing child safety during the COVID-19 pandemic in New York City. This guidance focuses on keeping children, families and staff safe. It will be updated as necessary during this health crisis.

For many families, particularly those who may be isolated during this stressful time, and who may be experiencing serious mental health challenges or are survivors of intimate partner violence, the reassurance of hearing regularly from a supportive case planner cannot be overstated. ACS is encouraging providers to make in person face to face contact whenever possible and is providing this revised guidance to help in the decision-making process. In addition to the following guidance and minimum contacts prescribed by ACS standards, ACS is encouraging its providers to have frequent contact with the families they serve.

I. HEALTH AND SAFETY

It is important to ensure all staff follow the CDC's guidelines for infection control basics including hand hygiene:

- a. [Infection Control Basics](#)
- b. [Handwashing: Clean Hands Save Lives](#)

ACS requires that everyone routinely employ infection prevention strategies to reduce transmission of common respiratory viruses, including COVID-19. Per New York State and City guidance providers must implement daily health screenings of employees reporting to office locations or in the community. For information on how to screen employees for COVID-19 before they can report to work in person, see "Coronavirus (COVID-19) Worker Symptoms Screening" at [this link](#).

Case planners and their supervisors should assess whether a home visit is needed by assessing both the child welfare need and level of health risk as outlined in detail in section III below and consistent with guidance from the Department of Health and Mental Hygiene (DOHMH) and the Centers for Disease Control and Prevention (CDC), or whether the casework contact can be held virtually. When an in-person home visit is determined to be needed, staff should follow these *General Infection Prevention Strategies during the COVID-19 Outbreak*:

- During in-person home visits, wear a face covering throughout the visit, and request that the household members do the same. Providers must supply staff with extra face coverings to distribute to any family members who need one. If a household member

refuses to wear a face covering, the case planner may end the in-person visit and schedule a virtual casework contact as soon as possible.¹ While still in the home, the case planners should take the following additional precautions:

- Maintain as much distance from household members as possible;
- Refrain from touching any surfaces unless necessary; and
- Use a hand sanitizer after each physical contact with any household members.
- During home visits, try to maintain a 6-foot distance from all household members. Avoid close contact with anyone who has known vulnerabilities to COVID-19, whether due to their age or any underlying health conditions.² If close contact cannot be avoided, make sure to launder clothes at the earliest opportunity and avoid shaking the clothes.
- For face to face interviews, even outside the home, both interviewer and interviewee should be wearing masks or face coverings. If the interviewee refuses (or is unable) to wear a mask, interviewer should wear a face shield in addition to a face mask or covering.
- Greetings should not include handshakes or physical contact; they should be done at a distance.
- Cover your mouth and nose with a tissue when coughing or sneezing (in the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm), even while wearing a face covering. Immediately dispose of the used tissue into a garbage receptacle.
- Keep your hands clean (wash your hands often with soap and water for at least 20 seconds). Use an alcohol-based hand sanitizer, if soap and water are not available. Use rubbing alcohol if hand sanitizers are not available.
- Avoid touching your eyes, nose, or mouth with unwashed hands.

The consistent use of these infection prevention strategies cannot be overemphasized.

II. ADVANCE SCREENING FOR PREVENTION HOME VISITS

The current intent of advance screening is to assess family members for symptoms and potential exposure.

¹ Note: Children aged two or younger should not wear face coverings. Also, if someone has a health problem that makes them unable to tolerate a face covering, they do not need to wear one. This makes practicing physical distancing and hand hygiene even more essential. See the DOHMH COVID-19 Face Covering FAQs: <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-face-covering-faq.pdf>.

² Please review the most recent [Advisory](#) issued by the Commissioner of the Department of Health and Mental Hygiene regarding increased risk of severe COVID-19, which in particular urges precautions for older adults (in particular, those aged 65 or older), people with underlying health conditions, including cancer, heart conditional, type 2 diabetes, pregnancy, and their household members and caregivers.



When preparing or scheduling appointments for visits, the case planner assigned to the family must make diligent efforts to contact the family to pre-screen for any potential risk of COVID-19. Case planners are also urged to re-screen upon arrival to the home. The case planner should ask a parent or caregiver the following questions:

1. In the past 10 days, have you experienced any of the following symptoms?
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
2. In the past 14 days, have you or anyone in your household gotten a positive result from a COVID-19 test that tested saliva or used a nose or throat swab (not a blood test)?
3. In the past 14 days, were you or anyone in your household notified by a medical provider or the NYC Test and Trace team to remain home because of COVID-19?
4. To the best of your knowledge, in the past 14 days have you or anyone in your household been in close contact (within 6 feet for a total of at least 10 minutes over a 24-hour period) with anyone while they had COVID-19?
5. Have you or anyone in your household traveled out of New York State (with the exception of New Jersey, Connecticut, Pennsylvania, Massachusetts or Vermont) for more than 24 hours?
6. Are you or anyone in your household over the age of 65 and/or have any [underlying conditions](#) that increase the risk for severe COVID-19?³

If the family answers “yes” to any of the above questions (1-6), case planners should:

³ See the DOHMH [Advisory](https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-advisory-severe-covid.pdf) (<https://www1.nyc.gov/assets/doh/downloads/pdf/covid/covid-19-advisory-severe-covid.pdf>) and web page on groups at higher risk (<https://www1.nyc.gov/site/doh/covid/covid-19-prevention-and-care.page>) as well as the [CDC website](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>) for more information about underlying conditions that increase vulnerability to COVID-19.

- Direct family to remain at home and contact their medical professional, if they have one;
- If they don't have a medical provider/doctor or have been unable to reach their doctor, they should be directed to call 311;
- If the family doesn't have contact information for their doctor, case planners should try to help the family obtain contact information for their doctor by conducting online searches.

If during advance screening the family reports that no one in the household has symptoms and they have not been directed to self-isolate or self-quarantine, the case planner must inquire about the family's willingness to receive an in-home face to face contact, or willingness to arrange a contact in an alternate location or by videoconference.

Family members or staff who have tested positive are not required to show negative test results to reenter the community following quarantine if they no longer have symptoms and have quarantined for ten or more days; though should be encouraged to see their medical provider for an individual evaluation to confirm their COVID-19 case is considered resolve before engaging in or delivering services.

III. CASEWORK CONTACT REQUIREMENTS

A. Decision-Making Framework for Determining if Casework Contacts Are In-Person or Virtual

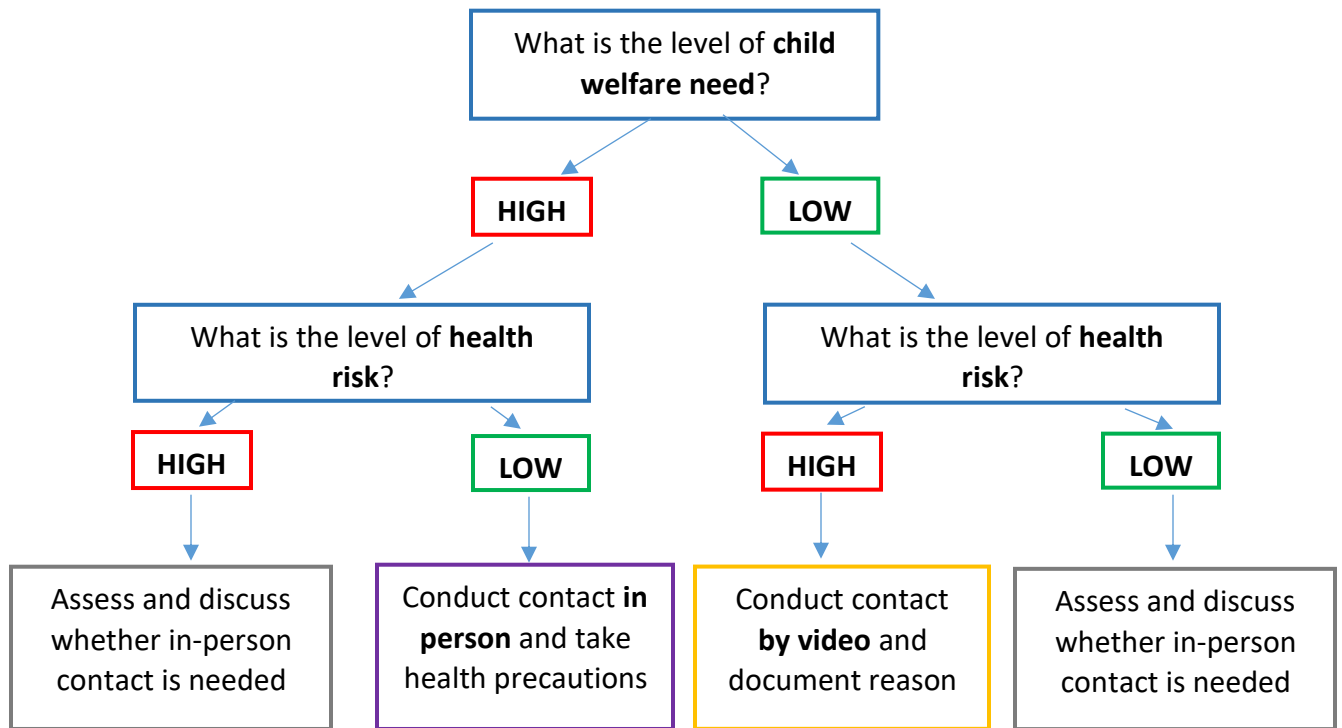
Case planners and supervisors should use the following framework to guide decisions between in-person and video contacts. For purposes of this framework, **"high child welfare need"** means there is a significant need for an in-person contact for reasons related to safety or well-being. Cases with concurrent court-ordered supervision should be presumptively assessed to be cases with high child welfare need unless documentation clearly demonstrates otherwise. **"High health risk"** means that someone in the household has one or more of the risk factors noted in the Health and Safety section above and the referenced DOHMH and CDC advisories,⁴ or the family answered "yes" to any of the COVID-19 Advance Screening questions in this guidance. Assessments of health risk can also take into account whether the family or case planner live in a designated "red" or "orange" zone.⁵

As illustrated in the flow chart below, staff should weigh child welfare needs and health risks:

⁴ Linked again here for your convenience – the DOHMH [Advisory](#) and CDC COVID-19 [website](#).

⁵ Staff should regularly consult both State and local guidance regarding positivity rates, and can refer to NYDOH's [COVID Tracker](#) for the latest information.

- If child welfare needs are high and health risks are low, casework contacts should occur in person.
- If child welfare needs are low and health risks are high, casework contacts should occur via video.
- If both child welfare needs and health risks are high, or if both are low,⁶ case planning teams should discuss with their prevention program leadership (supervisor and/or director) and agency medical directors (where appropriate) which method of contact (in-person or video) can best meet the child and family's needs while mitigating the risks to all involved.



B. In-Person Casework Contacts

Case planners, in consultation with their supervisors and/or program directors, must prioritize in-person contact with families assessed to have high safety and risk concerns, based on the following:

⁶ Note that some level of public health risk is a constant during the COVID-19 emergency; therefore, video visits may still be appropriate if health risks are relatively "low" in any individual case.

- The most recent Family Assessment and Services Plan (FASP);
- The case planner's assessment of safety and risk given their most recent in-home and other contacts with the family and any other information the prevention team deems relevant;
- When there is a court order mandating a specific number of casework contacts, consult with DCP-FSU and the Family Court Legal Services (FCLS) attorney.

In-person casework contacts with families assessed to have high safety and risk concerns, that have reported they are not experiencing symptoms, and have answered "No" to each of the advance screening questions in section II above, must be conducted within ACS Prevention Standards and service model requirements, and adhere to State regulations.⁷ Whenever possible and safe, casework contacts should be occurring in the home for all families. If a case planner has a health-related accommodation that prevents them from making a necessary in-person contact, another staff member must be identified to make the contact.

If, upon arriving at the home, the case planner believes one or more family members are exhibiting symptoms, the case planner should re-screen using the guidance in the section outlining *Advance Screening for Prevention Home Visits*, above. If the answer to either question is yes, follow the guidance above in Section II. Then, calmly and kindly end the visit and arrange for a virtual visit instead.

If a family has no access to technology for a visit, cannot be visited in person because of high health risks or a known COVID-19 exposure, symptoms or diagnosis, and there is an imminent concern about child safety, contact ACS to schedule an Elevated Risk Conference, or call the Statewide Central Register (SCR).

C. VIRTUAL CASEWORK CONTACTS, CONFERENCES AND TRANSITION MEETINGS

Virtual Casework Contacts: During a virtual casework contact, case planner must ask to see and speak to every child in the household, as appropriate given each child's age and developmental stage. Providers must seek to adhere to the State regulations referenced above. If virtual contacts are not possible, case planners should establish communication with children and

⁷ 18 NYCRR 423.4 states that there must be at least 12 casework contacts with a child and/or family in receipt of preventive services within each six-month period of services. Four of such contacts must be individual face-to-face meetings with the child and/or his family. Two contacts must take place in the child's home.



families by phone. However, phone contacts (non-field outreach) cannot be counted as a substitute for in-person or video contacts.⁸

Family Team Conferencing: FTC can be done via videoconference or phone, as outlined in the [Emergency Guidance for Family Team Conferencing During the COVID-19 Pandemic memo](#). If a conference is held by phone because not all parties are available to convene by videoconference, the provider needs to specify in CONNECTIONS progress notes the reason for using phone rather than a video conference and that it was not a customary phone call.⁹

Cases with a high risk for intimate partner violence are a potential exception, if the case planner or other provider staff cannot establish the safety of the survivor and children. In such cases, when a conference is determined to be necessary, the case planner must assess whether an in-person conference with all appropriate health screenings and precautions is the most appropriate option. If a conference is held by phone because not all parties are available to convene by videoconference, the provider needs to specify in CONNECTIONS progress notes the reason for using phone rather than a video conference and that it was not a customary phone call.¹⁰

Transition Meetings: Similarly, joint home visits (transition meetings) can be done via videoconference, or telephone as outlined in the “Guidance for Prevention Referrals, Transition Meetings and 2921 Signatures During COVID-19 Pandemic (12/23/20).” If a conference is held by phone because not all parties are available to convene by videoconference, the provider needs to specify in CONNECTIONS progress notes the reason for using phone rather than a video conference and that it was not a customary phone call.

D. DOCUMENTATION

It is vital that all contacts be appropriately documented, with adequate explanation in progress notes that detail the circumstances and assessment for decisions to conduct contacts in person or virtually based on the decision-making framework above. Case planners must continue to document all successful contacts, including in-home face-to-face and video contacts, as well as all diligent efforts to contact the family.

Documenting video contacts in CONNECTIONS – A recent new build in CONNECTIONS added an additional option for Method of Contact, “Video Conference,” which is now available in Progress Notes effective May 8, 2020 ([click here](#)). Below are the steps for documenting video contacts in CONNECTIONS.

⁸ For ADVPO cases, the progress notes would be completed offline.

⁹ See footnote 8, above, regarding progress notes for ADVPO cases.

¹⁰ See footnote 8, above.

1. Steps to complete the top fields in the CONNECTIONS **PROGRESS NOTE**:
 - TYPE- Select CASE WORK CONTACT
 - METHOD- Select VIDEO CONFERENCE
 - LOCATION- Select CASE ADDRESS-if contact occurred in the family's home. If video contact was held elsewhere, then select the location most applicable from the drop-down list.
2. Go to the **NARRATIVE SECTION**: include in the narrative - "**contact was done via video due to public health risks associated with COVID-19**". Then add additional information as needed to the narrative.
3. For questions or issues specific to CONNECTIONS, please contact your assigned OCFS Implementation Specialist ([click here](#)).

Documenting video contacts in PROMIS – All users are now required to access PROMIS through CARA effective April 10, 2020.

To enter video contacts in PROMIS, first load the case for entering casework contact. On the Case Tracking Tab, click on the Contacts link. Proceed to enter the contact.

1. Steps to complete **casework contact in PROMIS**:
 - CATEGORY TYPE - select Casework Contact.
 - METHOD OF CONTACT - select Video Conference.
 - LOCATION - select the location of family (Case Address if contact occurred in the family's home).
2. Proceed to complete other required information as usual.
3. For PROMIS Step by Step Guide, ([click here](#)).

NOTE: No "attempted casework contact" for videoconference will be available in PROMIS. However, attempted casework contacts can be documented as done prior to COVID-19 and can be used for both attempted in-person and attempted videoconference contacts.



E. SCR REPORTS and MANDATED REPORTERS

Prevention services providers who are unable to reach a family shall assess the family's risk as described in section II above. If the family is assessed to be a high-risk family, and the case planner has been unable to reach the family despite repeated attempts over three business days, the case planner shall contact ACS to schedule an Elevated Risk Conference, as noted above (Section III-B) or notify the SCR of any reasonable suspicion of abuse or neglect.

As mandated reporters, prevention services case planners are required to make a report to the SCR if they have reasonable cause to suspect that a child is an abused or maltreated child because of their observations of or statement by the child, parent or person legally responsible.¹¹

F. RESOURCES AND CASE CONSULTATION/TECHNICAL ASSISTANCE

The ACS Division of Prevention Services, the Bureau of Children, Youth, and Families at the NYC Department of Health and Mental Hygiene, the Mayor's Office for Economic Opportunity, and the Public Policy Lab collaborated with NYC families and service providers to create a [Telehealth Tips website](#) to support the use of telehealth during the COVID-19 pandemic. <https://www.familypathways.nyc/>

For case consultations and/or technical assistance, please contact the ACS Division of Prevention Services, Office of Preventive Technical Assistance at OPTA@acs.nyc.gov.

¹¹ See NYS Social Services Law 413 – 416.