



Residential Services Q&A

This information seeks to guide our service providers during the COVID-19 pandemic. This guidance is subject to change as best practices from the Centers for Disease Control and Prevention are updated.

Important reminders:

- Remote interventions are appropriate for most DCS cases, particularly when coupled with some face-to-face service when there are child-safety risks. Child and family teams should evaluate every case to determine the best way to serve a specific family with the input of families and providers. Keep in mind the DCS Practice Model, which calls for collaboratively teaming to decide the best way to serve children and families.
- If a child and family team can't decide how to deliver services effectively, or if members disagree on the delivery method after considering all of the presenting risks, teams should consult DCS and provider leadership. Providers should follow the chain of command when seeking the guidance of DCS leadership (starting with the supervisor, escalating to division manager, local office director, regional manager, etc.). FCMs and probation officers should seek guidance from provider leadership, similarly taking into account the provider's chain of command, when a clear agreement can't be reached.

Q. Are there any expected state-level shutdowns that will impact the processing of invoicing and payments?

A. Not at this time. DCS fiscal continues to operate as normal with invoices being processed for payment within 30 days of the invoice posting. If there is an impact due to COVID-19, DCS will inform providers.

Q. What is DCS' stance on home visits for youth in residential treatment?

A. All face-to-face visits for children with DCS personnel have been suspended until at least May 1 as we work with our federal partners, and we should follow the same standard for home passes. DCS does, however, recognize that increasing visitation is often a critical step for a child as they prepare for discharge from residential treatment. If a child has begun to have increased visits/passes as they are progressing toward discharge, the child and family team is encouraged to review the case's progress and consider accelerating the youth's discharge timeline to help ensure that regression does not occur from this suspension of passes/visits. Protection of our teams, children and the community is our top priority. All facilities, programs and offices receiving regular in-person contact with members of the public should continue to limit all visitors.

Q. How should we handle unscheduled visitors to the facility/program?

A. Per current CDC guidelines, facilities should restrict visitation of all visitors and non-essential healthcare personnel.

Q. What is the expectation for court visits?

A. If the court is open, providers should work with the youth's referring worker on whether it is safe and appropriate for the youth to attend any scheduled court hearings. They should also work with them to notify the court if it is

recommended that there be any deviation from court orders.

Q. Will there be ratio adjustments in the event this is needed?

A. Waiver requests related to required ratios should be submitted in writing to DCS Central Office (David Reed or Matt Gooding) for program-specific consideration. These requests should describe how the program will continue to ensure resident safety and meet the behavioral health needs of the youth placed at the facility.

Q. If staff and/or youth are infected, how does this affect referrals and placements?

A. If providers have staff or youth who are positive for COVID-19, the provider must immediately notify DCS Central Office (David Reed or Matt Gooding) as well as their local health department to discuss next steps. No new admissions should be accepted until authorized by DCS Central Office.

Q. What are the precautions service providers should take when interacting with clients?

A. Providers should follow the guidance sent to them on March 10. If you did not receive it, reach out to communication@dcs.in.gov.

Q. CPR/first-aid instructors have canceled classes. Will we be given any leeway to submit a home without first aid? Can we submit a home now and be given a date to have for completion of CPR/First Aid?

A. If a provider wishes to receive a waiver (even a temporary one) of a required training, they must submit a request in writing to DCS and discuss in the request how they plan to ensure the learning that would have been obtained from this required training will still occur. Requests should be submitted to the assigned DCS licensing worker.

Q. When do we pull kids from their jobs? Are we required to prohibit them from going to a job in the community if there is a connection between the location of their job (e.g., a gas station) and a coworker or customer who is in quarantine?

A. If there are identified coronavirus risks associated with a youth's employment, discuss them with the youth's referring worker (FCM or PO) to determine if the youth should continue to work assigned shifts. Otherwise, the youth should be educated on proper coronavirus precautions (see the Indiana State Department of Health website for additional detail), but allowed to continue to work.

Q. If a resident contracts the virus, how do we appropriately quarantine them? Is staying in their room sufficient?

A. Contact your local department of health for further instruction. Providers must also contact DCS Central Office (David Reed or Matt Gooding) to discuss additional steps to take if a resident tests positive for coronavirus.

Q. Is it possible to get permission from DCS on a case-by-case basis to implement video interface/phone conferences (so long as any federal obligations are met) to continue services? If so, what level DCS staff member can authorize this?

A. Remote interventions such as teleconference, Skype, FaceTime and telephone may be used and may be billed as if they were conducted face to face. As many DCS/probation cases present with child-safety concerns, providers must notify the referring worker they are intervening in this fashion and ensure the referring worker is comfortable. Communicate regularly with the referring worker and discuss when regular face-to-face contacts should resume.

Q: The CDC continuously stresses that there are many individuals who will not show symptoms. Will DCS allow phone visits in place of face-to-face contact?

A: If no exposure risks are identified, the provider should still clearly follow all of the precautions that we listed in the March 10 provider guidance. There is also ample self-protection guidance on the CDC and Indiana State Department of Health websites. If there are no child-safety risks identified, then the next best way to connect would be by video. If video isn't available, then connecting by phone is acceptable. Providers are, however, still encouraged to ask this question before going into a client's home, should there be a need to continue to complete a home visit as established by the child and family team due to presenting child-safety risks.

Q: Will DCS lift the licensure requirements for therapists?

A: The licensure requirement is in statute. DCS is willing to look at staff qualifications for specific roles and will issue waivers to the qualifications that are listed in our service standards on occasion when there is a compelling reason to do so (and a provider requests for a waiver in advance of delivering services), but we do not have the ability to authorize things that are outside of the state's law. Those who are licensed in other states are now permitted to practice in Indiana even if they do not have an Indiana license currently, provided they have not been suspended or barred from practice in any other state.

Q: Will DCS reallocate manpower to speed up payment of invoices?

A: The team is working hard to adjust work schedules and shift work remotely to maintain operations. We continue to track processing times and respond to questions, so if there is a specific concern about a payment, providers should still reach out to venter management, DCS Payment Research, etc.

Q: Where should we facilitate our visitations that are court-ordered to occur in the community?

A: The child and family team should decide what to do in these circumstances and should also be mindful of any existing court orders. Local DCS legal can also help explain what is allowable in a specific case. Conducting visits outside should be considered to reduce COVID-19 risks if face-to-face visits occur.

Q: We currently have pending admissions for a group home. With courts being shut down, what provisions are being made to get court orders completed?

A: In circumstances such as this, providers should be in communication with the children's family case manager or probation officer, who should be working with legal on how to move the cases forward.

Q: Can DCS provide concrete assistance to clients who do not have enough phone minutes available or internet access?

A: The child and family team can consider things such as this and seek approval. In addition, DCS is aware of an initiative called "Keeping Americans Connected," which involves internet and other communications companies trying to help families in need. Providers are encouraged to look into this and any other potential resources and share what they learn with the families with which they are working.

Q: Should all staff or staff who work with children wear face masks?

A: DCS defers to the Indiana Department of Health: <https://www.in.gov/coronavirus/2397.htm>.

Q: If accreditation surveys or other requirements are postponed, and an agency is not able to be accredited by the time DCS implements Family First, how will this impact an agency's ability to contract with DCS and accept placements?

A: Providers should document challenges so they can be considered when DCS implements the Family First Prevention Services Act. DCS intends to contract and place only with residential treatment programs that are QRTPs, which requires accreditation. However, DCS will consider circumstances that delayed the accreditation process if they are well-documented and clear.

Q: We know DCS has recommended that residential programs not allow kids to leave campus for visitation, therapy or casework. What documentation do home-based providers need to explain why a visit or appointment did not happen?

A: Please work with your child and family team to discuss this. ISDH recommended restricting visits and passes for youth in residential care, but it must be noted that many of these facilities are closed campuses with dozens and even hundreds of people in them at all times, making extra precautions more critical to prevent a facility-wide outbreak.

Q: The Indiana State Department of Health stated we should be doing "active screening for fever and respiratory symptoms" of all residents and staff. What does active screening look like?

A: DCS defers to the Department of Health: <https://www.in.gov/coronavirus/2397.htm>.

Q: The HIPAA privacy guidelines have been temporarily suspended for teletherapy and telemedicine because of the current pandemic. Will DCS follow suit, allowing community-based therapy to be conducted via teletherapy?

A: HIPAA is in place between families and providers, not DCS, which is HIPAA-exempt, so providers are encouraged to seek their own legal counsel if they have questions. Teletherapy is appropriate to use while working with families. Please remember to work with the child and family team to help determine the best method of communication, as child safety may be an issue.

Q: Can visitations occur via phone or video platform if the facilitator is not located with one of the family members (E.g., child is phoning in with foster family, parent is phoning in from their home, facilitator is phoning in from their home)?

A: Yes. Work with the child and family team, including the referring worker – family case manager and/or probation officer – to discuss how specific visitation/parenting time should be structured.

Q: Is there flexibility on upload timelines to KidTraks for monthly reports or 3-day visitation reports?

A: DCS cannot issue a blanket exception. The agency relies on the information obtained from provider reports to inform the court about our cases and guide decision-making. If a specific circumstance has impaired a provider's ability to upload reports on time, the provider should discuss this with the child and family team, including the family case manager or probation officers with whom they work, to see if a modification of requirements is appropriate.

Q: Locations are closed for background/fingerprint checks. Is DCS going to relax requirements so that we can continue to hire to meet the needs of families?

A: DCS is maintaining a webpage devoted to updating the status of fingerprinting vendors, and this can be found on the main DCS coronavirus resources page. We are working hard to keep this current and will continue to do so.

Q: Can field observations be done via ZOOM with those traveling longer distances to supervise staff all over the state? Also to limit people in/out of clients' homes?

A: Yes.

Q: We have our annual training for CPR/first aid demo (not certification) and car-seat training coming up. After this date, we will be out of compliance. Please advise what to do if they are canceled.

A: American Red Cross activities including life-saving training are considered an essential service. Red Cross is still teaching classes and will notify enrollees if there are any changes. At this time, Red Cross has reduced its class size to six people and continues to provide the CPR/first aid face-to-face portion in small groups. Resource parents are encouraged to follow up with their foster care specialist if they are unable to attend a CPR/First Aid/AED training in person to determine if temporary accommodations can be made.

Q: Will local criminal background checks be delayed during this time?

A: DCS is not aware of any concerns with obtaining local criminal background checks related to COVID-19. If a provider is experiencing difficulty with this, please email the Central Office Background Check Unit at background.checkunit@dcs.in.gov or Don Travis at Donald.Travis@dcs.in.gov.

Q: For annual or relicensing requirements: May foster parents who are up for their annual or relicensure complete the First Aid and Universal Precautions online?

A: At this time, Red Cross has reduced its class size to six people and continues to provide the CPR/first aid face-to-face portion in small groups. We are not waiving that requirement currently. Universal Precautions is already available online.

Q: If inkless sites are closed, what temporary work-arounds does DCS allow for this clearance?

A: IDOA has deemed DCS-related fingerprints a top priority. When providers are scheduling their fingerprints, inform the site the prints are for DCS purposes.

Q: Various juvenile court systems are requiring us to provide only virtual visits to families/children connected to the court. Does guidance supersede DCS guidance?

A: DCS is not aware of any court order requiring visits to be done virtually, though it is appropriate for many of our cases

to have the visits or parenting time done through remote means. Child and family teams should work together to decide how visits or parenting time should look for specific cases. Teams should be mindful of any existing court orders and be prepared to inform courts if a team recommends an order not be followed.

Q: If someone in our office gets COVID-19, should we all self-quarantine and work from home?

A: DCS defers to the Indiana State Department of Health, the local health department or a medical professional.

Q. Are residential facilities still providing training for new hires (including Safe Crisis Management/hands-on training for therapeutic holds)?

A. Providers should work with their individual program model and use guidance from the CDC and ISDH to provide a training in a way that mitigates risk of transmission. For an exception, notify Matt Gooding or David Reed. Under no circumstances should an untrained worker perform a therapeutic hold or restraint of a resident.

Q: Do all members of the team have to be included in decisions? Does the FCM get the final say?

A: Each child and family team member should have a voice. Teams are encouraged to meet often (virtual is preferred) to discuss all aspects of the case, including services. Ultimately, the family case manager or probation officer may send or cancel referrals. If a child and family team cannot agree on what services should be referred and how they should be delivered, teams should seek supervisor guidance.

Q: Is DCS able to supply N95 masks, gloves and other protective equipment?

A: We have limited equipment and are working to get additional supplies. We will stress the needs of our providers when discussing our own needs for PPE.

Q: All non-emergency fingerprinting is delayed. Does this impact foster parent licensing?

A: DCS-related fingerprinting has been prioritized. Check “emergency” when scheduling online after confirming the foster parents are indeed serious about moving forward. Access to screens is limited, and we want to ensure relative caregivers and others can be printed as needed.

Q. A college student's collaborative care will end when she turns 21 this June. She can access insurance through her parent, for which I am in-network. Can she be on private insurance and Medicaid?

A. Yes. Many former foster youth have both private insurance and Medicaid. Work with the child’s 3CM and DCS legal for assistance.

Q. Do you want a copy of the agency’s emergency preparedness plan?

A. Yes. This is already a contract requirement. Send to ChildWelfarePlan@dcs.in.gov.

Q: We have a staff member who has been off work with upper respiratory symptoms but no formal diagnosis. May a supervisor (who has been doing his Face Time visits, etc.) write the staff member’s monthly report?

A: Yes. Note in the report who conducted each client contact and who authored each section of the report. With questions like this, providers are encouraged to contact their regional services coordinator or email ChildWelfarePlan@dcs.in.gov.

Q: Are provider agency offices/facilities required to have a single point of entry for staff?

A: No. DCS supports, but has not mandated, single points of entry and defers to the Indiana State Department of Health. If providers are screening staff members as they enter buildings, having one point of entry would be helpful, but this is left to the discretion of the provider.

Q: When will DCS cease current emergency practices/policies, such as waivers related to therapists or the allowance of virtual services? Will there be a grace period for providers to adjust once DCS reverts to former practices?

A: DCS is paying close attention to updated guidance from ISDH, which will inform the timing of any transitions, but a

specific date has not been set at this time. We do not anticipate an abrupt ending to any of the waivers or allowances currently in place and will ensure providers have sufficient notice as emergency policies are phased out.

Q: When is the cutoff for virtual services? What guidelines exist for the transition after this date? When will this be communicated to the DCS field staff?

A: That date has not yet been determined, and we will work to ensure staff and providers have sufficient notice as emergency policies are phased out. This will be a gradual transition. We recognize the risk from coronavirus, and we will continue to ask our child and family teams to evaluate all presenting risks when deciding how to deliver services. We will also communicate this guidance to our field staff. If a child and family team is struggling to agree on how services should be delivered, that team is encouraged to escalate its concerns within the respective organizations.

Q: Will the DCS practice model relaunch meetings still take place starting in May?

A: Yes, but they are being moved to virtual platforms. Additional information is forthcoming.

Q: What is the expectation for making up supervised visits?

A: This should be decided by the child and family team. Visitation may be done virtually, provided the child and family team agrees, and the delivery method does not violate court orders. If virtual visits are being done in lieu of face-to-face, teams are encouraged to consider increasing the frequency and/or duration of parenting-time opportunities to keep families connected during this time.

Q: How long may virtual visits continue as the state begins to reopen?

A: The authorization for virtual/remote contacts and services remains in place statewide, and providers will be given ample notice if we began to move away from this practice. The decision to use virtual contacts or face-to-face ones should be made by the child and family team, taking into account all of the presenting risks, including those related to COVID-19 and child safety. We will continue to monitor updates from the governor's office and ISDH, but, the authorization to deliver services through these previously authorized remote means is not changing and will not any time soon.

Q: Do background checks completed on an intern less than a year ago need to be redone to hire them?

A: Yes, they may be used if all of the following apply:

- 1). The checks were done in the last year.
- 2). The applicant's internship was paid.
- 2). The internship was with the same provider now seeking to hire the applicant.
- 3). The applicant is being hired to perform similar duties as performed while completing their internship.

Otherwise, new checks must be done.

Q: Is online certification allowed for CPR renewals or new hires?

A: No, as these essential services (including hands-on instruction required for certification) are still being offered in person by both the American Red Cross and the American Heart Association. Please note class sizes could be limited. If you are having difficulty finding a class or have concerns about a member of your staff attending in person, please contact DCS.

Q: When will we be encouraged to return to in-person clinical supervision for the therapists?

A: We do not have a firm date at this time but will keep all providers apprised of upcoming changes.

Q: Can DCS provide partner agencies with personal protective equipment?

A: Unfortunately, DCS is not in a position to donate PPE as we have limited supplies for our own staff. Indiana

Correctional Industries has PPE [available for purchase](#). Additionally, small businesses are eligible to obtain free PPE from the [Indiana Economic Development Corporation PPE Marketplace](#). If your agency has found another reliable source for PPE, please send a note to David Reed (david.reed@dcs.in.gov), and we will share that information.

Q: Should off-site doctors and dentist visits occur if the offices are open and operating?

A: Please refer to the [May 1 field guidance](#). The COVID-19 outbreak has prompted changes to maintain required and recommended medical appointments for children in DCS care. Please keep the following in mind:

- If a foster child is a newborn or young infant, or the child has medical issues, the child should be seen as recommended by the child's medical provider.
- Some healthcare providers are providing well-child visits, either virtually or in person. Please document it if you are unable to schedule a well-child visit.

Q: Do you have updated guidance for home visits?

A: Decisions regarding home visits should be made by the child and family team, taking into account any presenting child safety concerns and risk of COVID-19 exposure. At this point, home visits should primarily be reserved for cases planning for imminent discharge. Youth returning to facilities should be screened following ISDH and CDC guidance as if they were new admissions.

Q: Do you have guidance for on-campus visitation?

A: On-campus visitation is suspended through May 24. DCS plans to assign one person to each facility to conduct the face-to-face visits on behalf of all family case managers and probation officers for the months of May and June. FCMs and POs are still encouraged to have ongoing and meaningful virtual contact.

Q: May we schedule on-site visits if they can be held outside with social distancing?

A: No. All on-campus visits are suspended through May 24. Additionally, no visitors should be admitted until additional guidance from ISDH and DCS is issued.

Q: Can the state recommend resources for homeless families looking for affordable housing?

A: Indiana 2-1-1 can connect families with information on affordable housing near them. This resource may be reached by dialing 2-1-1. Local housing authorities may also provide support to families in their housing search. These can be found by searching online using your county and "housing authority" (e.g., St. Joseph County Housing Authority). In addition, you may contact the Indiana Housing and Community Development Authority (IHCDA) at www.in.gov/ihcda/.

Q: If a child over 2 resists wearing a face mask during visitation, should we still facilitate the visitation?

A: Child and family teams should discuss resuming face-to-face parenting time following [Director Stigdon's guidance](#) prior to the visit. Younger children might not like wearing masks, especially if they've had a negative experience (i.e., hospitalization) or have autism spectrum disorder or sensory issues. The team should not end parenting time early if the child struggles with wearing the mask.

Q: What if an adult participating in parenting time refuses to wear a mask?

A: Be sure to discuss expectations with all parties prior to the parenting time session. If an adult refuses to wear a mask or abide by other guidelines, this should be discussed and potentially escalated to provider or DCS leadership as would be done with any other issue impacting child safety. It's possible the court overseeing the case may help resolve the issue.

Q: The visitation guidance states the foster parent or agency must supply diapers, wipes and formula for the duration of the visit. Our agency always has extra wipes and diapers, but it would be difficult to keep the many varieties of formula our clients use on hand. Can you clarify?

A: Child and family teams should discuss this before the parenting time session and work together to determine who will

supply what is needed for the visit. For children in foster care, it is appropriate for the foster parent to supply the specific formula the child has been using.

Q: Can an exception to the no food/drink rule be made for families with a visit that occurs during mealtime? Or if children are outside, playing, and get thirsty?

A: Yes, food and drinks may be included in visits with prior authorization. Child and family teams may make modifications to ensure the visit is safe, including asking participants to bring their own beverages and/or food. Ensure participants do not drink from the same cup and take care steps to mitigate COVID-19 risks if food is to be shared (e.g., no shared utensils, napkins, chip dip, etc.).

Q: May parents hug and kiss their children during visitation?

A: Yes. Bonding and attachment between children and caregivers requires touch, and parents are allowed to hug and kiss their children during parenting time. If the parent has tested positive for COVID-19, face-to-face parenting time should be postponed.

Q: Will DCS provide masks for visitation if an agency cannot?

A: Child and family teams should discuss this, including the parent(s) in the conversation, prior to the visit. If the parent or child does not have a mask and your agency cannot provide one, contact your local DCS office or the FCM to obtain what is needed.

Q: Does the rule about bringing one toy apply to visits occurring at DCS, or are agencies expected to have visitation rooms with only one toy?

A: No, but DCS or provider offices used for visitation should be cleaned and disinfected before and after each visit. Toys and items that cannot be easily cleaned and disinfected (e.g., stuffed animals, soft toys, books and throw pillows) should be removed. Teams are also asked to consider activities that will create an environment for quality parenting time while preventing the spread of the virus.

Q: Do the visitation guidelines apply to supervised visits occurring in the biological parent home? Are the parent and child still expected to wear masks? Are food and drink permitted?

A: Child and family teams should discuss this, including the parent(s) in the discussion, prior to the visit. The use of face masks is encouraged unless they need to be removed to address a child's fears. Food and drink are permitted with prior authorization by the CFTM.

Q: The new visitation guidance says to take into account the parents' living situation when deciding whether to hold a face-to-face visit. Please clarify.

A: Child and family teams should discuss all COVID-19 concerns with a specific case prior to a visit and mitigate any risk using their knowledge of the case and ISDH/CDC guidance. If someone in the birth parent's home is COVID-19 positive, for example, teams should not have that individual participate in the visit and not have the visit in that person's home.

Q: What should we do if one party who is high-risk does not feel safe meeting in person and another party wants face-to-face visits?

A: Child and family teams should discuss this prior to the visit. If a resolution cannot be achieved, escalate the concern to DCS/provider leadership for further guidance. In some cases, the court overseeing the case may help resolve concerns such as these.

Q: What circumstances would necessitate continued virtual visits?

A: Starting June 15, parenting-time visits should occur in person barring any extraordinary COVID-19-related circumstances. This would include a parent or child testing positive for COVID-19, being hospitalized or exhibiting COVID-19 symptoms, which should still be screened for prior to visits.

Q: Is DCS still authorizing the providers to conduct virtual visits with no impact on reimbursement? Is there an end date after which DCS will no longer pay for virtual visits?

A: There has been no change in the authorization for virtual services, which can still occur at the discretion of the child and family team working each case. If a decision is made to no longer allow for virtual services, it will be announced formally in advance to allow a gradual transition.

Q: If a client feels unsafe with in-person contact, are we required to furnish PPE?

A: Providers are encouraged to call or text clients to discuss these kinds of details before face-to-face contacts. Ask the recommended screening questions and discuss PPE/plans to socially distance during the contact. Child and family teams can also weigh in on how to navigate this issue with individuals who are uncomfortable with face-to-face contact.

Q: Are parents allowed to take children out to eat for lunch/dinner during parenting time visits?

A: Having food and drinks during parenting time visits is discouraged without prior authorization. Child and family teams should discuss all details of the parenting time visit, including whether to allow food or drinks during the visit and what kind, in advance. Court orders must be followed (e.g., if the court requires the visit be at an office, those parents could not take their child to a restaurant).

Q: Do all DCS services return to in-person service delivery on June 15?

A: No, this guidance is specific to parenting time and DCS FCM contact with children and families. Virtual services remain authorized, but child and family teams should talk about the best way to deliver services, weighing the COVID-19 and child-safety risks. As the state moves toward reopening, more services will be delivered through face-to-face means following ISDH and CDC guidance. We will inform providers in advance of these changes to allow for the smoothest transition possible.

Q: Is there a set date all services revert to face to face?

A: There is no projected date at this time, but providers will be given advance notice of any changes to allow for a smooth transition. Child and family teams may continue to authorize virtual/remote services on a case-by-case basis, weighing both the COVID-19 and child-safety risks. This will continue to be the case as the state moves through the [back on track plan](#) phases, and, even after the state enters Phase 5, when there are extraordinary circumstances (such as someone in a family testing positive for COVID-19), virtual services may be authorized.

Q: Who must quarantine after close contact (and what qualifies as close contact) with someone positive for COVID-19?

A: Please refer to the [ISDH website](#), the [CDC website](#) or contact your local department of health or medical professional for guidance on specific cases like this.

Q: Has DCS determined a date when virtual services will no be longer allowed (or allowed only in extraordinary circumstances)? A: No, and DCS will provide at least 30 days' notice if we decide to no longer allow any virtual/remote interventions.

Q: Many agencies continue to face difficulties in getting job applicants fingerprinted and continuing staff re-fingerprinted for purposes of re-licensure. Please advise.

A: DCS will soon open a facility in Marion County to expand fingerprinting availability. IDOA is working to exclude handgun permit fingerprint cards at 4 current locations (two in Indianapolis, one in Hammond and one in Fort Wayne), which should open about 1,900 appointments per month. We continue to examine this issue and may consider alternatives.

Q: Are FCMs required to wear masks?

A: Yes. If after reminding a DCS employee to put on a mask the employee does not do so, please escalate the issue to leadership.

Q: I'm hearing from staff about visit supervisor/transporters not consistently wearing masks and of some birth parents not wearing masks during indoor visits with children. Is it acceptable to go up the ladder of local leadership if we don't see progress in individual situations?

A: The natural parents should be reminded of the importance and provided a mask, as they may not have one. Expectations should be reinforced with all parties. We will be revisiting and reminding the agency again about the importance of protecting themselves and others by utilizing PPE and diligent hand hygiene. It is always ok to escalate concerns. There is no need to ask permission.

Q: Are virtual services still approved in Stage 5?

A: Yes. DCS will provide at least a 30-day notice if a decision is made to prohibit virtual services.

Q: Will there be opportunities to continue therapy virtually after the public health emergency is declared over?

A: We continue to evaluate what services may look like post the public health emergency. We will give providers at least 30 days' notice if virtual services will no longer be allowed. If providers wish to be able to deliver virtual services after the public health emergency, they need to understand the laws around HIPAA-compliant platforms. More information can be found here: <https://www.hhs.gov/hipaa/for-professionals/special-topics/hipaa-covid19/index.html>

Q: May new hire training take place before background checks/fingerprint results are complete?

A: No, background checks should be completed before a new employee is hired under a DCS-contracted service. We will work with providers on a case-by-case basis if challenges arise.

Q: Are licensing staff required starting Nov. 1 to do all pre-licensing visits, along with annuals and quarterlies, in person?

A: DCS continues to conduct licensing and contracting audits utilizing electronic tools if possible. This will evolve based on the needs/ability of the facility and DCS, and we will communicate with agencies as the planning for their audit is finalized.