Infant/Toddler Early Intervention

Guidance during the COVID-19 Pandemic

March 1, 2021

The Office of the Governor, Pennsylvania Department of Health and Department of Human Services (DHS) has issued guidance to Pennsylvania businesses and Medical Assistance-enrolled providers to safely operate in ways to mitigate the spread of COVID-19 through reduced person-to-person contact between professionals and Pennsylvanians.

The following addresses the delivery of Infant/Toddler Early Intervention (EI) services during the COVID-19 pandemic. Guidance issued below will assist the EI community in delivering EI services dependent on the severity of COVID-19.

Strategies to Deliver Early Intervention Services:

What service delivery strategies are possible when supporting a child and family in the EI program while also mitigating COVID-19?

The Office of Child Development and Early Learning (OCDEL) recognizes that maintaining the safety of the EI workforce and families is essential during the COVID-19 pandemic. The family may find that resuming in-home (in-person) service(s) is the best choice to support overall health, safety, and well-being. Everyone should practice appropriate public health measures to slow the spread of COVID-19 such as masking, physical distancing, and hand hygiene. There are several things that the family and service provider can do to reduce the risk of spreading COVID-19.

- Use the COVID-19 Dashboard to review transmission risk in your community.
- Use the guidance in the "Staying Safe while Providing/Receiving In-Home Services during COVID-19"
- Tele-intervention can continue to be used as a safe and effective service delivery strategy when it best meets the needs for children and their families.

In addition, EI programs are encouraged to develop plans for safely re-establishing in-person EI services within their community.

What is tele-intervention and what services can be delivered through tele-intervention?

The term tele-intervention is being used to describe a strategy for delivering EI services. Tele-intervention strategies are those provided using real-time (synchronous) audio/video technology and where that technology is not available, the use of a telephone. Tele-intervention for the purpose of EI services are consistent with and provided by the provider types that are identified in the Pennsylvania's Office of Medical Assistance Programs, Quick Tip #229 & #242 where they are referred to as tele-medicine.

Will HIPAA impose a barrier to using tele-intervention, particularly methods like Skype or Facetime?

The United States Department of Health and Human Services, Office of Civil Rights (OCR), which is responsible for enforcing regulations related to HIPAA, has issued the following guidance: "A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19."

Managing Referrals:

Due to the various reopening guidelines in Pennsylvania, families and referring agencies are not sure if EI services are open. What are some strategies to communicate that EI services continue to be a resource for Pennsylvanians?

A flyer has been created to help promote the continuation of EI services during the COVID-19 pandemic. The flyer, available both in English and Spanish, can be located on the EITA Portal. Local programs are encouraged to add additional contact information to the flyer to help families locate Early Intervention services within their community.

How can families make referrals in cases where businesses are closed or operating virtually due to the pandemic?

Families can continue to reach the EI programs using CONNECT (1-800-CONNECT or help@connectpa.net) or make a referral using COMPASS. CONNECT will securely transfer referrals to local EI programs.

Managing Initial Evaluations:

What standardized evaluation tools are permitted when using tele-intervention?

Evaluators are asked to review individual tool protocols and publisher guidance regarding implementation of a standardized tool using virtual practices. Information has been gathered by Early Intervention Technical Assistance and has been posted in the EITA Portal.

Regulations require the IFSP to be developed within 45 days of the referral for a child new to the EI program, this timeline may not be met due to the pandemic. How should late Initial IFSPs be documented?

If administrative offices are open, referral dates should be accurately documented, evaluations and IFSP should also be coordinated in a timely way.

If administrative offices are closed, resulting in a delay of processing the referral and coordinating the evaluation and IFSP, the reason the IFSP was late should be documented with the reason "Act of Nature."

If a family decides to delay the evaluation for their child, then the reason the IFSP was late should be documented as "Family". Families who choose to delay their child's evaluation should be regularly asked if they would like to participate in an evaluation.

Managing IFSP Services:

How does a service coordinator obtain consent for IFSP changes during the COVID-19 pandemic when it is unsafe to interact in-person?

Service coordinators may initially obtain verbal consent from the family for IFSP changes during the COVID-19 pandemic. The Parent Rights Agreement (PRA) must be reviewed with the family as part of obtaining verbal consent. Consent must be documented in a service coordination note along with the date it was obtained. The family can sign and date the PRA at either the next opportunity to meet in-person or by exchanging the signed documentation via the USPS. Encrypted electronic signature tools are also permitted.

Can a family expect to receive all services delivered through tele-intervention strategies at the same frequency/duration as in-person strategies?

Yes, there should not be changes to the frequency and duration of the IFSP services. Tele-intervention is permitted in all phases of the reopening of Pennsylvania and should be considered an effective strategy for the delivery of EI services.

How should the IFSP reflect the decisions of the team to use tele-intervention strategies when implementing the IFSP?

The IFSP includes teaching strategies that may include the use of tele-intervention to deliver the service. This can be captured on the outcome page of the IFSP.

Service providers should document the use of tele-intervention in the "location of session" section of the session note. The time and units must accurately reflect the time spent providing tele-intervention services.

How should session notes be managed when using tele-intervention?

The session note form is a record of the service provided to the child and family by the EI service provider. It includes information related to how the service assists the child and family to achieve the IFSP outcome, the progress being made and recommendations for the family. The information in the session notes may also be a resource for team members as they work together at achieving the outcome and goals for the child and family. A session note form must be completed by an EI professional when IFSP services are delivered, including when they are delivered to the child using tele-intervention.

How should a provider manage signatures on session notes when using tele-intervention?

Signatures on session notes are required per Federal regulation 42 CFR §455.20 to meet two critical requirements related to obtaining consent by the family to bill Medicaid and as a method to verify that the service billed was received. Signature options include but are not limited to the following:

- Use of electronic signature software
- Obtaining an email or text from the family at the conclusion of a service
- Use of the "Encounter Form: MA-91" or similar.

Signatures do not need to be collected on the original session notes if one of the above strategies have been used.

How can a family share the important progress their child is making with their provider when IFSP services are being implemented using tele-intervention?

During a time of increased virtual communication and home-office working, it is important to establish protocols for the protection of HIPAA/FERPA information. Families may select to share information about their child and his/her progress using video/pictures and exchanging that information with an EI professional using text and/or email. While the sharing of this information or images is initiated by the family, the recipient of the information must ensure that the email or texting accounts receiving the information are for professional use only. Shared/family accounts held by EI professionals should not be used to communicate with and receive information from a family participating in EI services. Additionally, once the information has been shared, the progress it entails should be documented and the information and/or images should be promptly deleted from the device.

If services are not provided due to the COVID-19 pandemic, should they be made up?

For children who do not receive EI services for an extended period, once services resume, the IFSP team should review the child's progress and make decisions regarding services at that time. These decisions will be based on the needs of the child.

Managing Tracking Services:

How should service coordinators implement tracking/screening for families in the EI program during the COVID-19 pandemic?

The tracking/screening program, including the use of the Ages & Stages Questionnaire (ASQ), can be implemented using mail, phone or internet technology. The service coordinator should document any implementation changes to the tracking plan.

Managing Annual Evaluations & IFSPs:

How should our program conduct an annual evaluation and IFSP during the COVID-19 pandemic?

Annual evaluations can be completed in a timely way using the procedures identified in EI regulation § 4226.61. This process can include observations completed remotely by the IFSP service provider(s), progress monitoring gathered during IFSP service delivery, and family report. A re-evaluation report can be completed and documented in PELICAN-EI enabling an Annual IFSP to be developed.

Managing Provider Qualifications/Training:

Due to COVID-19, are there any changes to provider qualifications and training?

EI providers are expected to maintain all professional licensures during the COVID-19 pandemic, unless otherwise authorized by the Department of State Bureau of Professional Licensing. Updated information regarding licensing requirements can be found on the Department of State webpage.

EI providers continue to be required to obtain 24 hours of training annually.

How should CPR/First Aid training be maintained during the COVID-19 pandemic?

If CPR/First Aid training expires during the COVID-19 pandemic, the provider should review the renewal procedures outlined by the agency who issued their CPR/First Aid certification.

CPR/First Aid training programs can be accessed virtually as long as there is still an instructor led (synchronous) component to the course.

In cases where extensions are being issued to trained persons from the American Red Cross and the American Heart Association related to First Aid and CPR. These extensions will be accepted for previously trained EI professionals. Documentation issued should be retained as part of the training records for EI professionals.

Will trainings that relate to tele-intervention and COVID-19 count towards the annual training requirement found in state regulation?

A COVID-19 related training would be accepted as meeting the requirement for training on "universal health procedures". Training on conducting tele-intervention would be accepted as meeting the requirements for training that is "relevant to Early Intervention services".

Can Physical Therapy Assistants (PTA) and Certified Occupational Therapy Assistants (COTA) deliver services using tele-intervention?

Yes, if PTA and COTA professionals abide by the Department of State requirements.

EI service providers must manage their Medicaid Revalidation applications, are there any changes to these timelines during COVID-19?

Under section 1135(b)(1)(B), CMS is also approving Pennsylvania's request to temporarily cease revalidation of providers who are located in Pennsylvania or are otherwise directly impacted by the emergency.

The providers who have not submitted a revalidation application due to COVID-19 will be closed on the last day of the month that the disaster declaration ends.

Revalidation is a web-based process and is encouraged to be managed in a timely way, regardless of COVID-19.

Managing Payment for Services Implemented Using Tele-Intervention:

Are there any limitations to the services that can be implemented and paid using tele-intervention?

No, all infant/toddler evaluation and IFSP services listed on the fee schedule are able to be implemented and paid using tele-intervention strategies. The "place of service" code of 12 should be used for services implemented using tele-intervention strategies.

Are providers able to participate in IFSP team meetings that are not held face-to-face?

Providers are permitted to participate in IFSP team meetings that are not held face-to-face. Existing EI guidance allows providers that are invited to participate in an IFSP team meeting to use the "Teaming" procedure codes when billing for the authorized time spent in an IFSP team meeting.

Here is the general rule of thumb when determining if the provider should use a Teaming Procedure Code or Service Delivery Procedure Code:

- If a provider can write a session note for the time spent during the IFSP team meeting that includes interventions provided and progress documented – then it's service. That can happen AT THE SAME TIME that a Service Coordinator is reviewing the IFSP and fulfilling the regulatory requirement to do so.
- If a provider CAN NOT write a session note for the time spent during the IFSP team meeting that includes interventions provided and progress documented – then it's teaming.
- In cases where there is MORE THAN ONE provider participating in an IFSP team meeting it is not as likely that the provider(s) are delivering services in the midst of the review meeting and so typically all providers are to bill using TEAMING.

The guidance should not be "pick a provider to bill service and the rest bill teaming" – rather the provider needs to properly represent what they are performing using their session note.

Are there any resources available to help with the purchase of PPE and other devices for Early Intervention professionals?

Training dollars may be used to support the costs related to purchasing tools to determine eligibility for EI services and for purchasing Personal Protective Equipment (PPE). If purchasing PPE for providers, the county should equitably distribute the PPE.

Managing Infant/Toddler & Families Waiver Documentation:

Can an Infant/Toddler EI program enroll new children into the ITF Waiver?

Yes, the DHS has received a waiver permitting electronic signatures for required documents. This will permit collection of electronic signatures for consent and Certification of Need. Local EI programs are encouraged to use the electronic 1768 process in PELICAN-EI to ensure documentation is transferred to the Local County Assistance Office. At this time, eligibility criteria for initial eligibility for the ITF Waiver has not changed.

The Annual Recertification of Need (123A) is due but there is not a re-evaluation available to complete this recertification of need. How should a program proceed?

DHS has received a waiver of this requirement from the Centers for Medicare & Medicaid Services. In the absence of re-evaluation information, a new Recertification of Need (123A) form shall be completed using the prior evaluation information. The Recertification of Need (123A) form can be signed electronically by the Qualified Professional. The Recertification of Need (123A) form must be completed according to timelines.

Is verbal consent documented on the 457 and 457A acceptable on the waiver forms or would we need to mail or use an e-signature means (if a family has email) to obtain the family's signature?

DHS has received a waiver permitting electronic signatures for required documents. This will permit collection of electronic signatures for consent and Certification of Need. Verbal consent cannot be used at this time.

Should our program do anything differently since ITF Waiver funds are subject to the Families First Coronavirus Response Act?

ITF Waiver funds will remain available for any currently ITF Waiver enrolled child regardless of the loss of eligibility for the ITF Waiver except for a child who has moved out of state, voluntarily withdrawn from the ITF Waiver or is deceased.

There will be children who are no longer ITF Waiver eligible but remain EI eligible. Special Instruction services will continue to be paid by the ITF Waiver.

There should continue to be NO change to the documentation of ITF Waiver eligibility. When a child is no longer eligible for the ITF Waiver, the 1768 form should continue to be processed with the County Assistance Office (CAO).

UPDATE: Beginning in November 2020, ITF Waiver closures will be processed by local CAO beginning with children who are over the age of 3. The PA/FS162 will be processed, likely with a date in November 2020 or later and a 60-day notice will be provided. Then, all 1768 forms which have been received for reasons of ending the ITF Waiver funding except for a child who has moved out of state, voluntarily withdrawn from the ITF Waiver or is deceased will be processed. The PA/FS 162 will be issued with a date in November 2020 or later and again, a 60-day notice will be provided. Alerts will be received in PELICAN-EI as these closures are processed. Monitoring the processing of 1768 forms will be important.

How do I document when a child is no longer eligible for the ITF Waiver on the 1768 form?

Regardless of the Families First Coronavirus Response Act, changes in eligibility need to be communicated to the CAO using the 1768 form.

If a child is deceased, the following section of the 1768 form should be processed to avoid future communications with the family.

INFORMATION REGARDING DEATH OF AN INDIVIDUAL	
❒ DECEASED	Date of Death
Contact Person	Telephone Number

If the child exits the EI program with the following reasons, the following section of the 1768 form should be processed to avoid future communications with the family.

Exit Reasons: Parent declined EI services, Attempts to contact unsuccessful, Withdrawn by parent/guardian, Moved out of state

PROGRAM WITHDRAWAL INFORMATION	
❒ Individual Voluntarily Withdrew	Date of Withdrawal

If the child is no longer eligible for the ITF Waiver, the following section of the 1768 form should be processed. A family will receive a notification at the conclusion of the public health emergency from the CAO. This notification may be after the child has turned 3 or is no longer eligible for EI services.

TERMINATION OF HCBS PROGRAM		
❒ HCBS Terminated	Reason	Date of Termination

Managing Early Childhood Outcome Data:

Should EI program staff continue to collect Early Child Outcome Data (ECO) at entry and exit?

EI programs should continue to follow procedures and timelines for collecting early child outcome data at the child's entry and exit from the EI program. For entry data, evidence from family report, any existing evaluation information, and virtual observations can be used to complete the authentic assessment tool. Evidence for exit ECO data can be gathered through family report, progress notes, and observations.

If staff need reminders of the ECO data collection process, they should review the ECO 101 and 201 courses on the EITA Portal professional development page. Additional job aides on topics such as approved authentic assessment tools and the how to use the ECO decision tree, can be found on the EITA Portal.

Entry ECO Data Collection Scenarios

- If the child has been found eligible for EI but the family declines services and no IFSP is developed, then no ECO data collection is required.
- If the child has been found eligible for EI, an IFSP has been developed, but services will be delayed, collect entry ECO data within 60 days following the start of Early Intervention services.
- If the child has been found eligible for EI, an IFSP has been developed and services are being provided using tele-intervention, collect entry ECO data according to typical procedures.

Exit ECO Data Collection Scenarios

- If the child is within the 60-day window of an anticipated exit from EI and is receiving services through tele-intervention, collect exit ECO data according to typical procedures.
- If the child is within the 60-day window of an anticipated exit from EI but has declined services while COVID-19 mitigation efforts are in place:
    - If the child received services at some point within the 60-day window, use observations during that session, session notes, and other progress information to complete the authentic assessment and exit ECO ratings.
    - If the child did not receive services within the 60-day window and is exiting all EI services, no exit ECO data should be collected.

Health and Safety Procedures:

What health and safety procedures should be followed regarding Personal Protective Equipment?

EI professionals must turn to their employing agency for access to personal protective equipment (PPE) to include but not limited to; face masks and disinfecting products. There are many companies featured in this link who are able to supply PPE. The Infant/Toddler EI Training Allocation may be used to support the purchase of PPE for use by County personnel and contracted EI providers. If families request the provider to use additional PPE (gowns/face shields) beyond what is established in provider health and safety practices, the provider agency may offer tele-intervention strategies to implement the IFSP as an alternative to in-person strategies.

What health and safety procedures should be followed regarding face coverings for EI providers?

EI personnel to include the Service Coordinator, evaluation teams and IFSP service providers must always wear masks when working in-person with a child and their family, regardless of the ability to practice sustained physical distancing. A mask is a face covering that covers the nose and mouth that is secured to the head with ties, straps, or loops over the ears or is wrapped around the lower face. All EI providers must wear a face covering that covers the nose and mouth during the entirety of service provision, regardless of physical distance when indoors or in an enclosed space and outdoors when unable to maintain sustained physical distance.

Masks can be challenging to incorporate into the relationship with a young child, so careful planning and preparation with the family supporting the child may be needed in advance of delivering the first in-person session. Resources can be found on the EITA Portal to help support the child in learning to wear a mask. Many mask designs are available that allow the child and

family to see the mouth of the service provider. The Office of Developmental Programs has guidance available in the use of clear face masks to facilitate communication.

Face coverings can be a barrier when EI providers are communicating or seeking to communicate with someone who is deaf/hard of hearing or has another disability where the ability to see the mouth is essential for communication. All alternatives to wearing a face covering, including the use of a face shield, should be exhausted. This can include, alternate strategies to implement EI services, such as tele-intervention or demonstrating a strategy using a recording during an in-person session. When in-person strategies are necessary , EI professionals may use an alternative to a face covering which may include a plastic face shield that covers the nose and mouth, extends below the chin and to the ears, and leaves no exposed gap between the forehead and the shield's headpiece. The Centers for Disease Control and Prevention (CDC) has advised there is currently not enough evidence to determine how much protection a face shield provides to individuals around the person wearing the face shield, because of gaps where respiratory droplets may escape.

If a mask becomes soiled, a new or laundered mask should be used when visiting another family in the same day. Cloth masks should be laundered each day as per CDC guidance.

As a reminder, follow the CDC and PA DOH guidelines regarding the use, type and style of face mask for a non-healthcare provider. A face covering can be made of a variety of synthetic or natural fabrics, including cotton, silk, or linen. A face covering may be factory-made, sewn by hand, or be improvised from household items, including, but not limited to, scarfs, bandanas, t-shirts, sweatshirts, or towels. While procedural and surgical masks intended for health care providers and first responders, such as N95 respirators, meet those requirements, these specialized masks should be reserved for appropriate occupational and health care personnel.

What health and safety procedures should be followed regarding face coverings for children and families?

On November 18, 2020, the Secretary of the Pennsylvania DOH announced an updated Order Requiring Universal Face Coverings. The order, signed under Secretary Levine's authority under the Disease Prevention and Control Act, outlines the situations when a mask must be worn and includes limited exceptions to the face-covering requirement.

Based upon PA guidance regarding universal face coverings; it is required that adults and children over 2 who are present during an in-person service wear masks in their home or other setting where the child is receiving EI services. Children under the age of 2 should not wear a mask at any time. Families should be prepared to supply their own face covering(s) during the in-person EI services. If a family indicates the adults will not wear any face covering, the provider agency will offer tele-intervention strategies to implement the IFSP as an alternative to in-person strategies.

Exceptions to mask wearing:
All alternatives to wearing a face covering, including the use of a face shield, should be exhausted before any child over the age of 2 or adult, not including EI personnel, is exempt from the face covering requirement. This includes any child over the age of 2 or adult, not including EI personnel, who cannot wear a mask because it would either cause a medical condition, or exacerbate an existing one, including those with respiratory issues that impede breathing, a mental health condition, or disability. If a child 2 years old or older is unable to remove a face

covering without assistance, the child is not required to wear one. Additionally, sustained physical distancing between non-household members must be in place for the duration of the in-person EI service.

There are not exceptions to mask wearing for religious reasons.

What health and safety procedures should be followed regarding screening prior to an in-person visit?

Prior to an in-person visit, the provider of the EI services will contact the family to ask the health screening questions found on the COVID Screener for in-person EI Services. The provider should document the responses to the screening on a form or within a session note. A family is not required to respond to health screening questions to receive EI services. Families who choose to not be screened will be offered tele-intervention strategies to implement the IFSP. The health screening template includes three screening questions and an additional consideration that must be used. If additional questions are desired, the questions will need to be approved by the local EI program with collaboration with the BEISFS.

What health and safety procedures should be followed regarding the use of a waiver?

Providers of EI services may develop waivers of liability to be signed by the family of the child participating in in-person EI services. Waivers developed by a provider agency should be done in conjunction with their legal counsel. County approval is not required regarding any developed waiver of liability. A family is not required to sign a waiver of liability to receive EI services. Tele-intervention strategies to implement the IFSP should be offered if the family choses to not sign a waiver of liability.

What health and safety procedures should be followed during an in-person visit?

Providers should refrain from bringing outside items into the home or community setting. Providers shall have protocols in place to disinfect any personal items used in the home or community setting and used by the provider and/or family. Providers should wash or disinfect their hands before entering and after leaving each home and in addition to wearing a mask, make every effort to maintain a sustained physical distance from the child and family when direct contact is not needed for the intervention. When possible, providers and families should take advantage of outdoor spaces that support the child's and family's routines for the delivery of in-person services. The use of outdoor spaces still requires the use of a face covering when all participants of the EI service are unable to maintain sustained physical distance. Following the "Staying Safe while Providing/Receiving In-Home Services during COVID-19" will outline ways that the child, family and EI service provider can reduce the risk of spreading COVID-19.

What health and safety procedures should be followed regarding when delivering EI services in an early childhood setting?

EI services may be delivered in an early childhood setting. Additional planning may be required to ensure that the family, early childhood personnel and EI provider are all prepared for a safe EI service delivery experience. All adults and children over the age of 2 must wear a mask except for those who fall within the exemption criteria. If early childhood professionals are not wearing a mask, this should be reported to the Regional Certification Office.

EI providers do not need to screen the children and adults in the early childhood program. EI providers can accept the COVID health screening completed by the early childhood program for the adults and children in the facility when evaluating the safety to deliver EI services. EI providers should be prepared to be screened by the early childhood program prior to entering the building. In situations where an early childhood program is not permitting the entry of non-employees into the early childhood program, alternatives can be offered and can include the implementation of tele-intervention strategies to implement the IFSP or in-person strategies in the home as appropriate.