



**Office of Children
and Family Services**

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Novel Coronavirus of 2019 Disease (COVID-19) Guidance for

Adult Protective Services Staff

Department of Health 24/7 Hotline: [1-888-364-3065](tel:1-888-364-3065)

March 20, 2020

Dear Commissioners:

The New York State Office of Children and Family Services (OCFS) has developed this bulletin to provide guidance and technical assistance for Adult Protective Services (APS) staff in response to the novel coronavirus of 2019 disease (COVID-19).

Please review this information, including the links, with your leadership and staff. OCFS encourages local departments of social services (LDSS) to make any necessary adjustments to local program policies and protocols in response to this rapidly evolving health crisis. While this guidance is not intended to address every potential scenario, it is designed to answer the questions that have arisen to date. OCFS will continue to provide updated guidance.

OCFS encourages districts to monitor the websites for New York State Department of Health (DOH) and your respective local health department (LHD) for new information about COVID-19. Additionally, we urge you to remain in close contact with your OCFS regional office staff who have been instructed to immediately elevate COVID-19 questions and concerns.

A. Adult Protective Services Investigation in Light of COVID-19

APS is charged with investigating alleged cases of abuse, neglect or financial exploitation of impaired adults living in the community and assessing and determining the service needs of eligible clients. LDSSs are required to conduct full investigations of APS referrals in accordance with applicable statutory and regulatory requirements and existing OCFS policy.

The steps taken during the first 24 -72 hours of an APS investigation may differ depending upon the allegations contained in the report, the information found in the record review, and the information received from the initial contact(s). However, in situations that are deemed life-threatening, the initial contact(s) must be sufficient to determine whether the impaired adult may be in imminent risk of death or serious harm.

APS is encouraged to utilize alternative technologies, as discussed below, if practicable and sufficient under the circumstances.

APS PRIORITIES

1. Protective cases, both on-going and assessments, are designated as high priority. Prior to home-visits, workers shall follow the guidelines herein to determine if a home visit should not be made.
2. Residents of Family Type Homes for Adults (FTHAs) shall be contacted daily, either directly or indirectly through the contact with the operator of the home. Information regarding program census, and the presence of any COVID-19 signs or symptoms, shall be reported to the OCFS FTHA coordinator no later than 12:00pm each business day by designated staff.
3. To the extent practicable, APS will enhance the ability of intake staff to triage referrals made to APS.
4. Workers completing intake tasks shall ensure the screening questions are asked and documented in the case record.

I. Assessments

As a reminder, there are many ways an APS caseworker, in consultation with their supervisor, can assess safety. Caseworkers are always encouraged to utilize a variety of tools which may enable the caseworker, when appropriate, to remotely assess the safety and risk posed to an impaired adult. This may include, but is not necessarily limited to:

- Initiating contact by calling the subject or caregivers before going to the home;
- Use of Skype, Facetime, videoconferencing or other technological means;
- or

If an APS worker has questions about the sufficiency of a particular type of remote assessment, they are encouraged to discuss this determination with their supervisor.

APS shall continue its critical functions at intake and assessment and will determine when home visits are necessary by using collateral contacts to determine vulnerability and necessity.

Use the 3 Ps: Past, Present, Potential to assess risk:

- Client's history
- Assessment of the client's current status
- Whether the client has any condition or impairment that has the potential to deteriorate rapidly without intervention (medical conditions, persistent chronic mental illness, recent crisis situation, recent hospitalization)

II. Scheduling Home Visit

When scheduling or conducting any visits in the community, APS workers should first administer the NYS Department of Health screening protocol outlined in the March 9, 2020 *Guidance for NYS Office of Children and Family Services Programs (funded, operated, licensed, regulated, or designated providers)*. This screening - *conducted by phone, text message, video conference, or, in person* - is designed to determine whether the person is at risk of exposure to COVID-19:

1. Have you traveled to a country for which the CDC has issued a [Level 2 or 3 travel designation within the last 14 days?](#)
2. Have you had contact with any [Persons Under Investigation \(PUI\) for COVID-19](#) within the last 14 days, OR with anyone with known COVID-19?; and
3. Do you have any symptoms of a respiratory infection (e.g., cough, sore throat, fever, or shortness of breath)?

If the answer to questions 1 and 2 are "Yes" or questions 1 or 2 and 3 are "Yes," or in the event that an APS worker is aware that the subject of the report or any of the members of the household is under the mandatory or voluntary quarantine, the APS worker must follow the specific local procedures and protocols for conducting home visits for households with sick individuals, including any local COVID-19 specific procedures or protocols developed in partnership with your local health department. If the APS worker has questions, they should immediately consult with their supervisor. If the supervisor is unclear how to proceed, they should promptly consult with their local health department, and, if warranted, law enforcement.

If it is determined that APS **must** visit the home, and there is a known or suspected risk of exposure to COVID-19, the guidelines outlined in the preceding paragraph should be followed.

To foster engagement, the APS worker may indicate that they have been screened through these same questions and have no known risk of exposure to COVID-19.

III. Clients or Contacts Displaying Symptoms

Should an APS worker encounter a client who may be displaying symptoms, who responds “Yes” to questions 1 or 2 and 3, (i.e., reports having symptoms) the worker must then:

- Instruct the client to remain at home and contact the client’s medical professional immediately.
- Assist the client by contacting 911 if emergency assistance is needed.
- Alternatively, refer the client to the local health department for additional guidance.
- In all circumstances, instruct the client or family member to notify the receiving medical provider and transporter, in advance, of potential concern for COVID-19.

In addition to the steps enumerated above, the APS worker should immediately contact their supervisor and follow all local protocols for home visits with sick individuals and any local protocols for COVID-19.

IV. Denial of Entry into Home

In accordance with Social Services Law § 473-c, in the event that an APS worker is denied access to the home for any reason, they are to consult with a supervisor, in part, to determine whether further interventions are warranted. This includes:

- Where a family denies access to an APS worker on the grounds that they are concerned the worker may expose them to COVID-19; or
- If entry is denied on a claim that the home is under a voluntary or mandated quarantine.

In such instances, LDSSs should consult with the local health department, local emergency medical system, and possibly local law enforcement, regarding what actions are appropriate, safe, and recommended under the circumstances. LDSSs are strongly encouraged to begin developing these protocols now. LDSSs that have questions regarding the development of such protocols are encouraged to reach out to their OCFS regional office contact or their OCFS APS county lead.

B. Elevating Issues and Technical Assistance

APS workers should continue to elevate questions through their chain of command. The LDSS may raise issues for subject matter guidance to their OCFS regional office.

C. Helpful Resources

- The New York State Department of Health's (DOH's) 24/7 hotline: [1-888-364-3065](tel:1-888-364-3065)
- DOH's Website: <https://www.health.ny.gov/diseases/communicable/coronavirus/>
- The CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/summary.html>
- CDC's Infection Control Basics: <https://www.cdc.gov/infectioncontrol/basics/index.html>

Thank you for the work you do every day and for your ongoing dedication to the vulnerable adults of New York State.

Sincerely,



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