

## Developmental Disabilities Section Virtual Supports Policy FAQ- October 2023

**Q1: Throughout the Virtual Supports Policy it refers to “individual”. What does this mean for a minor child or an adult who is not able to make decisions for themselves?**

A1: In the case of a minor child or an adult who is not able to make decisions for themselves, the term “individual” refers to the legal decision maker or parent in the case of a minor child.

**Q2: Is Virtual Supports the same as remote monitoring?**

A2: No. Virtual Supports is a service delivery method using visual AND audio telecommunications between a provider and individual, that cannot be recorded. The staff MUST see and hear the individual to provide services/tasks as identified in their plan. Remote monitoring is the restrictive use of one-way video cameras and other audio or video monitoring and/or recording devices to monitor or observe the person due to health or safety concerns.

**Q3: Can Virtual Supports be used as a way to have Overall Service Plan (OSP) or Individualized Family Service Plan (IFSP) meetings?**

A3: No, Virtual Support is a remote service delivery method utilized for specific services.

Admission, 30-day Comprehensive, and Annual OSP and Initial and Annual IFSP team meetings are to be in-person to promote active participation, collaboration, and personal connections. If guardians request the team meet virtually, the guardian can choose that method, however the provider and DDPM must still be in-person.

If there are weather situations which prevent the above service plan types from occurring in-person, the meeting would be rescheduled. Weather continues to be an acceptable reason for delay of Admission/30-day/Annual OSPs and Initial and Annual IFSPs and is not considered non-compliance.

There may be situations where minor updates are needed and can be communicated to the person and other team members via phone, email, virtually, or S-Comm.

### DEVELOPMENTAL DISABILITIES

1237 W Divide Ave Suite 1A | Bismarck ND 58501-1208

701.328.8930 | Fax 701.328.8969 | 800.755.8529 | 711 (TTY) | [www.hhs.nd.gov](http://www.hhs.nd.gov)

**Q4: Can virtual supports be used to provide services in the event of potential cancellation due to weather or illness?**

A4: The process of determining virtual supports begins with reviewing outcomes to determine if the outcome would be appropriately met by a combination of in-person and virtual supports. Once it has been determined that virtual supports would be appropriate for a specific service, the flexibility to utilize virtual supports during bad weather or illness is available. Virtual supports are not to be used for provider convenience, or to be used **solely** for instances of illness or bad weather. Each plan should be individualized, and a determination should be made on if virtual supports are appropriate for each individual, family and/or child.

*Ex. The IFSP team has determined that the outcome around the bath time routine is best met through a combination of virtual and in-person supports. The team determined this because having the home visitor take part in the bath time routine causes the child to become overly excited and makes it difficult for the parents to put the child to bed. The team decided to have every other visit be conducted through virtual supports to best support the family. On the day the home visitor was supposed to conduct the home visit, the child's sister was sick. In this instance, the home visitor is able to switch the visit to a virtual support.*

**Q5: Our Human Service Zone conducts quarterly Child & Family Team meetings (formerly called permanency planning meetings) for children in foster care or kinship care virtually. Do we need to add virtual supports to IFSPs for these children?**

A5: These meetings are billed as home visits, so virtual supports will need to be added to the IFSP tied to the outcome related to permanency/adoption/returning to the family home. If the ID program staff are able to attend these in person with the parents, you would not need to add virtual supports.

**Q6: Some school districts have moved to doing 2-7 and 2-9 transition meetings virtually. Do virtual supports need to be added to the IFSP for these meetings? What about for IFSP Review meetings?**

A6: A 2-7 and 2-9 transition meeting is completed as an IFSP Review meeting and those have always been able to be held virtually. An IFSP Review meeting does not require virtual supports to be added because the meeting is held virtually. Please remember that just because the school staff plan to attend virtually – the rest of the team members could still be together at the family home for those meetings. This may be a preferred option so that the DDPM can discuss redetermination at age three and how ending waiver services at age three will impact Medicaid coverage.

*Note: The Virtual Supports Policy, Virtual Supports Checklist, and Therap drop-down menu in the Virtual Supports section will be amended to remove IFSP Review as a type of Virtual Support.*

**Q7: It is challenging to discuss virtual supports with families in Infant Development and know when it might be appropriate to use virtual supports for an outcome. What are some examples of when virtual supports are appropriate?**

A7: Each discussion with the family will be different, and some families may be very interested in virtual supports, while others may be completely opposed. The important thing is to think about what the services would look like for the family when having this conversation. Some questions you may want to discuss when deciding if virtual supports are appropriate include:

- 1) **What would visits look like if they were being provided virtually?** *(Ex. A relationship with this family has already been established by the home visitor. The home visitor would use a secure system to connect with the family on the family's phone. The home visitor would be able to coach the family in the outcomes and routines on the IFSP because both parents are available to engage with the home visitor virtually and the child in person. Expectations are discussed about how technology will be used during the visits.)*
- 2) **How would using virtual supports benefit this outcome?** *(Ex. The family is struggling with leaving activities outside of the home, such as the playground. When the home visitor is with the family during these times, the child is more willing to leave the activity and the behavior that parents are struggling with isn't present. Virtual supports would allow the home visitor to see and respond in real time to the parents' concerns, instead of having to try strategies without the ability to coach. The family is more likely to have success with the home visitor connecting virtually for this outcome.)*
- 3) **How comfortable is the family using technology? Would virtual supports make visits easier or harder on the family and child?** *(Ex. The family is well-versed in technology and uses FaceTime with grandparents often. The child doesn't get distracted or overstimulated using technology in this manner. The child still goes about their regular activities and behaves in their usual manner when phones/tablets are in use. The family and home visitor are comfortable discussing how things are going and determining if they want to continue virtual supports.)*
- 4) **What concerns does the family or IFSP team have about utilizing virtual supports?** *(Ex. The child is very active and having parents try to engage with the child and the home visitor will be challenging. The family home doesn't have reliable internet access, so it may not always be possible to connect virtually. The parents aren't comfortable sharing if they think things aren't working and aren't likely to speak up if they want to go back to all in-person services. The child is easily distracted or overstimulated by technology or doesn't behave in their usual manner when phones/tablets are in use.)*

**These are only examples of questions and situations that may be appropriate for virtual supports. It is important to decide individually for each family and child.**