

# Guidance for Resource Family Contacts, Foster Care Licensing, ICPC, and Respite Placements During COVID-19

This guidance is provided as a supplement to FACS Policy Memo 20-01, Disaster Plan Update, COVID-19 Staff Protocol for Client Contact. This guidance is effective June 1, 2020 and will remain until FACS Policy Memo 20-01 is no longer in effect.

Idaho public health officials continue to monitor the novel coronavirus (COVID-19) and take steps to prevent the spread of the disease. Idaho's planned phases under the Governor's Stay Healthy Order allow for FACS to complete re-licensing and initial licensing home visits in the home. We must continue to ensure that children placed in foster care receive adequate substitute parenting care to address their need for safety, health, and wellbeing while taking precautions to keep staff, resource families and children safe.

In every potential face-to-face interaction with children or families, please remember to screen for possible COVID-19 exposure to keep yourself, our resource families, and children safe. Please refer to FACS Policy Memo 20-01.5, Disaster Plan Update, COVID-19 Staff Protocol for Client Contact for screening questions.

**If a member of the resource family household, or child meet the CDC criteria and may have COVID-19, the scheduled face-to-face visit must be rescheduled.**

## All In-Home Resource Family Licensing Visits

1. When scheduling a home visit, complete the screening questions to determine if anyone in the household meets the criteria and may have COVID-19.
2. While scheduling the home visit, discuss with the resource parent any potential concerns they may have and steps that will be taken to mitigate the spread of the virus. This may include determining if the resource family has an appropriate outside area to complete the family assessment and the use of face coverings and hand gel by staff.
3. To decrease the amount of time that the social worker and resource parent would be exposed in the family home, the social worker and resource family may determine, if all participating individuals are comfortable, to complete the family assessment in the family home or if the family assessment is best completed by video conferencing. The home environment assessment must be completed in the resource family home.
4. Prior to using a state vehicle, the licensing social worker should disinfect the inside of the car, and again upon returning the car to the motor pool.
5. Upon arrival at the resource family home, the social worker must put on a face mask and utilize sanitizing hand gel.
6. The social worker should not bring any extra items into the home other than those that are required to complete the visit.
7. If documents must be signed, do not share pens.
8. The social worker should not touch any surfaces in the home. Allow the resource provider to open and close doors or use a tissue or paper towel as a barrier. Avoid placing belongings on tables, counters, floors, or touching surfaces.
9. At all times, the social worker should maintain a safe social distance of six (6) feet.
10. After the social worker has completed a walkthrough of the home to assess for compliance with the home environment standards checklist, the remainder of the

visit may be completed outside weather permitting and if confidentiality can be maintained.

11. At the end of the visit, remove the face mask as described below under Safe Use of Disposable or Cloth Face Masks.
12. Utilize sanitizing hand gel prior to entering the vehicle.
13. Clean the state vehicle as described below under Disinfecting State Vehicle.
14. Utilize hand sanitizing gel after cleaning the vehicle.

**Items you should be cleaning and sanitizing regularly include smart phone, pen, name badge, keys, and any additional supplies.**

### **Re-Licensing Home Visits - Documentation Requirements**

All re-licensing visits that were postponed based on FACS Policy Memo 20-01 will now be scheduled.

Home study documentation requirements:

1. The reason for the delay in completing the re-licensing home visit must be documented on the updated home study and should specifically state:

The updated home study and relicensing of (family name) was completed on (date of home visit) after the expiration date of the license due to COVID-19 and in compliance with FACS Policy memo 20-01. (family name) returned the re-application prior to the expiration date and no action was taken by FACS on the license. The previous license has remained in effect as outlined in IDAPA 16.06.02.105.

2. If the family assessment portion of the home visit was completed by video conferencing, this must also be documented in the home study.

The renewed license must also be documented in iCare. Due to the current limitations of iCare, the previous license cannot be entered to reflect the extended expiration date.

1. Enter license effective date as the date the license initially expired in iCare
2. Complete all fields as usual and submit for approval
3. Under the resource family profile screen enter the documentation included in the home study regarding the delayed home visit: The updated home study and relicensing of (family name) was completed on (date of home visit) after the expiration date of the license due to COVID-19 and in compliance with FACS Policy memo 20-01. (family name) returned the re-application prior to the expiration date and no action was taken by FACS on the license. The previous license has remained in effect as outlined in IDAPA 16.06.02.105

All re-licensing home visits that were delayed due to COVID-19 must be completed by **July 31, 2020**.

### **PCS Re-Licensing Home Visits**

The re-licensing of PCS Providers will be scheduled following the guidance above under All in-home resource family licensing visits and documented following the guidance above under Re-licensing Home Visits - Documentation requirements.

In addition, the assigned licensing worker or supervisor will notify the Provider Enrollment Team with Molina that the PCS provider has been re-licensed and provide a copy of the new license to:

- Email: [idproviderenrollment@molinahealthcare.com](mailto:idproviderenrollment@molinahealthcare.com)
- Include the following information
  - Provider name
  - Provider number or the provider's address

### **Expedited Placement with the Use of Code X Background Checks**

For all provisional licenses issued due to the inability to complete a home environment checklist at the time of the Expedited Placement, the assigned social worker will now schedule a home visit to complete the walk through of the home and complete the home environment checklist document. This home visit must follow the guidance above for All in-home resource family licensing visits.

#### **Home Study Documentation Requirements**

1. The home study recommending a provisional licensed must be updated to include the home environment assessment.
2. The home study recommendation may now reflect full licensure. Be sure to include any variances that have not been resolved.

#### **iCare Documentation Requirement**

1. The provisional licensed must be closed in iCare under the resource family profile.
2. The regular license must be entered with dates corresponding to the home environment checklist and completion of the updated home study.
3. Submit for approval.
4. Under the resource family profile narrative button, document that the home environment standards have been completed and the family meets full licensing requirements. Again, include any variances that have not been resolved.

As outlined in previous guidance, all provisional licenses should receive a full regular license within six months of the expedited placement. This time frame should consider the ability of the licensing worker, licensing team or other FACS staff availability to complete the home environment checklist in a shortened time frame. Only State General Funds can be used with a provisional license.

#### ***Expedited Placements completed on or after June 1, 2020:***

During the completion of an Expedited Placement, a safety assessor or other department staff must observe the home to determine if any safety issues are present. In order to prevent the spread of the virus by limiting the number of people entering the home, the department staff that is already in the home (i.e. safety assessor) must complete the full home environment standards checklist to assure the safety of the environment.

- Licensing workers must be available to support this process by phone or through video conferencing.
- The Home Environment summary may be used to assure safety but does not meet title IV-E requirements. Any license issued using this document should be a “provisional license.” Within six months a full license must be issued with the complete home environment checklist. Only State General Funds can be used with a provisional license.
- If the safety assessor is unable to complete the home environment standards checklist at the time of the expedited placement, the assigned licensing social worker must schedule a home visit with the resource provider and follow the above guidance for All in-home resource family licensing visits.

The assigned licensing social worker will determine with the expedited placement resource provider if the family assessment may be completed in the home. The licensing social worker must ask the screening questions and follow the above guidance for All in-home resource family licensing visits. Family Assessments may be conducted through video conferencing methods if there is concern for exposure to COVID-19. If the family does not have access to any of the video conference methods attached to this guidance, the worker must obtain approval from the supervisor to complete the assessment by phone.

- The video conferencing assessment must be completed with the applicants, all other adults living in the home, and all children residing in the household.
- The rationale for the use of video conferencing must be documented in iCare, under the Resource Family Profile narrative.
- The use of provisional licenses should only be considered if a household member meets CDC criteria and may have COVID-19. Any provisional licenses issued after June 1, 2020 should be resolved and a full regular license issued within 90 days.

Personal references are still required but may be completed by phone with the individuals provided on the foster care application.

Medical professionals are beginning to again schedule routine medical exams. A variance may be considered, for up to six months, after efforts by the expedited resource provider have been made to complete this requirement.

- If the applicant has an identified medical professional they have seen during the last year, attempts should be made to obtain the medical reference preferably by mail, but it may also be completed by phone. The decision to utilize a phone call with the medical professional must be approved by a supervisor and should be documented within the Resource Family Profile narrative in iCare. A phone call from the applicant to their medical provider informing them of the upcoming reference request may have a positive impact on the provider’s ability and willingness to provide a reference without a new exam.
- Applicants with no identified medical professional may be granted a variance for up to six months if they have been unable to schedule a routine medical checkup. This variance must be clearly documented in iCare under the Resource Family Profile narrative.

- During the family assessment or through collateral contacts, if a physical or mental health concern is identified that would prevent the applicant from safely providing foster care, the licensing process must be delayed until an approved medical reference can be obtained.

#### Documentation Requirements in Expedited Home Study

1. If the family assessment portion of the home visit was completed by video conferencing, this must be documented in the home study.

#### Documentation Requirement in iCare

1. If the family assessment portion of the home visit was completed by video conferencing, this must be documented under the Resource Profile Narrative button.
2. If a provisional license is recommended due to the inability to complete a home environment checklist, this must be documented under the Resource Family Profile Narrative.

#### Licensing New Foster Care Applicants

Licensing social workers will begin scheduling with potential resource families to complete the home environment assessment and checklist as well as the family assessment if not already completed through video conferencing. All licensing requirements remain in effect. Licensing social workers should ask the screening questions when scheduling a home visit and follow guidance as outlined above in All in-home resource family licensing visits when making in-home visits with potential resource families.

Enhanced Criminal History Background clearances must be received for all adults living in the home prior to licensure. The Criminal History Unit has provided guidance on their ability to continue providing this service utilizing social distancing. Refer to this guidance at: <https://chu.dhw.idaho.gov>

A review of all Idaho Child Protection history must be completed prior to licensure.

Personal references are still required but may be completed by phone with the individuals provided on the foster care application. Personal references must be completed prior to licensure.

Medical professionals are again scheduling routine medical exams. If the applicant's provider is not able to schedule an appointment, or complete the medical reference via telehealth, during this time variances may be considered for all foster care applicants for up to six months.

- If the applicant has an identified medical professional they have seen during the last year, attempts to obtain a written medical reference must be made, but may also be completed by phone with the assigned licensing worker. The decision to utilize a phone call with the medical professional must be approved by a supervisor and should be documented within the Resource Family Profile narrative in iCare. A phone call from the applicant to their medical provider informing them of the upcoming reference request may have a positive impact on the provider's ability and willingness to provide a reference without a new exam. Applicants with no identified

medical professional who were unable to schedule a routine appointment may be granted a variance for up to six months to allow for medical professionals to return to providing routine medical check-ups. This variance must be clearly documented in iCare under the Resource Family Profile narrative.

- If during the family assessment or through collateral contacts, a physical or mental health concern is identified that would prevent the applicant from safely providing foster care, the licensing process must be delayed until an approved medical reference can be obtained.

Pre-service PRIDE training is still required for new applicants to complete prior to a final recommendation for foster care licensing and adoption. PRIDE trainers through Eastern Washington University have developed interactive Zoom meetings so that PRIDE may be completed virtually. All PRIDE trainings scheduled through June 1, 2020, will be completed through this virtual format.

- After stay at home orders are lifted and gatherings of 30 or more people are allowed, PRIDE will resume in person training.

In order to assure that children are placed in safe environments, the Home Environment Standard checklists must be completed prior to licensing or placement of a child. Licensing social workers should ask the screening questions when scheduling a home visit and follow guidance as outlined above in All in-home resource family licensing visits

- Home Environment standards may be completed by any department staff who are available to assess the home in-person. Licensing workers may provide support during the home visits by phone or video methods. If no department staff is able to complete the in-person home environment assessment, the licensing of the family must be delayed.

Family Assessments may be conducted through video methods if the licensing social worker and potential resource family have concerns regarding the extended exposure time in the home and arrangements cannot be made to complete the family assessment outside. If the family does not have access to any of the video conference methods attached to this guidance, the worker must obtain approval from the supervisor to complete the assessment by phone.

- The video conferencing assessment must be completed with the applicants, all other adults living in the home and all children residing in the household.
- The rationale for the use of video conferencing must be documented in iCare, under the Resource Family Profile narrative.

A dual recommendation for foster care and adoption cannot be made without the receipt of positive personal and medical references.

### **Dual Home Study Requirements for Permanency Placement Committee**

In order to assure that permanency needs of children are met during this time the agency may conduct a Permanent Placement Committee with a completed home study recommending foster care but continues to have a variance for a medical reference. All other requirements must be met, and every effort made to obtain the approved medical reference including mail, phone contact, and telehealth.

- The approval to conduct the Permanent Placement Committee must be made by the regional program manager.
- The selected family must agree to a “legal risk” placement agreement, receive a positive medical reference, and a home study update or addendum completed incorporating the completed medical reference prior to the department submitting the adoption report to Central Office for review
- The reasons for conducting the Permanent Placement Committee without the adoption recommendation must be documented in the Permanent Placement Committee notes.

### **Placing Children in Foster Homes**

Extra care during this time must be made to screen both children and potential resource family placements for the presence of, or exposure to, COVID-19. If a child has been exposed to the virus, this information must be provided to the placement resource to assist them in determining if they are able to accept placement. There are ways to decrease the spread of the virus within a household. Attached is guidance from the CDC on responding to coronavirus. This should be provided to resource families accepting placement of a child.

### **Potential Disruptions**

This is a challenging and scary time for our staff and our resource parents. The possibility of disruptions may occur in families where the anxiety of the situation causes the resource family to reconsider their ability to provide foster care.

- The case consultation with a clinical staffing should be utilized for families where there is a potential for the resource family to become overwhelmed by the crisis.
- The use of online community resources should be considered.
- Consider if there is a therapist or counselor in the community who may provide telehealth services to the resource family and child.
- Have the family utilize Idaho’s COVID-19 Hotline if they have additional questions regarding the virus (888-330-3010).
- Fostering Idaho is updating their website to include ways for resource families to keep children busy during Idaho’s Stay at Home order. Refer them to: <https://familyrtc.org/fosteringidaho/index>.
- Refer the family for crisis support through a resource peer mentor (RPM).

### **Respite Care**

Some resource parents may become ill with the coronavirus and become unable to provide for the care of a child in foster care. The self-isolation period is at least 14 days and may be longer for an individual who becomes very ill.

- The usual timeframe of 14 days for respite care may be extended during this time to allow for a child to return to their foster family after they have recovered and are able to again care for them.
- If a child remains in respite care for longer than 14 days, title IV-E funding cannot be used during the time they are in respite care.
  - Additional guidance will be provided on how to enter a respite over 14 days in ESPI. If this occurs with a child on your caseload, please contact your supervisor and the help desk to determine next steps.

- Any decision to not return a child who was moved due to COVID-19, should be staffed in a special circumstances case consultation. The reason for the decision to not return the child and the approval of the program manager must be included. This must be documented under case consultation in ESPI.
- Follow the guidance for placing children as outlined above when asking resource families to provide respite care.

### **Incoming Interstate Compact Requests**

The effects of the COVID-19 pandemic have affected the reunification and permanency of children in foster care. We must do everything possible to minimize these delays and assist with the completion of incoming ICPC requests whenever it is safe to do so.

- If the assessment and recommendation cannot be completed within the required time frame, notify Idaho's Interstate Compact office through a memo outlining the reasons for the delay. While it may be difficult to determine how long the delay may be, providing the sending state with Idaho's most current guidance regarding stay at home orders and the direction currently provided for client contact in FACS Memo 20-01.1 that extends the staff contact guidance to April 30, 2020, will be helpful to the sending state.
- For requests for licensure, adoption or a dual recommendation follow the guidance as outlined above for All in-home resource family licensing visits and "Licensing New Foster Care Applicants"
- For requests for a relative placement not requiring a license:
  - ICPC background check reviews must be received for all adults living in the home prior to recommending placement of a child from out of state. The Criminal History Unit has provided updated guidance on their ability to continue providing this service will social distancing. Refer to this guidance at: <https://chu.dhw.idaho.gov>.
  - Follow guidance as outlined above for All in-home resource family licensing visits and "Licensing New Foster Care Applicants."

### **Outgoing Interstate Compact Requests**

Outgoing ICPC requests should still be considered and sent through the ICPC office. The Idaho Compact Administrator will notify the regions if the receiving state is not currently accepting new requests due to COVID-19.

- Any out of state placements must be fully considered through a case consult based on the COVID-19 status of the receiving state and the child's best interest. Required paperwork must still be sent through the Idaho ICPC office who will assist in determining if the receiving state is allowing new placement during this crisis. The decision to place a child out of state must be documented in ESPI under case consultation.

### **Foster Parent Support**

Foster parents provide an invaluable service to the state of Idaho's children, and even more so during this national crisis.



- A department social worker must contact resource families every other week to assess for the health of all household member, determine needs of the resource family and child(ren) placed in the home and evaluate for possible disruption.
  - Case managers must contact resource families whom they have children placed with;
  - Licensing workers must contact resource families who do not currently have placements.
- Licensing staff and case management staff must document this frequent contact in the iCare Resource Family profile screen under the narrative button.
- When checking in with foster parents discuss how they are doing with the children in the home, how they are doing with online schooling and if they have any needs. Remind foster parents to check the Fostering Idaho website for online training opportunities. Training and Support Groups, PRIDE and trauma training will be held virtually through the middle of June and possibly longer depending on the phased opening of Idaho and ability for in-person groups.
- Licensing staff must update all resource family profiles with the most current email address to assist in ongoing statewide communication to foster parents.

There are many ways to provide support to resource families, each other, and our own families.

- Send a quick text to say hello.
- Make a phone call to talk through how everyone is doing.
- Send an email with suggestions you have seen on how to keep children busy during a stay at home order.
- Send an email with a new recipe to try, hopefully with easy to find ingredients.

### **Safe Use of Disposable or Cloth Face Masks**

For any type of mask, appropriate use and disposal are essential to ensure that they are effective and avoid any increase in transmission. Self-contamination can occur by touching and reusing contaminated masks. Both the CDC and World Health Organization (WHO) provide the following guidance:

1. Place the mask carefully, ensuring it covers the mouth and nose, and tie it securely to minimize any gaps between the face and the mask.
2. Avoid touching the mask while wearing it.
3. Remove the mask using the appropriate technique: do not touch the front of the mask but untie it from behind.
4. After removal or whenever a used mask is inadvertently touched, clean hands with sanitizing hand gel or wash hands following CDC guidelines.
5. Replace masks as soon as they become damp with a new clean, dry mask
6. Do not re-use single use masks; discard single-use masks after each use and dispose of them immediately upon removal.
7. Not all facemasks can be re-used.
  - a. Facemasks that fasten to the provider via ties may not be able to be undone without tearing and should be considered only for extended use, rather than re-use.
  - b. Facemasks with elastic ear hooks may be more suitable for re-use.

8. Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. The folded mask can be stored between uses in a clean sealable paper bag or breathable container.
9. Masks provided to parents by the department will be stored for the next visit. The parent must remove the mask as described above and place the mask in the bag provided by the agency and sealed shut. Parents will immediately use hand sanitizer as recommended above.

### **Gloves**

The use of gloves is not required but gloves are available from the department for those staff and clients who prefer their use. Follow CDC guidelines for removing gloves to avoid contamination:

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands, or use an alcohol-based hand sanitizer.
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove.
- Hold removed glove in gloved hand.
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove.
- Discard gloves in a waste container.

**Wash hands or use an alcohol-based hand sanitizer immediately after removing masks and gloves**

### **Disinfecting State Vehicles**

All state vehicles should be disinfected prior to and after each use. Regional Facility Teams will provide spray bottles of approved disinfectant for cleaning of cars.

- Wipe down all hard, non-porous surfaces (hard seats, arm rests, door handles, seat belt buckles, light and air controls, doors and windows, and grab handles) with an ammonia based disinfectant available from the regional facilities team.
- If individuals are allergic to ammonia, an acid-based Pine Sol is also available.
- Do not use a Sodium Hypochlorite (bleach) based product on the fabric in cars because it will degrade and discolor the fabric.
- When time allows spray disinfectant and allow to air dry.

If a car is used for transporting anyone who begins to show the CDC identified symptoms of COVID-19, immediately notify the Regional Facility Team. The car will be taken out of service for seven (7) days and decontaminated using the process provided by the CDC.