



Family Reunification FAQ's COVID-19 and Virtual Visits

Frequently Asked Questions for the USCCB/MRS Safe Passages Family Reunification Program Related to COVID-19

ORR Shelters:

Q1) What are ORR shelters/facilities doing at this time regarding COVID-19?

- o ORR shelters/facilities and most shelter staff are considered essential employees and therefore are still operating as normal as possible, with extra precautions put in place to ensure the safety of the children and the staff. ORR will continue to refer cases for home study and/or post release services as applicable.
 - **Age-outs:** At this time ORR shelters are still requiring UC who turn 18 to be transferred to adult detention centers. ORR will be looking into this and will be reassessing this guidance as needed; shelters have been instructed to follow up with their FFS on how to proceed with any potential age outs.
- o ORR shelters are putting into place safety protocols as recommended by CDC and state/local guidance. Some safety protocols that ORR is implementing include the following:
 - Shelters have stopped accepting cases from California, Washington, and New York
 - Allowing shelter case managers, clinicians, etc. to conduct remote case management, but are encouraging face to face visits when crisis intervention is needed
 - Adjusting the ratio of staff to children, while ensuring the safety of all involved
 - Legal screenings and Know Your Rights education are currently being conducted remotely or through videos
 - ORR fingerprint sites have either closed in certain locations or have established limited hours and days that they are open
 - Created a COVID-19 section in the UAC portal for regular updates as they relate to UC
- o Screening of COVID-19
 - UC are getting fever checks twice a day (AM/PM)
 - Visitors are required to undergo mandatory temperature checks, and assessed for any symptoms related to respiratory breathing issues, exposure to others, etc.; if they meet any of these indicators, they will be turned away
 - Children who may have been exposed to COVID-19 are placed in a quarantine and not discharged until after the quarantine is completed
 - Children are screened at the time of discharge, and if they exhibit any symptoms they are not released until medically cleared
 - Children who may be diagnosed with COVID-19 are not discharged until healthy and no longer contagious



Conducting Virtual Family Reunification Visits during COVID-19

Platforms:

Q2) What type of platforms should I use to conduct my virtual visit?

- It is recommended that programs utilize, as much as possible, a HIPAA compliant video conferencing platform. This usually comes with a Business Associate Agreement (BAA) agreeing not to share PII or PHI information. Some HIPAA compliant platforms that can be investigated are:
 - Doxy.me
 - Zoom
 - Skype for Business/Microsoft Teams
 - Updox
 - Vsee
 - Google G Suite Hangouts Meet
- If your agency does not have a HIPAA compliant teleconferencing platform, there are some free telehealth platforms that individual staff members can sign up for free. If an individual staff member plans to create a separate account, it is recommended that you create an account using your agency email address, and if you can get a BAA to save it and send to your supervisor.
 - [Doxy.me](https://doxy.me) is a free HIPAA compliant telehealth platform with a BAA; there is no software or hardware needed, and can be accessible via any device by sending the designated meeting link; access to the device's camera and microphone will be needed

Q3) What if my clients are not familiar with using any type of telehealth/teleconferencing platform, is there anything else that I or my client can use?

- During the COVID-19 pandemic, there have been approvals from various healthcare and human service organizations that allow providers to utilize various video apps, i.e. WhatsApp, Facebook Messenger, Skype, etc. in order to provide services to clients remotely, see the following section on HIPAA compliance.

HIPAA compliance:

Q4) What if I am not able to secure a HIPAA compliant teleconferencing platform?

- As much as possible, case managers should try to utilize a HIPAA compliant platform to conduct the virtual visits; however, during the COVID-19 national emergency, the Office for Civil Rights (OCR) at the Department of Health and Human Services (HHS), which oversees agencies compliancy with HIPAA regulations recently issued a [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#)
- Below are a few key statements from the notification to take into consideration:



- "...covered health care providers subject to the HIPAA Rules may seek to communicate with patients, and provide telehealth services, through remote communications technologies."
- "Some of these technologies, and the manner in which they are used by HIPAA covered health care providers, may not fully comply with the requirements of the HIPAA Rules."
- "OCR will exercise its enforcement discretion and will not impose penalties for noncompliance with the regulatory requirements under the HIPAA Rules against covered health care providers in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. This notification is effective immediately."
- "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 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."**
- "Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a BAA with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency."

Consent

Q5) Should I get consent before I conduct a virtual visit, and if so what type of consent?

- o Yes, during the initial phone call, or prior to your scheduled visit, the case manager should inform the sponsor/child that due to safety restrictions put in place due to COVID-19, your agency will be conducting virtual visits with the sponsor/child in lieu of physical visits to the home. During the call, the case manager should assess the sponsor/child's ability and capacity to use a telehealth or video conferencing platform.
- o If your agency already has a consent form to provide telehealth/teletherapy services, that form can be utilized, and updated accordingly to reflect your Safe Passages Family Reunification program, will conduct remote/virtual home visits. If you need assistance or guidance on how this can be done, please contact your assigned Children's Services Specialist (CSS).
- o The following examples can be adapted to your agency's policies and procedures to utilize for conducting Family Reunification virtual visits: [example of a consent checklist](#) from the



Maryland Psychological Association (MPA); or [sample of informed consent for telepsychology](#), provided via the American Psychological Association (APA).

Q6) If I get consent during my initial phone call, or prior to the scheduled visit how should I proceed?

- o It is highly recommended that prior to conducting the actual virtual visit, the case manager receives a signed consent form from the sponsor/child agreeing to having services provided virtually. If the sponsor/child does not have an email account, the case manager could ask if they can utilize the email address of a confidant.
- o Consent forms can be sent to the sponsor/child via the following methods:
 - **Mail** – send the consent in the mail with a stamped, self-addressed envelope of it to be sent back
 - **Email** – the consent can be sent as an attachment for the sponsor/child to print out, sign and send back to the case manager
 - As some families may not have the ability to scan and send items back, the case manager can direct them to print out the forms, sign them, and take pictures of the signed form and either email or text the pictures to the assigned case manager. If the forms are sent via text, the case manager should delete the pictures from their forms, as soon as the pictures are uploaded and entered in the child's case file
 - **Email** – the case manager can send an email with the actual consent form entered into the body of the email; the sponsor can respond to the email indicating that they consent to services. An example of written consent via email, can look like this:

I, **SPONSOR'S NAME**, have read (or have been informed), and understand the information provided regarding virtual visits with **NAME OF AGENCY**, using a video conference/telehealth platform and that my questions have been answered to my satisfaction. I understand the risks and benefits related to the use of a video conference/telehealth platform and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in virtual visits, as well as consent to **UC'S name**, to participate in virtual visits with **NAME OF AGENCY**. This email serves as my electronic signature stating that I have read (or have been informed thoroughly), understand, and agree to the terms of virtual visits as indicated in this email.

- **Text** – if the sponsor/child is not able to send the consent via email, another option could be to send the consent form via text and have the sponsor/child respond via text with the consent message. The case manager should proceed as above with getting the consent into the child's case file and delete it from their phone as soon as possible.
- **Verbal** – if the sponsor/child is not able to access email or will not be able to send a consent form back prior to the scheduled virtual visit, then the case manager can receive verbal consent from the sponsor/child. The case manager should ensure that the conversation with the sponsor/child is clearly documented in the case notes, and should include what was explained, the sponsor's understanding, what type of



device/platform will be used, why the sponsor/child is giving verbal consent as opposed to written consent, and document any attempts that will be made to get written consent.

Confidentiality

Q7) If I am not using a HIPAA compliant platform, how can I ensure that my virtual visit is confidential?

- Even utilizing HIPAA compliant platforms does not ensure the confidentiality of a client, however, below are some recommendations on the case manager can put into place to ensure confidentiality on their end, as well as recommendations on how to educate the sponsor/child on what they can do to ensure confidentiality on their part.
 - Case Manager's settings:
 - It is recommended that your setting area is as private as possible where there will be limited to no interruptions, with limited in-home traffic
 - Ensure that the room or space has limited access, and if possible, lock the door to ensure that you are not interrupted during the session
 - Ensure that your space does not have any visible information on your desk or in the sponsor/child's view pertaining to PII from other cases
 - Wear headphones, so information from the sponsor/child is not broadcasted out loud
 - Sponsor/child's setting:
 - The case manager should encourage the sponsor/child to utilize the same recommendations as provided for the case manager
 - When speaking to the sponsor/child, the case manager should encourage the sponsor that when the case manager is speaking to the sponsor/child individually, that they should try to go to separate rooms, step outside, etc., in order to give the other person some privacy while the case manager speaks to them individually

Home Studies

Q8) Is USCCB going to stop accepting home studies?

- As mentioned earlier, ORR will continue with their regular daily procedures, and therefore USCCB/MRS Safe Passages Family Reunification program will continue to accept home study and post release cases.
- USCCB/MRS will take into consideration accepting and/or referring home studies to programs that are in areas where there are high cases of COVID-19, or there is a state/local "stay-in-place" order.
- ORR has also been granting indefinite extensions during this time; USCCB will take this into consideration when accepting home study cases, and will not accept any cases over a program's anytime home study capacity



Q9) Our program was referred a home study; how should we proceed?

- The case manager should proceed as if they were conducting a regular home study. This includes gathering and obtaining the child's information from the UAC Portal; and contacting the shelter case manager to conduct telephonic interviews with the UC, shelter staff and the shelter clinician, if applicable
- The case manager should also contact the sponsor to inform them of who you are, educate them on the home study process, and let them know that due to state/local guidance that the home study is on hold due to restrictions, and that a visit to the home will be conducted as soon as restrictions have been lifted.
- The case manager can then proceed with writing the home study, which will be completed at a later time.
- Depending on the estimated or expected timeframe of state/local restrictions, it is recommended that the case manager conduct bi-weekly phone calls to the shelter case manager to see if there have been any updates or changes to the UC's case

Q10) Once restrictions have been lifted, how should I proceed with the home study?

- Once restrictions have been lifted, and the case manager is able to visit the home, they should let their assigned CSS know as soon as possible, so that the CSS can inform ORR when to expect the home study
- The case manager, should then proceed with visiting the home of the sponsor and conducting an in-person interview and home visit with the sponsor and any other household members
- Prior to submitting a final home study, the case manager should call the shelter case manager, and if applicable the shelter clinician, to follow up on any possible changes that may have occurred during the extension period. Depending on the amount of time the restriction has been in place, it is recommended that the case manager conduct another brief interview with the UC.

Q11) Shouldn't I just conduct a virtual visit for the home study, instead of waiting until I am able to conduct an in-person home visit?

- A home study is recommended to ensure that the sponsor is able to meet the specialized needs of the child and that the home is a suitable environment. Conducting a virtual or telephonic home study, is not a sound practice, as the case manager will not be able to provide a thorough recommendation about the sponsor's home environment, and their ability to meet the child's needs.

Q12) I have a youth that will be aging out in May, I do not know if restrictions will be lifted before then, how should I proceed?

- **First and foremost, USCCB encourages all Safe Passages Family Reunification providers to follow all CDC, state/local, and agency policies regarding how staff should interact with families during the COVID-19 pandemic.**
- USCCB will need to follow up with ORR for further guidance on how to proceed; however, if your agency and/or state allows for case managers to conduct visits in the community, and



the case manager is open to conducting the visit, then the case manager can proceed with conducting the home visit.

- If the case manager is open to conducting a home study home visit, the case manager should call the home of the sponsor and conduct a well-being assessment to assess the sponsor and any other household members possible exposure to COVID-19. This should include asking questions regarding if anyone in the home is or has been sick; symptoms such as sneezing, coughing, respiratory issues, etc.; questions should also include the age and well-being (i.e. any medical conditions) of other household members to assess the vulnerability of exposure as well.
- If the case manager determines that the home is suitable for a home visit, they can conduct the home visit, and should ensure that they enact and implement necessary hygiene protocols when interacting with the family, such as: wearing gloves and face masks (if possible, bring some for the family your visiting), limit your contact with “high-touch” surfaces, i.e. doors, counters, etc.; if you’re not wearing gloves, utilize hand sanitizer before, during and after any visits; wash your hands thoroughly; avoid touching your or anyone else’s face; cover your mouth when coughing and sneezing; and appropriate social distancing.
- If the case manager determines that they are not able to conduct a home visit, they should provide guidance, information and resources to families and inform them to contact their local health department; if symptoms appear to be severe, the case manager should direct them to the nearest hospital to get tested. The case manager should call their assigned CSS and request further guidance on how to proceed.

Post Release Services

Q13) I just received a new post release case; how should I proceed?

- The case manager should proceed as if they were conducting a regular new post release case. This includes gathering and obtaining the child’s information from the UAC Portal to create a case file. During this time, it is recommended that the case manager contact the sponsor/child as soon the case is received, as setting up a virtual visit, requiring consent, etc., may take a while to establish.
- After assessing the sponsor/child’s ability to participate in a virtual visit, the case manager should proceed with setting up a day and time for the virtual visit and sending out the consent forms along with any other agency forms.

Q14) What would a virtual visit look like and how long should it last?

- An initial virtual visit may take as long as an normal initial in-home visit, which can last up to 2 hours, or but could also be slightly longer due to the visit being conducted virtually; the same goes for other post release visits, as they can last as long as an in-person visit, but may also be a bit longer due to the visit being conducted virtually.
- The case manager should ensure that they are talking to both the sponsor and the child and should be able to fully see the sponsor/child during the virtual visit (i.e. no blurred sceens, dark rooms, etc.). Pending the age of the child, (i.e. babies, children up to the age of 5), or children



with disabilities, the case manager should be able to at least observe and/or interact with them (i.e. waving to the child, small talk, etc.)

- o As with regular visits, the case manager should utilize the post release home visit questionnaire to guide and conduct their visit. At the very least, the case manager should be conducting a basic assessment on the following core service areas, and provide any necessary referrals either verbally, by text, mail, email, etc.:
 - Assessing the safety of the child
 - Educating them on CA/N laws
 - Supervision plans
 - Plans for school enrollment
 - Educating them on the use of EOIR, attending the child's immigration hearings, and obtaining an immigration attorney
 - Medical and Mental health needs

Q15) Am I expected to have the sponsor/child sign all the agency forms that I would normally have them sign during the initial home visit?

- o Yes, as noted previously, the case manager should proceed with conducting the visit as they usually would an in-person visit, which would consist of getting consent for services, confidentiality, grievances, etc. In order to do this, the case manager, can proceed with the guidance that was provided in **Question 6**, for the completion of the agency forms. The case manager can send the agency forms to the sponsor/child prior to the visit, and during the virtual visit go over the forms. If the sponsor is able to print them out prior to the meeting, the case manager can review the forms with them and have the sponsor/child sign them, and take a picture/screen shot of the signed form, or request that the sponsor send the signed forms back via email or mail. This information should be included in the child's case file.

Q16) Should I also review the packet of information that the child gets from the shelter with the sponsor/child?

- o Yes, if you can have the sponsor/child identify and/or show you what documents they have, and the case manager should be educating the sponsor/child on how/when the document should be utilized, i.e. COA/COV forms, immunization record, ORR/NCC card, etc.

Q17) When reviewing the packet of information with the sponsor, I cannot determine if the COA/COV form has been completed or where it should be sent, what should I do?

- o USCCB will be asking ORR to consider or remind shelter case managers to complete and send the COA forms to the appropriate immigration court prior to the child's release from the shelter and provide the sponsor with at least two copies of the completed form.
- o For best practices, it is recommended that prior to the initial phone call/virtual visit, prior to regular bi-monthly/monthly phone calls, and scheduled visits, the case manager should call the EOIR hotline (1-800-898-7180) to get information regarding the child's immigration court hearing, and to assess the urgency of how soon the COA/COV needs to be completed(if you push #5, you can hear the location of the child's current immigration hearing). EOIR also now



has an [online system](#) that provides the same information (be sure to delete your browser history to remove PII).

- o If the sponsor/child is not aware of whether a COA/COV has been completed, the case manager can assist by doing the following:
 - Complete and send the COA form into the current immigration court, saving a copy of the completed form for the case records, and sending a copy of the completed form to the sponsor for their records. ([COA form directory in EOIR](#))
 - When showing the sponsor/child how to utilize the EOIR hotline, getting the number of the current immigration court, and educating/guiding/assisting the sponsor with calling the number and speaking to someone to inform them that the child has moved and is now in the home of the sponsor, this can at least begin the COV process.
 - Contacting the shelter case manager to see if they completed the COA form, and if they are able to send you a copy of the form. The shelter case manager information can be found in the child's record on the UAC portal, by looking at the PRS referral.

Q18) During regular visits, we walk through the house to see where the youth is sleeping and other basic things like food or any potential risk. Are we going to ask them to show us their home with the camera?

- o As much as the case manager can, they should conduct the visit like any other ordinary visit. If the sponsor/child is utilizing a device that is mobile, the case manager should ask for the sponsor/child to give them a virtual "tour" of the house.
- o If the case manager notices any safety concerns during the virtual visit, the case manager should proceed with contacting the necessary authorities, and proceeding with any necessary CPS reporting, notifications to USCCB, NOC's to ORR, referrals, etc. If the situation is a crisis, and the case manager can visit the home, they should proceed, if possible. Depending on the safety concern, and the outcome, the case manager should increase their phone contact and/or virtual visits as they would in-person.

Q19) I have been trying to contact the sponsor/child to conduct a visit, but I am not able to get in touch with either, what should I do?

- o If a case manager has not been able to get in touch with a sponsor/child for an initial visit, please proceed with the loss of contact procedure. If the case manager does not hear from the sponsor/child within 3-4 days of conducting an initial phone call, the case manager should try again, and proceed with leaving a bit of a more detailed message, and checking the child's case documents to see if there is another way to contact the sponsor/child. If the case manager does not hear from the sponsor/child within a week, the case manager should proceed with sending a letter to the home, asking them to respond within at least two weeks from the day the letter is sent; checking in with the shelter case manager to see if they have an alternative method to contact the sponsor, which may include seeking an email address; and letting their CSS know that they have not been able to get in contact with the sponsor. Your CSS should indicate that this now begins the 30 day count down, and provide you with a date that if there is no contact by, then the child's case will be closed due to no initial contact. During this time, the case manager should continue to make attempts to contact



the sponsor/child, by calling, texting if applicable, at least once a week. If at the end of the 30 days there is no contact, then the case manager should let their assigned CSS know, who will then generate the case closure report. The case manager should then submit a NOC to ORR due to no initial contact, requesting that the sponsor be flagged, and follow up with completing and submitting the case closure report within 14 days.

Q20) I have a case that will be aging out in a couple of weeks, however, I have not been able to get in touch with the sponsor to set up a closure visit, am I able to request an extension or should I close the case due to loss of contact?

- o Please remember that we cannot provide services to a youth who has aged out of the program; at times USCCB may, at their discretion, ask for a case closure visit or phone call to be completed on the day of their 18th birthday, with the case closure report submitted within 14 days, but this is usually on a case by case basis, and is usually done when the youth is aging out within a couple of weeks after being released from the shelter. ORR will not extend services for a post release case once the child turns 18.
- o It is recommended that during the initial visit, or any other time in the post release service period, pending the age of the child (consider the age of consent for services in your state, possibly aged 13 years and up), that the case manager should obtain the phone number for the child if they have a phone. Also, as we will be conducting virtual visit in the next several weeks, it is also recommended that the case manager also get an alternative method to contact the child, i.e. WhatsApp, Hangouts, etc. This gives the case manager, the ability to check in with the youth, should the sponsor not answer their phone, is not interested in following up on services to the youth, etc., which in turn encourages the youth to work on their independent living skills.
- o As noted in the prior question, the case manager should proceed with the loss of contact procedure and incorporate calling/contacting the youth into this process. If the case manager is not able to contact the youth/sponsor by the time the youth turns 18, the case will then close due to loss of contact, and a NOC should be submitted to ORR if there are any safety concerns.

Q21) During our virtual visit, the call is dropped, and there is no way to re-establish an internet connection; or the sponsor/child does not have any ability to access a device to conduct the virtual visit, what should I do?

- o During the case manager's initial phone call to establish the sponsor's ability and capacity to conduct a virtual visit, the case manager, should include questions regarding what the sponsor/child and the case manager do should the virtual visit/call drop. The case manager and sponsor/child, should come up with at least two different alternatives, which may include utilizing another device, checking the internet connection, utilizing another internet connection, etc. If all else fails, then the case manager can proceed with conducting the visit via telephone; however, the case manager should continue to follow up with the sponsor to see if there is anyway to conduct a brief virtual visit later. It is highly recommended that the first initial visit be conducted by telephone. If the visit occurs by telephone, the case manager



should ensure that this is documented in the child's case notes and include all measures that were attempted to conduct the virtual visit, and why it was instead conducted by phone.

RESOURCES

General Information about COVID-19

- [Center for Disease](#)
 - [Fact Sheets on COVID-19 in Spanish and Other Languages](#)
- [CORE COVID-19 resource hub](#)
 - most comprehensive, up to date collection of vetted COVID-19 resources for resettlement partners
 - CORE (Cultural Orientation Resource Exchange) –connects and supports refugee resettlement staff globally to deliver effective Cultural Orientation to help refugees achieve self-sufficiency in the United States

Talking to Children about COVID-19

- [Talking to Kids about COVID-19](#)
- [Cómo hablar con los niños sobre el coronavirus](#)
- [Talking to Children About COVID-19 \(Coronavirus\): A Parent Resource](#)
- [Supporting Kids During the COVID-19 Crisis](#)
- [Time to Come in Bear](#)

Educational Resources for Children and Parents

- [Virtual School Activities](#)
 - A collection of sites to live webcams, virtual tours/trips, and other miscellaneous fun educational sites.
- [Scholastic Learn at Home Free Resources](#)
- [Smithsonian Learning Lab Distance Learning Resources](#)
- [Virtual Field Trips from Discovery Education](#)
- [TIME's Digital Kids Library](#)
 - Free until the end of the school year
- [Khan Academy](#)
 - Provides free education for anyone, anywhere.
- [Go Noodles](#)
 - Interactive video learning



Assistance Services/Resources/Ideas

- Phone and Internet Services
 - [Internet Essentials via Comcast/Xfinity](#)
 - 2 Free months for low-income families
 - Typically, \$9.95 a month
 - [Life Wireless](#)
 - [QLink Wireless](#)
- Meals
 - Schools offering free breakfast and lunch
 - Restaurants are offering free delivery services
- Employment
 - Grocery stores and delivery services are hiring

Self-care Resources

- Gyms providing free online, streaming classes/videos
 - [YMCA](#)
 - [Planet Fitness](#)

Just for fun

- Virtual Disney Rides
 - [Pirates of the Caribbean](#)
 - [Frozen Ever After](#)
 - [It's a Small World](#)
 - [Slinky Dog Dash](#)
 - [Peter Pan's Flight](#)
 - [The Seas with Nemo and Friends](#)