

Questions received

03/19/2020 Update

Practice

1. Is it suggested that home visits continue at this point in time and what does that look like?
 - a. As of 3/19/20, MDH recommends that all home visits convert to telehealth or telephone visits. The number one goal is to reduce the spread of COVID-19 over the next 21 days at minimum.
2. What to do if phone/virtual home visits are impractical/impossible?
 - a. Attempt to do outreach via the numerous modalities available.

Funding

3. What will funding components look like if home visitors are not able to home visit?
 - a. If a home visitor is unable to work due to illness or COVID-19 related shutdowns (e.g. schools), then the employee is encouraged to use their sick leave or vacation to cover absence. Federal guidelines and COVID-19 support initiatives may address some of this as the situation evolves.
 - b. If the home visitor is well and able to work all or some of their regular hours, their supervisor should work with them to determine alternative ways to support their families and stay connected to them, coordinate with the larger early childhood systems in their local area, engage in professional development activities (online training); catch up on data entry and documentation, and a range of other activities.
 - c. MDH's priority at this time is that home visitors **maintain safe connections to their families, help support families in their parenting, assist with access to resources, answer questions, and provide a sense of calm during the COVID-19 global outbreak.**
4. When we are doing our HFA visits via telecare, how do you want us to proceed with billing, or can we?
 - a. For MDH purposes, we view telehealth visits that meet model standards of a visit as regular visits.
 - b. We view phone calls, texts, e-mails and all of the other outreach you will likely do during the COVID-19 outbreak as part of your outreach and engagement work to keep families connected so you would just bill for salaries, etc as you normally would. We recognize that you "official visits" will likely go down during this time and that's ok.
5. Much of our carry over budget is devoted to large group events in each partner community, as well as group trainings. We are unable to continue to plan for these events in light of the COVID-19 outbreak. Is there any discussion on extending the deadline for use of carry-over?
 - a. MDH FHV recognizes that local home visiting agency work plans will change due to COVID-19, and that many agencies will have questions about carryforward as they try to move trainings, events, etc to future dates. MDH is facing this as well. Grantees should be aware that funding does expire and that's why we put deadlines on when money must be spent. When the money expires is controlled by the federal government and the legislature and depends on when MDH received it. MDH-FHV needs some time to address this as a whole across our FHV programs and agencies. We always try to maximize every dollar, and our finance team does quite a few acrobatics to make that happen behind the scenes.

6. Can we redirect our funding to direct COVID-19 response (e.g assigning PHNs to hotlines, disease investigation, testing, etc.)?
 - a. The state legislature that retains the final authority on the repurposing of state and federal funds. Multiple state agencies have asked for them to address this and as of this webinar, no decisions beyond current MN law have been issued.

Data/Evaluation

7. We are implementing more telehealth visits and nurses are wondering how to go about obtaining ROI's (such as MDH and agency) from clients when doing visits this way. Would mailing the ROI along with a SASE be appropriate?
 - a. If the agency thinks this would work Ok for clients for getting signed consent for ROI forms, that's OK with us. We don't dictate the procedures that agencies should use for getting signed consent forms, beyond what is required in state statute and providing guidance as to what FHV consent forms should notify the clients about.
 - b. In addition to mailing the form, we suggest that the home visitor makes sure that the client has an opportunity to ask questions about the consent form over a phone call. (This is important for the "informed" part of the informed consent.)
8. We are currently suspending home visits and doing phone call check-ins and video calls when possible. Given that these are not actual visits but we will be providing clients with information and possibly discussing resources relevant to the needs of a client, is there a specific way we should document a phone call on REDCap?
 - a. If your model allows telephone calls and/or video calls to be counted as "regular" home visits, then you should record them in the IHVE REDCap forms just as you would an in-person home visit. Unfortunately, we don't have a place in the forms to indicate that it was a phone or videoconferencing visit instead of face-to-face; that is something we may add in a future IHVE update.
 - b. If your model does not consider these to be home visits, but you are making referrals to community resources during these telephone calls/video calls, you can record the referrals in the IHVE REDCap forms (see the instructions for the "Referrals Event" on page 23 in the IHVE REDCap User Guide: <https://www.health.state.mn.us/docs/communities/fhv/redcapuserguide.pdf>). Referrals do not need to take place during a home visit in IHVE.
 - c. Also, we do want to let you know that regardless of what gets recorded in IHVE, we definitely support your efforts to stay connected to families while slowing the spread of the novel coronavirus, and we'll certainly take these unusual circumstances into account whenever we look at IHVE data from this time period.
9. The memo we got from FHV states: If our agency provides traditional or general home visiting, report (to IHVE) only home visits that meet the DHS criteria of in-person or telehealth visits. My question is, what is considered meeting DHS criteria?
 - a. See DHS link provided in 3/17/20 memo for DHS criteria (also provided below).
 - i. DHS Provider Manual
https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=ID_008926#Telemedicine
10. Should we report to IHVE if we aren't certified to bill for phone/virtual visits?

- a. MDH is using the definition of a home visit that concurs with DHS criteria or model criteria. We are not concerned with whether your agency is certified by DHS to bill for specific visits, although your finance people will want to work your MA billing out with DHS.

MDH-FHV

11. How/how often do you all plan to communicate in terms of guidance/support on the issue?
 - a. Tuesday Topics: Weekly updates
 - b. Weekly phone conference/webinar with brief updates every Thursday at noon
 - c. E-mail communications to FHV grantee contacts as needed.
 - d. Individual questions answered via our FHV e-mail inboxes.