

March 26, 2020

**Children & Family Services Division
Qualified Residential Treatment Programs (QRTP)**

Coronavirus (COVID-19) Frequently Asked Questions

Q1 Do congregate care facilities need to continue to meet all health and dental check/exam requirements during the pendency of the COVID-19 Public Health Emergency?

If a child has a dental exam, this may need to reschedule to a different time detailing the rationale of the delay being due to the COVID-19 pandemic. All health and non-emergency health/vision/dental exams can be delayed until a future date or the child may engage in telehealth/tele-med if permitted by the clinic/physician/etc. Ongoing screenings can continue regarding COVID-19 by the QRTP in-house with a nurse on staff.

Q2 Will the Department waive staffing requirements regarding ratio, training, qualifications and work hours during the Public Health Emergency for congregate care facilities that need an exception due to the Public Health Emergency if the department determines that the exception will not jeopardize the health, safety or welfare of any child served?

The Department at this time is willing to waive Employee Training as specified in NDAC that needs to be done in person CPR, First Aid CPI. It can be completed online, or an extension can be granted to complete once in person trainings are happening.

Staff to child ratio needs to be maintained at this time as specified in the NDAC. 6:2 or 10:2 during overnight hours. Clinical and Leadership staff may have to assist in covering shifts at this time when direct care staff are unavailable. NDDHS will not be granting a variance for less than minimum required staffing patterns for the safety of residents and staff.

Recommendation: expectation that at least one staff must be on-site at all times who has completed the in-person training for CPR, First Aid and Crisis Response. Qualifications to provide direct care needed during this time, the direct care must meet the minimum standards set forth in 75-03-40-17.

Q3 What are the background check requirements for facility staff during the public health emergency? Are fingerprinting locations still operating?

Human Service Centers are still conducting fingerprinting but you will need to make an appointment. For additional info, refer to [DHS Q&As on background check processes](#) during COVID.

75-03-04-26(2) The facility shall make an offer of employment to an employee or an offer of placement to a nonemployee conditional upon the individual's consent to

complete required background checks. While awaiting the results of the required background check, a facility may choose to provide training and orientation to an employee or nonemployee. However, until the approved background check results are placed in the employee or nonemployee file, the employee or nonemployee only may have supervised interaction with residents.

Q4 Can I re-allocate staff between programs or specialty areas? (i.e teachers and treatment coordinators counted as direct care staff)

Yes! All employees or nonemployees who have a background check on file may assist within the facility and may help and fill in as a direct care to meet the minimum ratio standards. If you have a pending hire without a background check refer to Q3.

Q5 What if I need to make exceptions to rules about my physical facility (how it is used, inspections, etc)?

As you are finalizing and updating your emergency plans, please send CFS your policy and procedure. We would want to know your plan for alternate location and isolation of children. CFS would look at this on a case by case basis. Ex. If a child becomes ill and a case manager office can be used as a quarantine room during this time. The Department will allow flexibility for facilities to re-arrange sleep space for alternate locations to isolate in the event of COVID-19 outbreak on the property.

In addition, DHS will extend the requirement for on-site inspections during the emergency (e.g. dietary, food/nutrition, fire, heating, etc.).

Q6 Can my facility operate an onsite childcare for my employees?

NDAC 75-03-40 does not speak to childcare onsite. From a QRTP perspective, a provider would need to ensure that there would be no comingling of children onsite for daycare and youth in QRTP for Treatment. Any proposal put forward by the QRTP provider would need to clearly note plans for space separation.

ND Early Childhood policy allows employers to operate onsite child care services for their employees, as long as the childcare is in the actual building where the parent is employed and the group size does not exceed 10 per location (50-11.1-03.6). Even though these childcare arrangements do not require a license, we would strongly encourage any employer who is interested in pursuing onsite childcare to follow the [Modified Operating Practices](#) published by ND DHS for use during the COVID-19 emergency as they were developed to respond to CDC guidance related to group size.

Q7 Should congregate care facilities continue admissions?

As long as you as a facility have the ability and staff to continue admissions, referrals to Ascend are not stopping during the COVID emergency. Ascend intends to complete interviews via telephone and/or video. Your facility should also be utilizing screening practices to help ensure the safety of residents and staff, following Department of Health guidance.

CHILDREN AND FAMILY SERVICES

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Q8 How do I make isolation/quarantine/shelter in place decisions?

This a facility decision, your facility should have policy and procedure in place regarding the isolation or quarantining of a resident or staff with a communicable disease.

The Department recommends that facilities implement screening measures for staff and others entering the building. See the [NDDOH](#) and [DHS Provider Resource](#) page for tools and guidance that may be helpful to facilities who are establishing screening protocols. 75-03-40-42(3), 75-03-40-27 and 75-03-40-40

Q9 Will April and May licensure visits continue as planned, in consideration of the limitations on visitors that facilities have in place?

A decision will be made by April 6th. The Licensing Administrator will inform all facilities when a decision is made.

Q10 Should facilities prepare to provide shelter care type placement for foster care youth, or homeless youth?

CFS would view shelter care placements as an emergency placement. The child could remain in your facility for up to 30 days with full payment to facility with a referral to Ascend. However, for homeless young people, in order for the Department to assist in funding, the young person must meet eligibility criteria set forth in 624-10.

Q11 Many medical clinics/facilities are limiting non-essential visits. We are concerned that we won't be able to ensure that employees have had the required health screenings (75-03-40-27) within the prescribed time periods.

Given the constraints created by the COVID emergency, QRTPs will need to develop strategies to ensure the continued health and safety of residents onsite; facilities should communicate their plans to the licensing administrator for concurrence.

Q12 Due to limited access to community providers, options for coordinating aftercare may be limited. Will DHS be relaxing aftercare expectations?

To ensure continuity of care, the facility must continue to provide aftercare coordination. If community supports are not available at the time of discharge, it is the facility's responsibility to provide the ongoing supports until community coordination supports are set up.

Q13 Should I notify DHS if a child placed at a QRTP is in isolation/quarantine and is exhibiting symptoms but has not tested positive for COVID-19?

Yes. Please notify the Department if a child in your facility is in isolation or quarantine because they are exhibiting symptoms of COVID-19. The provider should follow the protocols outlined in the facility Disease Preparedness Plan and consult with ND Department of Health for additional guidance.

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Q14 A child is placed in the QRTP and is ready to be discharged but the discharge plan ie. Job Corps, foster parents etc. are no longer accepting placements or are exhibiting symptoms. Can there be a DHS approval to grant continued stay?

Ascend has the ability to approve a 14-day extension without completing a continued stay review. This is completed by the custodial case manager. DHS is working diligently with Ascend to work through DHS approvals and special circumstances that have arisen since the COVID-19 that would require a child to remain at the QRTP.

Q15 We are required to have a comprehensive plan for preventative, routine and emergency medical care for residents (75-03-40-42). But given health system constraints during COVID, we are concerned we won't be able to meet these requirements.

All health and non-emergency health/vision/dental exams can be delayed until a future date or the child may engage in telehealth/tele-med if permitted by the clinic/physician/etc. Ongoing screenings can continue regarding COVID-19 by the QRTP in-house with a nurse on staff.

Q16 Is the Department waiving any of its requirements related to in-person training for staff (75-03-40-29)?

DHS will waive/delay completion of face-to-face trainings that are part of the employee training and professional development requirement, such as CPR, First Aid, CPI. Portions of the required trainings can be completed online with an extension granted to complete the in-person requirements once they are available again.

The expectation is that least one staff must be on-site at all times who has completed the in-person training for CPR, First Aid and Crisis Response.

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