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**Guidance for DCF-Contracted In-Home and Community-Based  
Programs in Response to COVID-19  
Revised: October 13, 2021**

On June 4, 2021, Governor Phil Murphy issued Executive Order 244, ending the COVID-19 public health emergency in the State of New Jersey.<sup>1</sup> In response, the New Jersey Department of Children and Families (DCF) continues to adjust guidance and programming to best protect the health and safety of children, youth, families, and staff, while aligning with the most current Executive Orders and recommendations of the Centers for Disease Control and New Jersey Department of Health.<sup>2</sup>

This document provides updated guidance for DCF contracted in-home and community-based programs related to the continuity of service during the COVID-19 pandemic. This guidance supersedes and replaces the following previously issued guidance: *Guidance for DCF-Contracted In-Home and Community-Based Programs in Response to COVID-19, dated December 8, 2020.*

DCF is issuing additional, separate guidance, which remains in effect along with the guidance contained herein: *Supporting In-Person Visitation During the COVID-19 Pandemic: A Guide for CP&P Staff, Families, Resource Parents, and DCF-Contracted Visitation Providers.*

This guidance is issued in conjunction with other applicable laws and regulations.

**I. Specific Guidance for Services to Families at Risk of Disruption, and Separated Families**

**A. Definition**

**The following services are included in Category (I):**

**Child Protection and Child Welfare Services**

- Homemaker services
- Family Preservation Services
- Certain in-home clinical and case management programs as described in [Appendix A](#)

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<sup>1</sup> <https://nj.gov/infobank/eo/056murphy/pdf/EO-244.pdf>.

<sup>2</sup> [https://nj.gov/infobank/eo/056murphy/approved/eo\\_archive.html](https://nj.gov/infobank/eo/056murphy/approved/eo_archive.html), <https://www.cdc.gov/coronavirus/2019-ncov/index.html>, <https://www.nj.gov/health/cd/topics/ncov.shtml>

- Forensic psychological/psychiatric evaluation services
- Regional Diagnostic and Treatment Center medical examinations
- Child Health Program for children in resource care and in-home nursing program
- Providers of mental health outpatient services, outpatient substance use disorder evaluation, treatment, and recovery support services, psychological and psychiatric evaluations

### **Children’s System of Care Services**

- Mobile Response and Stabilization Services
- Care Management Organization Services
- Respite Services
- Intensive In-Community Services
- Intensive In-Home Services
- Individual Support Services
- Family Support Organizations
- Providers of mental health outpatient and partial care services, and outpatient substance use disorder treatment services
- Assistive Technology Assessments and Modification Projects

## **B. Guidance**

### **Requirement to Maintain In-Person Delivery of Service**

- 1. Providers of the services listed above should maintain in-person service delivery, unless the family or individual receiving the service declines to accept in-person services.** Category (I) services are considered essential services. Providers are expected to monitor the issuance of guidelines from the federal Centers for Disease Control and Prevention (CDC) and ensure that their program is operating in accordance with up to date health guidance issued by the CDC and the New Jersey Department of Health (NJDOH), as described in [Section IV](#), below.
- 2. Should an individual or family client decline in-person delivery of service, the provider should:**
  - Document the offer of in-person services and the client’s decision to decline same.
  - For families who have an open case with the Division of Child Protection and Permanency (CP&P) at the time that services are declined, the provider is responsible for notifying the CP&P caseworker of the refusal to accept in-person services on the same business day the client communicated that refusal to the provider.
  - Offer remote services as an alternative to in-person services. Providers delivering services using remote technology are responsible for continued

adherence to the standards of care described in [Section IV.E](#), and [Appendices C](#) and [D](#) of this guidance.

3. Providers of the services listed above should maintain in-person service delivery for as long as the CP&P policies and guidance require CP&P staff to conduct in-person home visits. If CP&P policy or guidance is changed to require remote visitation by CP&P staff, the in-home service providers included in Category (I) may also default to remote visits.

## II. **Guidance for Other DCF In-Home and Community-Based Services**

### A. **Definition**

**The following services are included in Category (II):**

#### **Child Protection and Child Welfare Services**

- Keeping Families Together
- Providers of in-home or community-based services, such as parenting support and education, case management, services for adolescents and young adults in foster care (e.g., PACES, LifeSet, life skills, etc.)

#### **Early Childhood and Family and Community Support Service Providers**

- Evidence-Based Home Visiting (Nurse Family Partnership, Healthy Families America, Parents as Teachers, Home Instruction for Parents of Preschoolers)
- Family Success Centers
- Kinship Navigator Services
- Outreach to At-Risk Youth (OTARY)

#### **Division on Women Programs (Sexual Violence, Domestic Violence, Prevention, and Displaced Homemaker Services)**

- Advocacy
- Case management
- Counseling
- Crisis intervention
- Legal services
- Children's Services [Peace: A Learned Solution [PALS], Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)]
- Sexual Assault Response Team (SART) response
- Displaced Homemaker Program
- 24/7 Hotline and Referral services (Domestic violence and sexual violence) - Can be done remotely if providers are able to reroute calls to cell phones

## **B. Guidance**

**It is DCF's expectation that providers of the services listed above will make every effort to re-initiate or maintain in-person service delivery, incorporating face-to-face work.** Providers shall adhere to their model and practice standards and shall incorporate in-person service delivery to the greatest extent possible, based on the type of service being provided, the acuity of the client's level of need, optimization of child and family engagement, and implementation of the treatment/service plan. Providers are expected to monitor the issuance of guidelines from the CDC and ensure that their program is operating in accordance with up to date health guidance issued by the CDC and NJDOH, as described in **Section IV**, below.

### **III. Guidance for Visitation Services**

Visitation services are considered essential services. Providers should continue to adhere to all DCF guidance regarding visitation, including the guidance document, *Supporting In-Person Visitation During the COVID-19 Pandemic: A Guide for CP&P Staff, Families, Resource Parents and DCF-Contracted Visitation Providers*.

### **IV. Guidance Applying to Categories (I), (II) and (III)**

#### **A. Health and Safety Procedures for Specific Child and Family Service Situations**

The CDC and NJDOH are providing ongoing guidance and direction regarding necessary precautions to prevent transmission of the virus.<sup>3</sup> Providers are encouraged to review, remain current and comply with the information available at these sites.

#### **B. Client refusal to wear appropriate Personal Protective Equipment/maintain social distancing**

If an adult participant refuses to, or does not, safely comply with provider requests to wear appropriate face masks, maintain social distancing or to answer COVID-19 screening protocols, regardless of vaccination status, the provider may end the session, refrain from providing transportation, and/or offer remote service delivery in place of in-person sessions. If the family has an open CP&P case, the provider should notify CP&P staff immediately following the session. If the family/participants do not have appropriate face masks, DCF will provide them.

Parent/guardian consent should be sought when directing COVID-19 screening questions to children/youth under the age of 18. Parents should be asked to answer screening

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<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/index.html>,  
<https://www.nj.gov/health/cd/topics/ncov.shtml>

questions on behalf of a child who cannot or will not respond for him/herself. Providers should encourage children and youth over the age of 2, with parent or guardian approval, to comply with COVID-19 screening protocols and utilize face masks as appropriate and medically advisable to reduce the spread of COVID-19. Providers may offer remote service options if a child cannot or declines to comply with the provider's face mask requirement and/or if the child or parent/guardian on the child's behalf cannot or will not answer the screening questions.

**C. Licensed clinicians providing telehealth services in the circumstances described in Sections (I), (II) and (III) are expected to adhere to applicable laws and regulations in provision of telehealth services**

P.L. 2017 c.117 authorizes health care providers to remotely provide health care services to patients through the use of telemedicine, and engage in telehealth as may be necessary to support and facilitate the provision of health care services to patients. P.L.2020, c.3. further expanded access to telemedicine and telehealth services during the existence of the COVID-19 public health emergency and state of emergency. Any healthcare practitioner is authorized to provide and bill for services using telehealth to the extent appropriate under the standard of care. Providers should ensure that the services patients receive using telehealth are appropriate, medically necessary, and meet current quality of care standards.

**D. Telehealth methods are acceptable methods of delivering certain services within the Children's System of Care in the circumstances articulated in Section (I) of this guidance.**

In general, providers of the Category (I) services within the Children's System of Care are required to maintain in-person service delivery, unless the individual or family receiving the service declines to accept in-person services. The New Jersey Department of Human Services (NJ DHS) issued telehealth guidance that applies to delivery of physical and behavioral health care. As a result of these changes to the usual operation of the State's Medicaid-funded services, the following applies to Children's System of Care services under those circumstances where the individual or family receiving the service declines to accept in-person services:

- Care Management Organizations— Services delivered via the bundled monthly rate, and services delivered on a fee-for-service basis may be delivered using telehealth approaches, provided that such approaches comply with applicable law, applicable regulation, and guidance provided by the NJ DHS, Division of Medical Assistance and Health Services (DMAHS), including the March 21, 2020 Newsletter, which is included as [Appendix D](#).
- Mobile Response and Stabilization Services—Mobile Response and Stabilization Services may be delivered using remote technology, provided that such approaches comply with applicable law, applicable regulation, and guidance

provided by the DMAHS, including the March 21, 2020 Newsletter, which is included as [Appendix D](#).

- Intensive In-Community Services, Intensive In-Home Behavioral and Clinical Services, and Individual Support Services—Intensive In-Community Services and Intensive In-Home Behavioral and Clinical Services may be delivered using remote technology, provided that such approaches comply with applicable law, applicable regulation, and guidance provided by DMAHS, including the March 21, 2020 Newsletter, which is attached as [Appendix D](#).

#### **E. Standards of care for provision of remote services**

Providers who continue to incorporate remote service delivery in the limited circumstances permitted in Sections A-D of this guidance should continue to adhere to standards of care described in this section. For services delivered to individuals or families who have active cases with CP&P, the modality of service delivery (e.g., face-to-face, remote using video technology, or remote using telephone only) must be noted in case notes and collateral reports.

Combined audio/visual technology is the preferred method of remote service delivery. When that is not available, use of audio only is acceptable. Standards of care for provision of remote services are provided in [Appendix B](#). Additional standards of care applying to Domestic and Sexual Violence Services are included as [Appendix C](#).

If they have not already done so, providers who intend to use remote service delivery methods must submit to DCF an attestation of the organization's adherence to these standards. See attestation template, which is attached as [Appendix E](#).

Questions regarding this guidance should be submitted to [askdcf@dcf.nj.gov](mailto:askdcf@dcf.nj.gov).

**Appendices:**

[Appendix A:](#) Category I In-Home Clinical and Case Management Services

[Appendix B:](#) Standards of Care for Remote Service Delivery

[Appendix C:](#) Virtual Domestic and Sexual Violence Services Best Practices Addendum

[Appendix D:](#) New Jersey Department of Human Services, Division of Medical Assistance and Health Services Newsletter, dated March 21, 2020

[Appendix E:](#) Attestation Template: Adherence to Standards of Care

[Additional Resources](#)

## Appendix A

### Category I In-Home Clinical and Case Management Services

Agency Name	Contract	Component	Program Name
Acenda, Inc.	AJHS	2	FPS Salem
Acenda, Inc.	AJHS	17.1	Parent Support Services
Acenda, Inc.	AJHS	4.3	On My Own
CarePoint Health Foundation, Inc.	CTJN	4.2	El Puente
Catholic Charities of the Archdiocese of Newark	ABXM	2.1	In Home Hispanic
Catholic Charities of the Archdiocese of Newark	ABXM	2.2	In Home Hispanic
Catholic Charities of the Archdiocese of Newark	AEJN	1	Family Resource Center
Catholic Charities, Diocese of Metuchen	DDMC	26.1	Strength Based Family Treatment
Catholic Charities, Diocese of Metuchen	DDMC	3	Strength Based Family Treatment
Catholic Charities, Diocese of Metuchen	DDMC	26.2	Strength Based Family Treatment
Catholic Charities, Diocese of Metuchen	DDMC	5	Family Support Services
Catholic Charities, Diocese of Metuchen	DDMC	20	Family First
Catholic Charities, Diocese of Metuchen	AAMM	2.5	Skills Program
Catholic Charities, Diocese of Trenton	BLLC	15.1	Natural Parent Support
Catholic Charities, Diocese of Trenton	BLLC	21	Children's Support
COMMUNITY YMCA, THE	ASNC	5.5	Foster Care Services
FAMILY CONNECTIONS, INC.	CFGM	1.1	ACIP
Center for Family Services	JVDS	1	Morris Stabilization
Center for Family Services	JVDS	2	Passaic Family Stabilization
Center for Family Services	JVDS	4	Sussex Family Stabilization
HOPE, INC.	MLXM	1	Hope for Pregnant Teens
Jewish Family Service of Atlantic County	AIAS	1	Family Advocacy Services Team
Mental Health Association of Monmouth County	BNNC	1	Mental Health Association of Monmouth
MILLHILL CHILD & FAM DEV	BELC	3	Out of Home Supports
MILLHILL CHILD & FAM DEV	BELC	1.2	Family Assessment & Support with Therapeutic Intervention



MULTICULTURAL COMM. SVS.	DRMM	1	Teen Parent Support
MULTICULTURAL COMM. SVS.	DRMM	2	Young Parent Support
MULTICULTURAL COMM. SVS.	DRMM	9	Family Support Intense In Home Service
Oaks Integrated Care, Inc.	ABCS	1.3	SFFS- Strength Families Social Services
Oaks Integrated Care, Inc.	ABCS	1.2	SFFS- Strength Families Social Services
Ocean Mental Health Services, Inc.	ABQC	1.1	CAFS- Ocean Mental Health
Ocean Mental Health Services, Inc.	ABQC	1.2	CAFS- Ocean Mental Health
Ocean Mental Health Services, Inc.	ABQC	1.3	CAFS- Ocean Mental Health
PROCEED, INC	ADXM	3	PRS Program
PROCEED, INC	ADXM	1	Multi-Services
PROCEED, INC	ADXM	2	Prevention
Spanish Speaking People's Community Center	AJAS	1.1	Multi-Service
Spanish Speaking People's Community Center	AJAS	1.2	Multi-Service
Spanish Speaking People's Community Center	AJAS	4	Maintaining Family Unity
Spanish Speaking People's Community Center	AJAS	2	Home Intervention Program
Spanish Speaking People's Community Center	AJAS	1.3	Multi-Service
Urban League of Hud Co	BWJN	1	Family Service Center
WomenRising, Inc.	CCJN	4	Family Support Serv.

## Appendix B

### Standards of Care for Remote Service Delivery

The American Telemedicine Association, American Psychiatric Association, American Psychological Association, American Academy of Child and Adolescent Psychiatry, and others have issued clinical, technical and administrative guidelines and best practices for the provision of mental and behavioral health services using electronic communication [1-7]. Key clinical guidelines are detailed below:

#### I. General

- a. Verification of identity and location: At the beginning of remote session, the following details should be verified and/or documented: provider and client identity; provider and client contact information; provider and client location; and expectations for contact between the provider and client in-between sessions [5].
- b. Client's appropriateness for remote services: The provider should determine whether the client is appropriate for remote services with or without professional staff immediately available.
  - i. If the service is delivered by a licensed clinician or an individual working under the supervision of a licensed clinician, assessing whether the client is appropriate for Remote Service Delivery should also include a determination of the appropriate setting for service delivery (e.g., home-based, professionally supervised) – including an assessment of the client's distance to the nearest emergency medical facility, support system, clinical status, and competence with technology. Providers should also consider whether there are clinical aspects of the patient's care requiring in-person examination [1,3,5].
- c. Informed consent: An informed consent process should be undertaken and documented with the client in real-time at the start of services and comply with local, regional and national laws.
  - i. If the service is delivered by a licensed clinician or an individual working under the supervision of a licensed clinician, informed consent should include all information relevant to in-person care in addition to information specific to telemental health services (e.g., limits of confidentiality when communicating electronically) [10]. It should include all information relevant to in-person care in addition to information specific to telemental health services (e.g., limits of confidentiality when communicating electronically) [5].
- d. Physical environment: The professional and client environment should be comparable to the standard provided as part of in-person services. Visual and auditory privacy should be ensured, lighting and seating should maximize the client's comfort, and technology and lighting should be adjusted to maximize the visibility of the client, provider, and other participants in care [3,4,5].
- e. Collaboration and coordination of care: With client consent, providers should arrange for regular, private communication with other professionals involved in the client's care [6,7].
- f. Emergency management: Emergency management should be considered for supervised and unsupervised settings. Providers should be familiar with the laws related to involuntary hospitalization and duty-to-notify in the client's jurisdiction. Providers should also be familiar with client's access to transportation in the case of an emergency, and aware of local emergency

services. When services are provided outside of the client’s home (e.g., in a clinic or school), the provider should become familiar with the facility’s emergency management procedures or, as needed, coordinate with the facility to establish basic procedures. When providing services in a setting without immediately available professional staff, the provider should request contact information for a family or community support person to be called on in case of an emergency [5].

- g. Medical issues: If the service is delivered by a licensed clinician or an individual working under the supervision of a licensed clinician the provider should be familiar with the patient’s prescription and medication dispensation options as well as the availability of specific medications where the patient is located [5].
- h. Referral resources: If the service is delivered by a licensed clinician or an individual working under the supervision of a licensed clinician, the provider should be familiar with available local, in-person mental health resources, should he or she need to refer the patient to additional or alternative mental health services [5].
- i. Management of client-provider relationship: The provider should have clear policies in place around communication with clients, including appropriate sharing of content via different technologies, response times, and boundaries [1].
- j. Cultural competency: Providers should be familiar with the culture and environment in which the client is situated, should assess the client’s prior exposure to, and familiarity with, the technological mode of service delivery, and be aware of how these factors could affect treatment interactions between the client and the provider [1,3].

## **II. Special Considerations for Children and Adolescents**

- a. Procedures for evaluation and treatment of youth via electronic communication should consider the developmental status of youth (e.g., speech capability, motor functioning) [1].
- b. The child or adolescent’s physical environment should facilitate assessment (e.g., adequate room size, simple toys and activities). The size of the room should be large enough to accommodate one or more adults and movement of the child. Some settings may not be appropriate for assessment and treatment of youth (for example, hostile home environments) [3,4,6].
- c. Participation of adults in the delivery of their child’s remote services should generally adhere to standard in-person practices; however, modifications may be needed. For example, an in-person “presenter” may be needed to help assist with rating scales, collecting vital signs, managing the child, etc. Families with a maltreatment history may not be appropriate for remote services delivered in an unsupervised setting (e.g., home) [1,4]. Additionally, parents should be assessed for their ability to safely participate in and/or supervise telemedicine sessions for their children. [3,4].

## **III. Special Considerations for Providers of Domestic Violence and Sexual Violence Prevention and Intervention Programs**

When using virtual services for survivors of domestic and sexual violence, survivor safety and confidentiality considerations remain paramount. National Technical Assistance Providers have provided comprehensive guidance to help providers shift to virtual services swiftly, during this public health emergency, while still ensuring compliance with confidentiality and privacy provisions required by the Health Insurance Portability and Accountability Act (HIPAA), Violence Against Women Act (VAWA) and Family Violence and Prevention Services Act (FVPSA). See [Appendix C](#) which covers equipment, digital platforms, informed consent, and survivor-centered processes for the delivery of services.

### Additional Resources

- American Telehealth Association: <https://www.americantelemed.org/>
- Mid-Atlantic Telehealth Resource Center. “Telebehavioral Health Center of Excellence”. <https://tbhcoe.matrc.org/>
- NASWNJ. Tips for Understanding the NJ Telemedicine/Telehealth Law: Implications for the Practice of Social Work. Accessed from: [https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical\\_sw/Telemedicine-Telehealth\\_Law.pdf](https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical_sw/Telemedicine-Telehealth_Law.pdf)
- Northeast Telehealth Resource Center. <https://netrc.org/>

### Citations

1. American Psychiatric Association & American Telemedicine Association. (2018). Best Practices in Video-Conferencing based Telemental Health. Accessed from: <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/blog/apa-and-ata-release-new-telemental-health-guide>
2. American Psychological Association. (December, 2013). Guidelines for the Practice of Telepsychology. Accessed from: <https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>
3. American Academy of Child and Adolescent Psychiatry. (2017). Clinical Update: Telepsychiatry with Children and Adolescents. Accessed from: [https://www.aacap.org/App\\_Themes/AACAP/Docs/clinical\\_updates/telepsychiatry\\_with\\_children.pdf](https://www.aacap.org/App_Themes/AACAP/Docs/clinical_updates/telepsychiatry_with_children.pdf)
4. American Telemedicine Association. (March, 2017). Practice Guidelines for Telemental Health with Children and Adolescents. Accessed from: <https://tbhcoe.matrc.org/wp-content/uploads/2018/07/ATA-Children--Adolescents-Guidelines-2017.pdf?189db0&189db0>
5. American Telemedicine Association Telemental Health Practice Guidelines Workgroup. (2013). Practice Guidelines for Video-Based Online Mental Health Services. Accessed from: [https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services\\_ATA\\_5\\_29\\_13.pdf](https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf)
6. American Telemedicine Association. (2009). Evidence Based Practice for Telemental Health. Accessed from: <https://www.unmc.edu/bhec/documents/evidence-based-telemental-health-with-cover.pdf>
7. Yellowlees P, Shore J, Roberts L. (2010). Practice guidelines for videoconferencing-based telemental health - October 2009. *Telemed J E Health*. 16 (10): 1074-1089.
8. National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association. (2017). Standards for Technology in Social Work Practice. Accessed from:

[https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards\\_FINAL\\_POSTING.pdf](https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf)

## Appendix C Virtual Domestic and Sexual Violence Services Best Practices Addendum



**Note:** Many of these practices/standards are adapted from the National Network to End Domestic Violence's Technology Safety Website. <https://www.techsafety.org/https://www.techsafety.org/resources>

### **Best Practice 1: Prioritize Safety and Security:**

**General Information:** Minimize the risks related to using digital platforms; update safety and privacy planning protocols to educate survivors about those risks; protocols should include helping survivors make informed choices about their use of each platform, and strategies to help them safety plan and about how to minimize the storage of sensitive information on their devices or accounts.

- **With phone communication:** Make sure it is safe to call a survivor and ensure they are in a private place; allow them to call back if needed; leave a vague message, if needed; let them know when is a good time to call you back; if a call is dropped, ask survivors ahead of time if they would like to call you back, or you call them back; manually dial \*67 before you dial the number of the survivor, if possible, although some survivors may reject blocked numbers. <https://www.techsafety.org/resources-agencyuse/phone-communication-bestpractices>

*As you may be using cell phones to communicate with survivors during this pandemic:* Advocates should use program provided cell phones if possible to ensure safety and security; location sharing should only be on with the consent of advocate; don't save survivor contact info in the phone; all incoming and outgoing calls should be purged

regularly. <https://www.techsafety.org/resources-agencyuse/cell-phone-bestpractices>

- **With text:** Use data encryption services; try to use only service provided cell phones; survivors could download a specific app if possible; create appropriate staff boundaries; more than one advocate may be required for text-based communication; clarify points or statements if confusion (<https://kaofeng-lee-s90t.squarespace.com/text-best-practices>).
- **With chat-based services:** check with safety and minimize interception; let survivors know what will happen when you end the conversation (if chat-based services will go down); do not allow chat-based services to be saved or copied; ensure survivors of their choices and limit confidential

information; ensure data security through encryption (<https://www.techsafety.org/chat-best-practices>).

Limit apps' access to the device's location, contacts, and other potentially sensitive information

- **With video:** Use a combination of video and audio if video cuts out; develop a plan of action if a call is dropped; advocates should only use organization issued devices; talk with survivors about the safety of their surroundings; check-in if they continue to feel comfortable with video conferencing, if continual; identify interpreters as needed; assure secure and encrypted services (<https://kaofeng-lee-s90t.squarespace.com/video-best-practices>).
- The list below includes some vendors that represent that they provide HIPAA-compliant video communication products and will enter into a HIPAA Business Associate Agreement <https://www.jotform.com/blog/best-hipaa-compliant-video-conferencing-software/>
  - Skype for Business
  - Updox
  - VSee
  - Zoom for Healthcare
  - Doxy.me
  - Google G Suite Hangouts Meet
  - RingCentral

Please also see additional Information: *Enforcement discretion for telehealth remote communications during COVID-19* from U.S Department of Health and Human Services <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>) especially: "Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without the risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public-facing, and should not be used in the provision of telehealth by covered health care providers"

**Checklist when using mobile devices** <https://www.techsafety.org/resources-agencyuse/mobilecomputing-bestpractices>:

- Do not use personal devices for work purposes.
- Do not mingle personal and professional data on the devices, particularly if professional data includes survivor information.
- Do put a passcode on the device.

- Do install security updates and download anti-malware protection on all devices.
- Do review the privacy and security settings on the device and in each app.
- Do not use public Wi-Fi if accessing client information or other sensitive information. Instead, use a secure network or VPN to connect with the office or to share files. Also, consider using a secure cloud-based file-sharing system.
- Do only download apps that are necessary for work.

**Best Practice 2: Clear Communication**

Check in to make sure that what you are communicating is not being misinterpreted, as this can be difficult without seeing body language from both the survivor or advocate; avoid automated responses by text or chat services, and slang or emojis; for interpretation, utilize multilingual advocates of live interpreters.

**Best Practice 3: Protect Privacy by Collecting Minimal Information:**

As necessary, turn off platforms that collect incidental data that can be personally identifying; data collection policies should be the same whether speaking face to face, through text, etc.; collect only as much information as necessary.

**Best Practice 4: Provide quality digital services:**

Determine how and when you share information to the survivor about their rights, confidentiality, mandatory reporting, and other information, as you would normally do; this should be done at the start of the conversation before too much information is shared.

**Best Practice 5: Survivors have the right to make informed choices:**

- Be clear with survivors when services are available; if it is 24/7 or within a specific time frame, specify that information upfront; provide notices of wait times if survivors need to wait for a survivor; possibly provide video, text, chat, or phone availability to ongoing clients; provider choice.
- Create protocols for staff to ensure they know how to proceed if a survivor drops from the call.

**Best Practice 6: Plan for the unexpected:**

Plan to let survivors know if your services are completely down due to unforeseen circumstances.

**Additional Information:**

Health systems are open during this public health emergency, so this should be communicated to survivors (<https://cdn.ymaws.com/www.forensicnurses.org/resource/resmgr/docs/COVID-19.pdf>):

Communicate to patients seeking treatment after abuse that the healthcare system is open and safe for them to access.

**Other tips on sexual violence response in disaster**

[https://www.nsvrc.org/sites/default/files/Publications\\_NSVRC\\_Guides\\_Sexual-Violence-in-Disasters\\_A-planning-guide-for-prevention-and-response.pdf](https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response.pdf))



- Alert responders/advocates about the possibility that disasters may cause re-traumatization of sexual assault survivors and that they may need counseling from rape crisis or other specially trained professionals or volunteers.
- Ensure documentation is kept in a secure location.

### **Additional Resources**

**Link to Telehealth informed consent:**

<https://www.socialworkers.org/LinkClick.aspx?fileticket=fN67-dWQReM%3d&portalid=0>

**Other:**

- <https://naswnj.socialworkers.org/News/COVID-19-FAQ-Resources>
- <https://www.americantelemed.org/>
- <https://www.samhsa.gov/sites/default/files/medicare-telemedicine-health-care-fact-sheet.pdf>
- <https://netrc.org/>
- <https://naswnj.socialworkers.org/News/COVID-19-FAQ-Resources>
- [https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical\\_sw/Telemedicine-Telehealth\\_Law\\_.pdf](https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical_sw/Telemedicine-Telehealth_Law_.pdf)
- [https://www.nsvrc.org/sites/default/files/Publications\\_NSVRC\\_Guides\\_Sexual-Violence-in-Disasters\\_A-planning-guide-for-prevention-and-response.pdf](https://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guides_Sexual-Violence-in-Disasters_A-planning-guide-for-prevention-and-response.pdf)
- <https://www.yumpu.com/en/document/read/39636813/toolkit-with-report-form-pennsylvania-coalition-against-domestic->
- <https://www.techsafety.org/digital-services-during-public-health-crises>
- <https://www.futureswithoutviolence.org/get-updates-information-covid-19/>
- <https://vawnet.org/news/preventing-managing-spread-covid-19-within-domestic-violence-programs>
- <https://vawnet.org/materials/disaster>
- <https://www.nctsn.org/resources/parent-caregiver-guide-to-helping-families-cope-with-the-coronavirus-disease-2019>
- [https://nnedv.org/latest\\_update/resources-response-coronavirus-covid-19/](https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/)
- <https://www.futureswithoutviolence.org/get-updates-information-covid-19/>
- <https://www.ena.org/practice-resources/COVID-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- <https://njcedv.org/>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/checklist.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/practice-preparedness.html>
- <https://vawnet.org/sc/response>

**Appendix D**

[New Jersey Department of Human Services, Division of Medical Assistance and Health Services  
Newsletter, dated March 21, 2020](#)

**Appendix E**  
**Attestation Template: Adherence to Standards of Care**

By my signature below, I hereby attest that I am authorized to sign this document on behalf of my organization and agree my organization will implement the Standards of Care for Remote Service Delivery, and as applicable, the Virtual Domestic and Sexual Violence Services Best Practices for the DCF contracted programs listed:

{DCF WILL INSERT A LIST OF SPECIFIC PROGRAMS FOR EACH PROVIDER}

---

Signature

Date

---

Printed Name, Title

## Additional Resources

### Link to a sample telehealth informed consent form:

<https://www.socialworkers.org/LinkClick.aspx?fileticket=fN67-dWQReM%3d&portalid=0>

### Other:

- <https://naswnj.socialworkers.org/News/COVID-19-FAQ-Resources>
- <https://www.americantelemed.org/>
- <https://www.samhsa.gov/sites/default/files/medicare-telemedicine-health-care-fact-sheet.pdf>
- <https://netrc.org/>
- <https://naswnj.socialworkers.org/News/COVID-19-FAQ-Resources>
- <https://www.techsafety.org/digital-services-during-public-health-crises>
- <https://www.futureswithoutviolence.org/get-updates-information-covid-19/>
- <https://vawnet.org/materials/disaster>
- [https://nnedv.org/latest\\_update/resources-response-coronavirus-covid-19/](https://nnedv.org/latest_update/resources-response-coronavirus-covid-19/)
- <https://www.futureswithoutviolence.org/get-updates-information-covid-19/>
- <https://www.ena.org/practice-resources/COVID-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>
- <https://nicedv.org/>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/checklist.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/practice-preparedness.html>
- <https://vawnet.org/sc/response>

## Additional Resources

- American Telehealth Association: <https://www.americantelemed.org/>
- Mid-Atlantic Telehealth Resource Center. “Telebehavioral Health Center of Excellence”. <https://tbhcoe.matrc.org/>
- NASWNJ. Tips for Understanding the NJ Telemedicine/Telehealth Law: Implications for the Practice of Social Work. Accessed from: [https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical\\_sw/Telemedicine-Telehealth Law.pdf](https://cdn.ymaws.com/www.naswnj.org/resource/resmgr/clinical_sw/Telemedicine-Telehealth Law.pdf)
- Northeast Telehealth Resource Center. <https://netrc.org/>

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3. American Academy of Child and Adolescent Psychiatry. (2017). Clinical Update: Telepsychiatry with Children and Adolescents. Accessed from: [https://www.aacap.org/App\\_Themes/AACAP/Docs/clinical\\_updates/telepsychiatry\\_with\\_children.pdf](https://www.aacap.org/App_Themes/AACAP/Docs/clinical_updates/telepsychiatry_with_children.pdf)
4. American Telemedicine Association. (March, 2017). Practice Guidelines for Telemental Health with Children and Adolescents.
5. American Telemedicine Association Telemental Health Practice Guidelines Workgroup. (2013). Practice Guidelines for Video-Based Online Mental Health Services. Accessed from:

[https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services\\_ATA\\_5\\_29\\_13.pdf](https://www.integration.samhsa.gov/operations-administration/practice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf)

6. American Telemedicine Association. (2009). Evidence Based Practice for Telemental Health. Accessed from: [https://www.unmc.edu/bhecn/\\_documents/evidence-based-telemental-health-with-cover.pdf](https://www.unmc.edu/bhecn/_documents/evidence-based-telemental-health-with-cover.pdf)
7. Yellowlees P, Shore J, Roberts L. (2010). Practice guidelines for videoconferencing-based telemental health - October 2009. *Telemed J E Health*. 16 (10): 1074-1089.
8. National Association of Social Workers, Association of Social Work Boards, Council on Social Work Education, and Clinical Social Work Association. (2017). Standards for Technology in Social Work Practice. Accessed from: [https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards\\_FINAL\\_POSTING.pdf](https://www.socialworkers.org/includes/newIncludes/homepage/PRA-BRO-33617.TechStandards_FINAL_POSTING.pdf)