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National
Wraparound
Implementation
Center



National Wraparound Implementation Center Special Guidance Report:

Managing and Responding to Coronavirus (COVID-19)

March 19, 2020

NOTE: *The National Wraparound Initiative (NWI) and the National Wraparound Implementation Center (NWIC) understand that events related to coronavirus (COVID-19) are moving quickly and acknowledge that the guidance provided in this document will need to be updated as new developments unfold. We therefore advise you to adhere, first and foremost, to guidance provided by your federal, state, and local governments as well as by your employing organization.*

The purpose of this document is to review key elements of the Wraparound process practice model and potential modifications that may be necessary to effectively support young people and families participating in Wraparound during COVID-19, while also adhering to public health and safety standards. At the end of this document, we also summarize several federal measures designed to facilitate access to virtual care that may be helpful.

ASSURING WRAPAROUND QUALITY AND FIDELITY WHILE ADHERING TO PUBLIC HEALTH DIRECTIVES

Wherever possible, Wraparound teamwork, process, and quality assurance activities should continue at the same frequency and intensity, even if the methods need to be temporarily modified to protect the health and safety of staff, children, families, and team members. Although NWI and NWIC understand that modifications may be needed at this time, we do not have any research or history to know how outcomes could be impacted by the modifications described below.

Wraparound Process Characteristics and Practices that could be impacted by COVID-19:

- Wraparound is a community-based process that involves regular face-to-face interactions with youth, family members, and team members throughout all four distinct phases.
- Wraparound is defined by Child and Family Team Meetings and the convening of a team of important people in each family's life. These meetings are essential for development and implementation of the plan of care and should occur no less frequently than 30 to 45 days.

- During Child and Family Team Meetings, individualized strategies are selected and implemented to meet the needs of the child and of family members. These strategies include both formal responses (therapy, respite, etc.) and informal and community-based responses (church youth group, AA/NA groups, youth sports league, etc.).
- Emergency Child and Family Team Meetings are scheduled within 24 to 72 hours of a crisis event in order to review and update the crisis plan.
- Wraparound programs often provide 24-hour-a-day, 7-day-a-week on-call support to children and families participating in Wraparound. This on-call support may be provided by Wraparound staff or another community-based provider.
- Wraparound supervisors conduct weekly individual supervision, facilitate group supervision with their team, and participate in at least monthly coaching with a Wraparound content expert.
- Face-to-face training and coaching opportunities are provided to Wraparound staff and supervisors.

To ensure best practices and to continue meeting the needs of children and families, we recommend:

- If possible, based on guidance from employing organizations and public health safety standards, face-to-face interactions and team meetings should continue to occur with children, families, and key participants. Social distancing practices should be applied as appropriate.
- Wraparound care coordinators and other staff should not participate in face-to-face meetings if they have symptoms that public health and medical authorities believe require isolation and/or believe themselves to have been exposed to COVID-19. Other forms of communication (telephone, video conferencing, email, etc.) should be employed instead.
- If a Wraparound care coordinator is unwell and cannot work, they should immediately notify their supervisor so that appropriate decisions can be made in order to effectively support the children and families they partner with in Wraparound.
- If necessitated by organizational policy decisions, Wraparound staff, supervisors, and leadership will develop internal forms of communication to be used that are not face-to-face (texting, email, video conferencing, etc.). Any group activities, including group supervision, should continue to occur in a group format via video or telephone conferencing.
- Wraparound supervisors should maintain the same frequency of contact with care coordinators and should ensure that alternative forms of communication sufficiently meet the supervision, coaching, and support needs of staff.
- Wraparound supervisors and organizational leadership will ensure that all care coordinators and other staff have access to technology that will allow all work activities to continue from home or a remote location as appropriate.
- Wraparound referral sources should be updated on a regular basis concerning any modifications being made to the Wraparound practice model and the care planning process.
- All children and families enrolled in Wraparound as well as Wraparound team members should be informed and updated of any modifications being made to the Wraparound practice model and the care planning process due to COVID-19.

To ensure the safety of Wraparound staff in the community and in the homes of families they serve, we recommend:

- Organizations provide Wraparound staff with appropriate and valid resources related to COVID-19 that can be used to educate families on prevention, awareness, and appropriate responses.
- Staff will partner with each family to determine additional resources that may be needed during this time in order to maintain everyone's safety, health, and well-being. Such resources may include thermometers, resources for accessing food and other basic essentials, contact numbers for medical professionals, etc.
- Wraparound staff should assess changes in the ecology that may occur due to community restrictions, or because someone becomes ill with COVID-19, and develop a concrete plan to address the potential impact those changes may have on referral behaviors, relationships, the meeting of basic needs, implementation of the plan of care, etc.

For example:

- Youth is not able to attend school for the next month (consider supervision needs, educational needs, peer interaction needs, etc.)
- If families must quarantine (consider the impact on family relations, youth supervision, and monitoring plans, etc.)
- Restrictions on access to formal services and informal, community-based activities (consider options that do exist and adapt current strategies)
- The formal crisis plan for each family should also be revised regularly in order to ensure that it is relevant and effective based on the current situation.
- Wraparound staff and supervisors will assess and develop alternative ways (telephone, video conferencing, email, etc.) to continue to provide Wraparound to children and families in case face-to-face interactions must be paused due to public health safety standards.
- Wraparound staff will contact each family prior to a face-to-face interaction to assess if anyone in the home has symptoms of COVID-19. If symptoms are present, staff should not physically interact with exposed individuals and should assist the family in developing a plan to obtain medical care. Ongoing contact with the family should then be adjusted to alternative methods of communication (telephone, video conferencing, email, text, etc.).

To ensure the training and ongoing development of Wraparound staff, we recommend:

- Wraparound supervisors and organizational leadership will stay up to date with recommendations for staff regarding attendance at trainings and other workforce development activities and will formally share those expectations with staff.
- Federal, state, and local governments, as well as organizations, have restricted the size of group meetings to no more than 10 individuals. This may result in face-to-face training being conducted with an alternative approach such as video conferencing. ***NWIC, for example, continues to hold its scheduled trainings and coaching virtually.*** In some cases, however, it may be necessary to postpone training until a later date.

- Wraparound trainers and coaches should have a backup plan to host upcoming trainings and other workforce development activities through video conferencing or other means in case face-to-face interaction is not viable. This may require adaptations to training time or exercises.
- If you currently participate in training through NWIC, please note that adjustments have already been made to ensure trainings continue as scheduled. All trainings scheduled through April 30, 2020, will be conducted via virtual platforms. Registered participants will be sent an email with appropriate links prior to training. Note that online trainings may continue beyond April and further guidance will be provided as needed.
- If you currently participate in coaching activities with NWIC, please note that all on-site coaching sessions scheduled through April 30, 2020, will now be conducted through video or telephone conferencing. Your assigned NWIC coach will reach out to you individually to determine the method of communication that will work best.

FEDERAL GUIDANCE ON USING TELEHEALTH AND OTHER TECHNOLOGY TO ASSURE ACCESS TO SERVICES DURING COVID-19

- **Centers for Medicare and Medicaid Services (CMS):** Per [CMS guidance](#), states are not required to submit a separate State Plan Amendment (SPA) for coverage or reimbursement of telemedicine services if they elect provider payment parity.
- States have a great deal of flexibility with respect to covering Medicaid services provided via telehealth. The federal government has recommended that states facilitate clinically appropriate care within the Medicaid program using telehealth technology to deliver services covered under the state plan. **CMS has issued additional Medicaid guidance that is intended to assist states in understanding policy options for paying Medicaid providers that use telehealth technology to deliver services.** For more information, see: [Medicaid State Plan Fee-for-Service Payments for Services Delivered Via Telehealth Guidance](#).
- [COVID-19 frequently asked questions \(FAQs\) for state Medicaid and Children’s Health Insurance Program \(CHIP\) agencies](#). CMS has invited states to submit questions through their state leads. In addition, states should be aware of [Appendix K of the Section 1915\(c\) waiver application](#) for use by states during emergencies. It describes actions states can take under existing Section 1915(c) Home and Community-Based Services waiver authority to respond to an emergency. The appendix may be approved retroactively, as needed, to the date of the event. A completed Appendix K must be submitted for each affected waiver and should be used to advise CMS of expected changes to state waiver operations. Among the changes that may be approved: establishing a hotline; increasing the number of individuals to be served; expanding provider qualifications; modifying

service, scope, or coverage requirements; permitting payment by family caregivers; and providing services in out-of-state settings.

- The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) released a Notification of Enforcement Discretion for telehealth services during COVID-19. The notice describes how **OCR will exercise its enforcement discretion to not impose penalties for noncompliance with the regulatory requirements under the Health Insurance Portability and Accountability Act (HIPAA) rules against covered health care providers in connection with the good-faith provision of telehealth during COVID-19.** For more information, see: [Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency.](#)
- [OCR guidance on the use the telehealth and HIPAA.](#) OCR announced on March 17, 2020, that it will waive potential HIPAA penalties for good-faith use of telehealth during COVID-19. The notification explains how covered health care providers can use everyday communications technologies to offer telehealth to patients responsibly.
- [U.S. Department of Justice Drug Enforcement Agency \(DEA\)](#) guidance on the prescribing of controlled substances and the use of mobile devices to prescribe controlled substances. There is also guidance on the [Use of Telemedicine While Providing Medication Assisted Treatment \(MAT\)](#) and a letter to the Substance Abuse and Mental Health Services Administration (SAMHSA) on exemptions for allowing [alternative delivery methods for outpatient treatment programs.](#)
- SAMHSA [Medication Assisted Treatment During COVID-19](#)
- Changes to state laws, regulations, or scope of practice: The [Center for Connected Health Policy](#) at the National Telehealth Policy Resource Center [released a document on changes states are making to respond to COVID-19.](#) The document was last updated on March 17, 2020, and includes links to state-level notices, emergency orders, licensing waivers, etc.

If you have any questions, feedback, or ideas for the National Wraparound Initiative about assuring maximum adherence to the principles and practice model for Wraparound during COVID-19, feel free to [contact us.](#)