

Re: Guidance on Early Intervention Services during the COVID-19 Outbreak
From: Birth to Three Administrative Office, DMS, DHSS
Date: April 7, 2020

Due to the home- and community-based nature of Delaware's early intervention services, the Birth to Three Administrative Office is issuing the following procedures and guidance for families, service providers, and service coordinators who wish to use alternative methods for service delivery or to postpone early intervention services during the COVID-19 outbreak.

These temporary policies are outlined in the following pages and include options for alternative methods for delivery of early intervention services. Implementation of services via virtual communication, also known as telehealth, will be at the discretion of the family and the service provider, and the procedures and guidance are not intended to allow entire organizations to stop providing in-home services altogether.

The U.S. Department of Education Office of Special Education Services (OSEP) has issued guidance for states that is available at <https://sites.ed.gov/idea/files/qa-covid-19-03-12-2020.pdf>

Additional guidance can be located at the ECTA Center's website:
<https://ectacenter.org/topics/disaster/coronavirus.asp#ti>.

A particularly helpful document written by Larry Edelman is also located on the ETCA Center's website:
https://ectacenter.org/~pdfs/topics/disaster/Planning_for_the_Use_of_Video_Conferencing_in_EI_during_COVID-19_Pandemic.pdf

At this time Governor Carney has declared that DHSS remains open and staff have been designated as essential employees. Both Child Development Watch and the Birth to Three Administrative Office continue to work tirelessly to provide early intervention services. For the most current updates, check the Birth to Three website at <https://www.dhss.delaware.gov/dhss/dms/epgc/birth3/directry.html>.

Please note that if the Birth to Three Program or Child Development Watch closes, then Part C services would not be provided to infants and toddlers with disabilities and their families during the closure. In the event of a closure, once any of the closed offices re-open, the service coordinator and early intervention service (EIS) providers for each child must determine if an Individualized Family Service Plan (IFSP) Team meeting is needed to review the child's service needs and review/revise the IFSP to address any changes needed. If these offices are closed and services are not provided for an extended period, the IFSP Team must meet to determine if changes are needed to the IFSP and whether compensatory services are needed to address the infant or toddler's developmental delay.

For any community-based early intervention agency that remains open: if Part C services cannot be provided according to the IFSP, such as in a particular location (e.g., the child's home), by a particular

interventionist (e.g., one with underlying health issues), or to a particular child who is infected with COVID-19, then the Birth to Three Administrative Office must ensure the continuity of services to the extent practicable, on a case-by-case basis and consistent with protecting the health and safety of the child and of those providing services to the child. The Birth to Three Program will allow the provision of services in an alternate location, by using a different EIS provider, or through alternate means, such as consultative service to the parent, without requiring a change to the IFSP at this time.

The following temporary procedures will be in effect until April 30, 2020, or when Delaware’s public health emergency declaration is lifted, whichever date is soonest.

PROCEDURE	GUIDANCE
<p>REFERRALS</p>	<p>Child Development Watch (CDW) Central Intake will continue to check voice messages and emails daily during office hours to address any EI referrals that need to be processed.</p> <p>Service Coordinators will continue to communicate with families as soon as possible upon receipt of the referral. At that time, they may use the following talking points:</p> <ul style="list-style-type: none"> • <i>For as long as CDW is allowing families to enter the clinic:</i> <ul style="list-style-type: none"> ○ “At this time, our agency is still providing MDAs through our clinic. Is this something you would still like to continue? Are you or your child immune-compromised, or currently showing signs of illness? ... • <i>For as long as CDW is not making home visits:</i> “At this time, to help prevent the spread of the coronavirus we are no longer able to come into your home to talk to you about our program. We do not know how long this will be, but our administration is communicating weekly about whether or not to extend this practice. We hope to provide all services through electronic means (i.e., video or audio conferencing). I can share information about our program with you on the phone and then either email or mail you hard copy information. Knowing this, would you like to continue with making a referral?”

	<ul style="list-style-type: none"> • <i>If the parent chooses to move forward with receiving services virtually, share information as best you can verbally, and then follow up with their choice -- email or mail them information, including the Guide to Family Rights; consents for evaluation/assessment; authorizations for release of information, etc. (any of the information and documents you normally take on a home visit).</i> • <i>If the parent chooses to close out the referral (decline consent for evaluation), ask the family if they would be interested in re-referring in a month or two. If so, make a note in your records to contact them around May 1 with an update as to where your agency is with providing services in the home.</i>
<p>EVALUATIONS AND ASSESSMENTS</p>	<p>If the child is eligible is based on an established condition, complete the multidisciplinary assessment of the child and the family assessment via a telehealth session(s), provided prior written notice has been given to the parent and written parental consent has been granted.</p> <p>Complete the following activities as much as possible in accordance with 34 CFR 303.321(c):</p> <ul style="list-style-type: none"> a) Review of available medical or other evaluation information; b) Virtual observation of the child c) Identification of the child’s needs in each of the developmental areas; and d) If the family agrees, the family assessment <p>If you are unable to assess all areas of development, develop an interim IFSP to provide any necessary services as soon as possible. Document the reason for delay of full assessment as “COVID-related.” If possible, complete the full assessment as soon as it is practical.</p> <p>For a child referred for a possible developmental delay for whom eligibility needs to be determined, conduct the evaluation using the Vineland, BSID-2, or other instruments that can be</p>

	<p>carried out virtually. If the child is eligible due to a developmental delay, complete the assessment steps (same as noted above) as much as possible. Inquire if the child has had a vision and/or hearing screening and, if not, conduct those once the in-person restrictions are lifted.</p> <p>Ongoing assessments are to be conducted as best you can, particularly in the area of concern.</p>
IFSPs	<p>The service coordinator and IFSP team members should discuss the safest method to follow to meet the requirements around IFSP meetings. Staff must follow the procedures for virtual sessions with families, and the service coordinator must document the method used for the meeting(s) -- teleconferencing, phone, in-person, or a combination of methods.</p> <p>Send all pertinent information that is to be shared with the family before the meeting (e.g., email or mail). Be sure to inform and invite all participants to the meeting.</p> <p>Clearly document in the record the reasons for delays or cancellations. This may include documentation that the family has requested a break from services as a precautionary measure. You may have to mail or email forms for families to sign and return to you. Be sure to inform the family of the importance of returning the signed documents.</p> <p>If the provider chooses a break as a precautionary measure:</p> <ul style="list-style-type: none">• The provider must notify the parent in writing and specify the dates that their specific service will pause and when it will resume;• The provider must notify the service coordinator and other providers identified in the IFSP;• If after the break it is determined that it is still not wise for the provider to resume services, the service coordinator shall make other temporary arrangements for the child and family to get the needed service; and

	<ul style="list-style-type: none"> The service coordinator must maintain all communication and documentation in the child’s EI record.
<p>DELAY OR POSTPONEMENT OF EARLY INTERVENTION SERVICES</p>	<p>A family may request to postpone EI services for now but still maintain service coordination. The service coordinator must maintain a record of all communication with the parent regarding the family’s decision about services.</p> <p>Any interruptions or delays in early intervention services occurring as a result of COVID-19 must be clearly documented in the child and family’s early intervention record (EI record).</p> <p>For new services, the usual parental consent must be obtained before services can begin. If this cannot be written directly on the consent, indicate a verbal consent with date and time of consent. Ask parent to email a statement consenting to the service. Once face-to-face contact is resumed, obtain parent signature on the same form.</p> <p>The family may elect to resume EI services; if so, the service coordinator and IFSP team must review the child’s progress and determine if the outcomes and/or services should be updated on the IFSP.</p>
<p>VIRTUAL VISITS TO CONTINUE EARLY INTERVENTION SERVICES</p> <p>Content last reviewed 03/30/20 on HSS.gov website:</p> <p>As recently announced by HHS and the USDOE/OSERS, a video conferencing platform that advertises as being HIPAA-compliant(i.e., issues a Business Associate Agreement) is NOT mandatory, BUT...do not use video conferencing applications that are public facing, such as Facebook Live, Twitch, TikTok, for videoconferencing with families.</p> <p>Notification of Enforcement Discretion for telehealth remote communications during the COVID-19 nationwide public health emergency: https://www.hhs.gov/hipaa/for-</p>	<p>Virtual visits between staff and family may be conducted using videoconferencing technology in accordance with the following:</p> <ul style="list-style-type: none"> Allowable IFSP services may be provided as long as the state or national authorizing authority for the specific discipline permits the provision of telehealth services. All virtual sessions must be conducted in accordance with the Family Educational Rights and Privacy Act (FERPA). This means: <ul style="list-style-type: none"> Parental consent must be obtained for telehealth Virtual sessions must be conducted using a secure internet connection and a secure videoconferencing platform with end-to-end encryption such as Zoom, Microsoft Teams, or Adobe Connect. End-to-end encryption is met

[professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html](https://www.ohio.gov/department/professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html)

if the parent uses their home wifi or another secure wifi where there is a password along with the link for the platform that the provider sends. For example, a home wifi typically has a password and the Zoom link has a unique password; this meets the security issue. Please note that Skype and FaceTime do not meet the requirements without additional security measures. However, telephone communications without the video component do meet FERPA security standards.

- Recording virtual sessions is prohibited.
- Virtual sessions should be conducted where other people, outside of the child’s family, cannot hear or observe the session.
- The service coordinator should use the Technology Checklist with the family to ensure the availability of important features in the parent’s environment.

PARENTAL CONSENTS AND ELECTRONIC SIGNATURES

03/03/20 Update:

While States await OSEP guidance, until further notice, Birth to Three Administrative Office recommends CDW and providers receive verbal consent from parent and either

- 1. document date and time on consent form**
 - **request parent to acknowledge authorization via email**
 - **have families sign as soon as face-to-face; or**
- 2. email consent form to parent**
 - **have parent sign consent**
 - **then scan or take a digital photo of consent**
 - **email scan or picture or mail via USPS**

Parental consent regulations must be adhered to:

A signature indicating consent to any evaluation, assessments and the services listed on the IFSP is required and can be obtained via mail or fax if a cover sheet indicating that the material is confidential is used. The same methods can be used to obtain consent to provide services via telehealth using the Telehealth Consent form.

Electronic signatures: Information received from OSEP indicates that a parent may provide written consent electronically if appropriate safeguards are in place. The identified safeguards include that the electronic signature:

- Is dated;
- Identifies and authenticates (via Adobe or DocuSign, etc.) the parent as the source of the electronic consent;
- Indicates the parent’s approval of the information in the consent; and
- Is accompanied by a statement that the parent understands and agrees that the EI

	<p>service provider may bill the child’s and/or parent’s public or private insurance, if applicable. NOTE: If the parent does not consent to use of their public or private insurance, the service must still be provided as agreed to in the IFSP and paid for with state or federal funds.</p>
<p>DOCUMENTATION</p>	<p>Make every attempt to meet 45- and 30-day timelines. If you cannot meet these, ensure your notes are up to date.</p> <p>Below is an example of an appropriate statement for not meeting the timelines due to COVID-19:</p> <p>“The parent and EI staff were unable to meet face to face to (complete evaluations) (complete first service delivery) due to concerns about the spread of the coronavirus, and an electronic means for meeting this deadline was not available to the family.”</p> <p>If parents wish to opt out of services for a period of time, document the parent’s decision in the child’s chart.</p>
<p>TRANSITION</p>	<p>Please refer to the document “Temporary Transition Protocol as a Result of School Closures Due to Covid-19 Pandemic” released by the Office of Early Learning, DOE.</p>

Remember that this is an evolving document that will be updated as additional guidance becomes available. Please direct any questions to susan.campbell@delaware.gov.