

# Illinois Guidance for Virtual Home Visits During the COVID-19 Pandemic

This guidance was prepared by the Maternal Infant and Early Childhood Home Visiting (MIECHV) program and the Illinois Department of Human Services with special thanks to Kayla Goldberg from the Ounce of Prevention and Helen Jacobsen from the Governor’s Office of Early Childhood Development. It was last updated on Tuesday, 3/31/2020.

Thank you for continuing to observe the [Governor’s Stay-at-Home Order](#). Throughout the COVID-19 pandemic, practicing [strong prevention strategies](#) and social distancing measures will be key to minimizing community impact. Additional guidance and valuable resources can be found on the [Centers for Disease Control and Prevention \(CDC\) website](#).

Thank you for your patience, creativity, and continued commitment to the needs of children and families within your communities as well as staff within your organizations.

We recognize that in the face of changing information and new guidance emerging from national models, funders, and other partners in the field, home visiting programs have been working diligently to support families. **You’ve got this!** The Illinois home visiting system is available to support you throughout this challenging time.

This document is intended to provide information on platforms and resources for programs engaging in virtual or remote home visits in order to build off your expertise and the amazing work you are doing for the children and families of Illinois during this health crisis. The document is broken up into the following sections:

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## Guidance from the Illinois Home Visiting Funders

In [cross-funder guidance published on March 16, 2020](#), the Illinois State Board of Education (ISBE) Early Childhood Block Grant Prevention Initiative programs in collaboration with Illinois Maternal, Infant and Early Childhood Home Visiting (MIECHV) and Illinois Department of Human Services (IDHS) Healthy Families programs, respectively, announced the suspension of in-person home visits until further notice.

The following guidance also has been issued by the United States Health Resources and Services Administration (HRSA):

*“During the COVID-19 public health emergency, the United States Health Resources and Services Administration (HRSA) encourages MIECHV awardees and local implementing agencies (LIAs) to follow CDC, state and local health department, and model guidance, and supports appropriate use of alternate methods to conduct home visits in alignment with model fidelity standards.”*

In Illinois, we are confident about the following:

- Home visiting programs have the experience and expertise to determine what is necessary to focus related to the needs of families and staff during this difficult time.
- National home visiting models and funders recognize that the COVID-19 emergency is likely to have a significant impact on service delivery and the ability of providers to continue “business as usual.”

## Guidance from Home Visiting Models

Refer to model-specific guidance on appropriate use of alternate methods to conduct home visits in alignment with model fidelity standards; review [this document assembled by the National Model Alliance](#) for the latest communications from the national models.

## Acceptable Platforms for Virtual Home Visits

During the COVID-19 national emergency, home visitors are encouraged to communicate with families using available private telecommunication and video conferencing tools.

The Office for Civil Rights (OCR) in the United States Department of Health and Human Services (HHS)—which is responsible for enforcing certain regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)—[will exercise its enforcement discretions](#) and will not impose penalties for noncompliance with respect to regulatory requirements under the HIPAA Rules throughout the COVID-19 public health emergency.

In line with [OCR guidance](#), home visitors should **not** use any public facing platforms that would allow the general public to access the communication between the provider and family, either in real-time or via a recording.

- Secure platforms do not need to be password protected, but they should not include an “open door” for outside guests to enter into the call or video without being invited by the home visitor or family.
- Examples of the types of platforms that **should not be utilized** include the following: Facebook Live, TikTok, Twitch, YouTube Live, Parascopy, Houseparty.

The table on the following page lists a variety of video platforms. The OCR has verified that some of these platforms represent that they provide HIPAA-compliant video communication products. The table also includes popular applications that can be used to provide a non-public facing live link to families, but which do not claim to be HIPAA-compliant.

**NOTE:** The OCR has not reviewed the privacy agreements offered by any of these vendors, and this list does not constitute an endorsement, certification, or recommendation of specific technology, software, applications, or products.

Platform	Listed on OCR’s list of platforms that represent that they are HIPAA-compliant?	Cost and Considerations
<a href="#"><u>Amazon Chime</u></a>	Yes	Amazon Chime is a pay-as-you-go communications service. Pro Features that incur a charge, like hosting meetings, run \$3 per user per day up to \$15 per user per month.
<a href="#"><u>Cisco Webex Meetings / Webex Teams</u></a>	Yes	<b>Free</b> personal plan. Free first month when signing up for a monthly plan using code: wecare2020
<a href="#"><u>Doxy.me</u></a>	Yes	<b>Free</b> for a basic account; no software download required.
<a href="#"><u>Google G Suite Hangouts Meet</u></a>	Yes	Google will allow <u>free access to the enterprise version</u> of Hangouts Meet to all G Suite and G Suite for Education users. That plan includes up to 250 users per call, the ability to record meetings, and livestream capabilities for up to 100,000 viewers until July 1, 2020.
<a href="#"><u>GoToMeeting</u></a>	Yes	\$12/month per organizer with annual plans.
<a href="#"><u>Skype for Business</u></a>	Yes	
<a href="#"><u>Thera-Link</u></a>	No	\$200/month for a minimum of 10 providers, \$20/additional provider.
<a href="#"><u>Updox</u></a>	Yes	Web-based; no hardware installation. Pricing upon request.
<a href="#"><u>VSee</u></a>	Yes	\$49/month per user for the basic plan.
<a href="#"><u>Zoom</u></a>	Yes	<b>Free</b> for a basic account; use web conferencing or download software.
<a href="#"><u>Zoom for Healthcare</u></a>	Yes	\$200/month.
<a href="#"><u>Apple FaceTime App*</u></a>	No	There is no charge for use of FaceTime. However, if either party is using cellular data the data will come out of your data allowance. If you are using WiFi on both ends it will be free.
<a href="#"><u>Facebook Messenger Video*</u></a>	No	Certain Internet access providers and mobile carriers may restrict access to this service. Calls may use cell data.
<a href="#"><u>Google Duo App*</u></a>	No	Works across iPhone and Android phones, and for computers using Google Duo for web (requires a Gmail account). Use setting customization to call over WiFi or cell data.

\*Families may be more used to communicating with these tools.

**BUDGET/FISCAL INFORMATION:** Illinois MIECHV home visiting programs may utilize grant funds to purchase technology for programs and program staff, if funds are available in the program’s current MIECHV budget. If funds will need to be moved from one line item to another, this will likely require submitting a budget amendment. If you have questions about this, please contact [Tisa Charles](#).

## Tips for Virtual Home Visits

The following includes guidance from the [Alliance for the Advancement of Infant Mental Health, the \\*Virtual Parent Time guide, by Michael Saini, PhD & Shely Polak PhD, and the \\*\\*American Psychiatric Association in partnership with the American Telemedicine Association](#)

- From the start, name what might be hard about meeting in this unique way.
- Discuss special issues of privacy and confidentiality specific to telehealth; in some families, they may feel more exposed, vulnerable, or sensitive to this format.
- Consider what parameters you may need to set up for this to be most effective.
- Establish a “back-up” model of communication in case primary mode fails.
- Consider having a conversation after the first 2-3 sessions to discuss how communication is flowing via this new mode of talking with one another.
- Reduce lighting behind you.
- Close window shades to reduce backlighting.
- Use headphones and change your mic and speaker settings to headphones.
- When structuring a parent-child activity, consider the developmental age of the child as to what activities are chosen and screen time recommendations followed.\*
- Cultural considerations. Providers should assess a patient’s previous exposure, experience, and comfort with technology/video conferencing. They should be aware of how this might impact initial telehealth interactions. Providers should conduct ongoing assessment of the patient’s level of comfort with technology over the course of treatment.\*\*

## Technology and Other Resources for Families

While use of video technology—allowing for face-to-face interaction—is preferred, we recognize that this may not always be feasible. Families may not have access to the types of technology that enable video-communication (iPads, computers, smartphones, video cameras, microphones, headphones or speakers, consistent internet access) or may have limited phone-minutes or service. The following resources are available to you as you brainstorm with families about ways to stay connected:

- [EveryoneOn](#) offers a tool to find low-cost internet service programs for qualifying families; search by zip-code to get started or view their [digital toolkit](#)
- Comcast will pay for 2 months of [free WiFi](#)
- The Federal Communication Commission’s [Keep America Connected Pledge](#) has more than 60 companies signed on to help families avoid service disruptions during the COVID-19 emergency

[The Governor's Office of Early Childhood Development \(GOECD\) website](#) is gathering resources for early childhood program providers and families with young children in Illinois. The Shriver Center for Poverty is also updating a [list of COVID-19 resources](#) for individuals and families in Illinois.

**THANK YOU FOR ALL YOU DO TO SUPPORT ILLINOIS  
FAMILIES—YOU ARE APPRECIATED!**

