NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Guidance for Operating in the COVID-19 Pandemic
for Providers of Individual Support Services, Respite Services, and Assistive Technology
April 17, 2020

As a result of the COVID-19 pandemic, The Department of Children and Families (DCF) is working to adjust usual operating requirements to preserve quality of service for clients while promoting the ability of both clients and service providers to adhere to necessary social distancing practices. These guidelines are **effective immediately.** Circumstances are changing rapidly, and additional guidance will be released as needed.

This guidance applies to contracted Children's System of Care (CSOC) providers of Individual Support Services, Respite Services, and Assistive Technology providing services for youth with Intellectual and Developmental Disabilities.

Individual Support Services

1. **Licensed clinicians and professionals working under the supervision of licensed clinicians are expected to adhere to applicable laws and regulations in provision of tele-health services.**

   The New Jersey Telemedicine Act lays out standards for provision of telemedicine services, issuance of prescriptions via telemedicine services, and payment for services. Additionally, state boards have issued proposed regulations for various licensed professionals including psychologists, psychoanalysts, social workers, and nurses.

   On March 19, 2020, Governor Murphy signed legislation expanding access to telehealth services. For the duration of the public health 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.

2. **Telehealth methods are acceptable methods of delivering Individual Support Services within the Children's System of Care.**

   The NJ Department of Human Services (DHS) has 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, Individual Support Services may be delivered using remote technology, provided that that such approaches comply with applicable law, applicable regulation, and guidance provided by the NJ Department of Human Services, Division of Medical Assistance and Health Services including the March 21 2020 Newsletter, which is attached here as Appendix A.

3. **Standards of care for provision of remote services**

   The Director of the Division of Consumer Affairs, in consultation with the Commissioner of Health, and pursuant to P.L. 2020, c. 3, issued an Administrative Order waiving certain technology requirements. 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.

   Providers who intend to use remote service delivery methods must submit to DCF, an attestation of your organization's adherence to these Standards. DCF's business offices began sending Attestation Forms and detailed instructions regarding submitting attestations during the week of March 23, 2020. Individual Support Service providers will be expected to submit their attestation by April 24. A template of the required attestation is included as Appendix C. Agencies that have not already submitted an attestation should complete and return as per the instructions in Appendix C.

   Questions regarding the Standards of Care or attestation process should be submitted to askdcf@dcf.nj.gov.

Respite Services

1. Effective immediately, Agency Afterschool Respite, Agency Weekend Recreation, and Agency Overnight Respite services are **suspended** and new authorizations for these services shall not be issued until such time as the requirements for closure of all schools and social distancing as stipulated in Executive Orders 107 and 119 are no longer in effect.

2. Respite providers contracted to provide Agency Afterschool Respite and/or Agency Weekend Respite that are also contracted to provide Agency Hired and/or Self Hired Respite may transfer youth to Agency Hired or Self Hired Respite services according to family preference. If families opt to receive Agency Hired or Self Hired Respite through a different agency, the youth may be discharged from Agency Afterschool or Agency Weekend Respite authorized for Agency Hired or Self Hired Respite. CSOC Service Line Managers shall send separate communication to providers regarding the interagency transfer process in CYBER.

3. Uncompensated caregivers as defined at NJAC 10:46A and "including, but not limited to, a parent, sibling, spouse, child, grandparent, step family member, aunt, uncle, cousin or legal guardian, who without monetary payment cares for the family member with a developmental disability and with whom the family member with a developmental disability resides" may not be reimbursed for providing Self Hired Respite services.

Assistive Technology

1. Home and vehicle assistive technology assessments are suspended for no fewer than 30 days from the date this guidance is issued and shall be extended as required.

2. Approved assistive technology projects may proceed provided families wish to do so and contingent upon vendor availability.

Appendices:

Appendix A: DMAHS March 21, 2020 Newsletter

Appendix B: Standards of Care for Remote Service Delivery

Appendix C: Attestation Template: Adherence to Standards of Care

Appendix A

DMAHS March 21, 2020 Newsletter

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 must 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 must 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, 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].

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
- Northeast Telehealth Resource Center. https://netrc.org/

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://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.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://www.techsafety.org/digital-services-during-public-health-crises
- 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://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

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
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
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
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

Appendix C

Attestation Template: Adherence to Standards of Care

By April 24, 2020, please read, sign, scan, and then return the below Attestation by email to: OfficeOf.ContractAdministration@DCF.NJ.GOV

By my signature below, I hereby attest that I am authorized to sign this document on behalf of my organization. I agree my organization will continue to meet the requirements of our contract(s) with the Department of Children and Families (DCF) subject to the emergent need to respond to the evolving consequences of the COVID-19 Pandemic as guided by the Commissioner.

I understand that the Commissioner has communicated, and will continue to communicate, the measures service providers may take to prevent and mitigate exposure to, and spread of, the COVID-19 virus while delivering services, through her issuance of Guidances published on the DCF website. These Guidances have been amended and supplemented, and the Commssioner may continue to amend and/or supplement some of our contract requirements for the duration of the COVID-19 Pandemic.

On behalf of my organization, I agree to read, understand, and adhere to the standards, best practices, and additional terms of providing services that are described, and will be described, in these Guidances. My reliance upon these Guidances to implement service delivery changes that may be contrary to current contract requirements will serve to modify our contract(s) without requiring an exchange of contract modification documents. DCF is pre approving contract modifications consistent with the Guidances as a means to ensure the health and safety of the youth we serve, and those in our organization who serve them, through timely responsive action that minimizes the risks to them presented by the COVID-19 virus.

If any federal funds support my DCF contract(s), I additionally agree to read, understand and adhere to Guidances, notices, and announcements issued by federal funding agencies to provide relief to funding recipients affected by the loss of operational capacity and increased costs due to the COVID-19 national emergency.

I acknowledge that civil rights laws and their implementing regulations are not set aside during an emergency. Consistent with all of these laws, my organization will not discriminate on the basis of race, creed, color, national origin, nationality, ancestry, age, sex/gender (including pregnancy). familial status, marital/civil union status, religion, domestic partnership status, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for military service, and mental or physical disability (including perceived disability, and AIDS and HIV status).

Finally, I will notify the Office of Contract Administration if any changes to our organization require the discontinuation of DCF contracted services, even as modified by the Guidances issued, and to be issued, by state and federal entities.

Signature:

Printed Name:

Title:

Organization:

Date:

Please scan and email the signed attestation to OfficeOf.ContractAdministration@DCF.NJ.GOV