

Virtual Case Management Considerations and Resources for Human Services Programs

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To limit viral transmission during the COVID-19 pandemic, government and public health officials have asked the public to engage in social distancing. In response, many human services agencies are closing their offices and providing services in other ways, such as online and over the telephone. This has created daunting challenges for a field where services such as child protection and setting case plans are often delivered face to face. Many human services organizations are quickly trying to establish or scale up virtual case management systems.¹ At the same time, because of the economic challenges accompanying the pandemic, many agencies are seeing a sharp increase in service demand, often without an increase (and in some cases with a decrease) in resources or staffing.

The urgency and complexity of this situation will require sustained attention and ongoing innovation. As a first step in adopting virtual case management approaches, this document lays out technology and practice considerations, as well as resources. Much of the information compiled is drawn from health care services, which has made considerable progress over the past decade in telehealth. While health care services differ in many ways from human services, telehealth services can provide useful lessons and resources.

Key Considerations for Implementing Virtual Case Management

- 1. Identify appropriate technology.** Virtual case management can take advantage of different communication platforms, including telephone, videoconferencing, or other web-based technologies. Human services agencies must consider which technology is most appropriate for their own needs. These needs may include the IT infrastructure of the provider, privacy restrictions, complexity of information to be communicated, caseworker experience, as well as technological limitations of clients, such as limited access to the Internet.

Some services may be able to shift from in-person to telephone meetings. Doing so, however, may tax existing telephone systems, and human services agencies may need to increase capacity to meet new demand. For many types of services—such as child welfare—telephone communication may be insufficient, requiring more sophisticated technology such as videoconferencing. Videoconferencing can offer advantages over telephone contact – including the ability to better gauge safety or other aspects of family wellbeing, or to offer and understand interpersonal cues – and the importance of these factors may influence an agency’s choice of technology. Further, both human service agencies and clients must have devices and access to the Internet, preferably high-speed broadband connections for video conferencing, and/or smart phones or tablets that allow for calls using video platforms. The Federal Communications Commission (FCC) and the U.S. Department of Agriculture (USDA) have programs that may be able to provide access to devices and to high-speed broadband connections to individuals and communities who lack it.² Expanded and expedited access to these programs may be necessary.

A range of videoconferencing platforms exist that could potentially be used to set up a virtual case management system for human service organizations. Some jurisdictions may have existing platforms that could be adapted for broader purposes.

- 2. Provide training to caseworkers and clients.** Human service agencies and clients must be trained on how to use these new systems, from both a technological and a practice standpoint. This is an important consideration, especially for clients, because a sizable percentage of older (27 percent), less educated (29 percent), and lower income (18 percent) Americans do not use the Internet, in comparison with 10 percent of adults overall.³

¹ For example, see Children’s Bureau’s “New Guidance on Caseworker Visits via Videoconference,” issued on March 19, 2020: <https://www.acf.hhs.gov/cb/resource/guidance-caseworker-visits-videoconferencing>

² FCC: <https://www.fcc.gov/general/lifeline-program-low-income-consumers>; USDA: <https://www.usda.gov/broadband>

³ <https://www.pewresearch.org/fact-tank/2019/04/22/some-americans-dont-use-the-internet-who-are-they/>

Training caseworkers means more than training them to use technology. Working effectively with clients by virtual means can be challenging and may require training in different practice methods since interacting with clients over telephone or video often requires different communication methods than in-person contact.

- 3. Consider privacy concerns and information sharing between systems.** Human services agencies often deal with personally identifiable information about clients that may be protected by federal or state privacy rules. In addition, in areas such as domestic violence or child protection, privacy considerations are critical, including privacy of communication in the home. Some agencies are covered entities under the Health Insurance Portability and Accountability Act (HIPAA) and must comply with its Privacy, Security, and Breach Notification Rules on protected health information. These rules are in force during the public health emergency, but the HHS Office for Civil Rights (OCR) has issued guidance on the many flexibilities that permit sharing of data in an emergency.⁴ Some agencies may be covered by the regulations on substance use disorder treatment records in 42 CFR Part 2 and should look to guidance from the Substance Abuse and Mental Health Services Administration (SAMHSA).⁵ The guidance from OCR makes clear that even though remote communication technologies may not fully comply with the requirements of HIPAA rules, the Department will not impose penalties for noncompliance with the regulatory requirements under the HIPAA rules in connection with the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Telehealth providers have developed resources to manage these federal rules appropriately, which may also be useful. HHS is continually updating its guidance on complying with HIPAA⁶ and 42 CFR Part 2 during the COVID-19 pandemic. Agencies should regularly check the HHS website for new guidance, and also check with state regulatory authorities for information about compliance with state law.

Even when not facing health-related privacy restrictions, human services agencies should enable all available encryption and privacy modes when using communication applications. Caseworkers should use provider-issued devices, rather than personal ones, to the extent possible. Human services agencies should also notify clients that third-party remote communication technologies may introduce privacy risks. Human service agencies should ensure that clients verbally consent to virtual case management and should provide notice that data charges may apply from their cellular or internet service provider.

Selected Resources

The resources below, many from the fields of health and mental health, provide some examples of how stakeholders across the country tackle these issues. These resources were gathered through a scan of human services, health, and mental health websites, and a web search of related terms. This list is a starting point. It is not comprehensive and HHS is not endorsing these resources. Yet these resources may provide useful information for human services agencies as they shift to greater use of virtual case management:

Online telehealth resource compendiums

- “The National Consortium of Telehealth Resource Centers.” Tools and Resources. (2020) Health Resources and Services Administration (HRSA)/HHS. <https://www.telehealthresourcecenter.org/>
- American Telemedicine Association. (2020) “Practice Guidelines and Resources.” <https://thesource.americantelemed.org/resources/telemedicine-practice-guidelines/>

⁴ See COVID-19 and HIPAA Bulletin: Limited Waiver of HIPAA Sanctions and Penalties During a Nationwide Public Health Emergency” (Mar. 2020) at <https://www.hhs.gov/sites/default/files/hipaa-and-covid-19-limited-hipaa-waiver-bulletin-508.pdf>; “Bulletin: HIPAA Privacy and Novel Coronavirus” (Feb. 2020) at <https://www.hhs.gov/sites/default/files/february-2020-hipaa-and-novel-coronavirus.pdf>.

⁵ See, SAMHSA, “Coronavirus (COVID-19): SAMHSA Resources and Information” at <https://www.samhsa.gov/coronavirus>.

⁶ See “Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency” at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>; “FAQs on Telehealth and HIPAA during the COVID-19 nationwide public health emergency” at <https://www.hhs.gov/sites/default/files/telehealth-faqs-508.pdf>.

Telemedicine guidelines and practices

- “Guidelines for the Practice of Telepsychology.” (2013) Joint Task Force for the Development of Telepsychology Guidelines for Psychologists, the American Psychological Association.
<https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>
- “Telehealth.” (2020) National Association of Social Workers.
<https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus/Telehealth>
- “Best Practices in Videoconferencing-Based Telemental Health.” (2018) The American Psychiatric Association and the American Telemedicine Association.
<https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>

Case management by telephone

- “Best Practices in Telephonic Case Management.” (2008) *Professional Case Management* (Vol. 13/#4).
https://www.nursingcenter.com/wkhlrp/Handlers/articleContent.pdf?key=pdf_01269241-200807000-00002

Web-based approaches from human services

- “Technology Initiatives That Support Employment Outcomes: Colorado: Web-based Technology for Coaching TANF Participants.” (2018). Administration for Children and Families/HHS.
https://peerta.acf.hhs.gov/sites/default/files/public/uploaded_files/IEESS%20Emerging%20Practice_Colorado_Final_508_updated.pdf