North Carolina Infant-Toddler Program (ITP)
COVID-19 Updated Procedures
As of July 7, 2020

The North Carolina Infant-Toddler Program has notified staff, providers, and stakeholders that face-to-face services are suspended until further notice of another timeframe. This document is intended to provide guidance to Children's Development Services Agency staff about acceptable methods to maintain interaction with and support to families, to the maximum extent possible, during this time. CDSA staff should continue to contact families by phone, email and other means to facilitate teleservices using approved tele-communications platforms (pg. 3). This document also includes guidance related to providing teletherapy.

Referrals

The North Carolina Infant-Toddler Program will continue to process received referrals.

1. Referrals will be assigned to an Early Intervention Service Coordinator (EISC) who will contact the family within 2 business days of the referral.
2. EISC will explain to the families:
    A. that the program is not able to come into the home, childcare or other natural learning environment for face-to-face visits.
    B. the current process and timeframe for scheduling eligibility evaluations due to COVID-19.
3. EISC will share child and family rights and program-related information as possible. Service coordinators may continue to collect all relevant "intake" information and complete relevant "intake" forms.

Eligibility Evaluation, Child and Family Assessments

Please refer to the ITP Tele-Eligibility Evaluations & Tele-Assessments Flow Chart on page 9 of this document.

1. Children with an Established Condition* based on record review
   *This also applies to children with a developmental delay based on record review
    A. Ensure medical records confirm established condition.
    B. Initial Child & Family Assessments
        i. Staff will use the tool(s) already designated by their local CDSA.
        ii. Evaluation team will complete a real-time interaction/observation via two-way video conferencing.
2. Eligibility Evaluations
    A. Evaluation team will complete a real-time interaction/observation via two-way video conferencing.
        i. Both the DAYC2 and/or the Battelle (BDI-2NU) have published statements regarding the use of the instruments for tele-services.
            a. https://www.pearsonassessments.com/professional-assessments/digital-solutions/telepractice/about.html

b. https://cms.riversideinsights.com/uploads/fafe154221a04c88b1eb779c42af71e5.pdf

ii. Team members will make joint video conference call to the family. If necessary, team members may contact the family individually.

iii. Should the family need an interpreter, the interpreter will participate on the call.

B. Initial Child & Family Assessments

i. Staff will use the tool(s) already designated by their local CDSA.

ii. Evaluation team will complete a real-time interaction/observation via two-way video conferencing.

iii. If the evaluation team is unable to determine eligibility via video conferencing:

a. consult with evaluation team members and supervisor, and Director if appropriate.

b. offer face-to-face evaluation once in-person visits resume

c. offer suggestions to address family's concerns and plan to offer continued consultation until face-to-face evaluation is made available

d. Offer referrals to other resources, including providers outside of the ITP.

Initial Individualized Family Service Plan (IFSP)

1. The initial IFSP meetings will move forward electronically, using an approved telecommunications platform *(See the Approved Telecommunications Platform definition on the next page.)*

2. Prior to the Initial IFSP Meeting, a meeting invitation should be sent through email, phone, or mail to other team members to participate and/or provide input.

3. During initial IFSP, EISC will communicate child and family rights.

4. EISC will obtain, document, and date verbal consent from the family for the IFSP signature. When face-to-face visits resume, EISC will obtain written parental consent with actual date signed.

5. IFSP document is sent to families upon completion, if possible.

Targeted Case Management (TCM) and Provision of Services by CDSA Staff

1. EISC will contact families at least monthly or as required by the IFSP using an approved telecommunications platform.

2. CDSA specialized therapists and any staff providing CBRS will provide consultation by approved telecommunications as indicated on their IFSP.

3. Communications with families will be documented in HIS, per the normal Medicaid guidelines and agency procedures.

Monitoring of Services Related to IFSP Outcomes

1. Monitoring services will occur via connections with families using an approved telecommunications platform, to determine progress on identified outcomes and any additional supports needed.

2. As applicable, review monthly provider notes and/or check in with the providers.

Semi-Annual and Annual IFSP Reviews

1. IFSP reviews will be completed using an approved telecommunications platform. An IFSP review is NOT required to reflect the change in the provision of services related to COVID-19.

2. Families should be sent any information that may be needed for the IFSP review prior to the meeting, if possible.
3. Prior to the semi-annual or annual IFSP review, a meeting invitation should be sent through email, phone, or mail to family and other team members to participate and/or provide input.
4. At semi-annual IFSP reviews, Family Outcomes Survey information will be shared verbally. Families will be texted, emailed, or notified by phone their Family Outcomes Unique Identifier (FOUI) and how to complete the survey.
5. EISC will obtain, document, and date verbal consent from the family for the IFSP signature. When face-to-face visits resume, EISC will obtain written parental consent with actual date signed.
6. IFSP reviews will be sent to the families upon completion, if possible.
7. EISCs will continue to do 'business as usual' to the extent possible, which would include adding services, if needed. If additional supports are requested on behalf of the family to achieve children's developmental goals, the IFSP team will review and approve changes. Priority consideration will be given to providers who indicate willingness to continue added therapies when face-to-face services resume.

Child Outcomes Summary (COS)

1. If child turns 3 during this period and/or family decides to exit the NC ITP, EISC, clinicians, and family, if applicable, complete the exit rating.
2. Document discussion in HIS and complete COS documentation as required.

Transition Planning Conferences (TPCs)

1. The program will continue to send LEA Notifications to Part B.
2. If a family expresses interest in Part B, contact the LEA to determine availability and extend invitation to participate in the TPC.
3. Inform families that Part B may be closed and offer to continue with the TPC without the LEA.
    A. The family has the right to delay the meeting until the LEA can be present, if they so choose. If the family chooses to do so, document the family's decision in the TCM note.
4. TPCs will be completed using an electronic method using an approved telecommunications platform.

Using Interpreter Services

Interpreter services will continue to be used via approved telecommunications platforms to facilitate interpretation. Interpreters should be included in therapy sessions virtually, as teletherapy platform and interpreter connectivity allows.

Approved Telecommunications Platforms

Acceptable telecommunications platforms for interacting with families include phone, Microsoft Teams (Skype), Cisco Webex, Facetime and Google Hangouts Meet once it is fully available to DHHS staff.

Effective April 2, 2020, the DHHS IT Data and Security department communicated that DHHS employees are prohibited from initiating any communications using Zoom. Private providers are strongly encouraged to utilize other secure platforms, instead of Zoom. CDSA staff are permitted to participate in Zoom meetings, originating from other agencies.

Documents with personally identifying information (PII) and/or confidential information should not be sent by any personal device (i.e. personal cell phone, personal computer).

Email Communications

Documents with PII and/or confidential information can be sent via email on a state approved device (PC, tablet, laptop) but the document must be password protected first AND the email must be encrypted with approved encryption software (i.e. ZixMail). You must call the family to give them the password (consisting of 8 characters, 1 upper case, 1 lower case, 1 number, and 1 special character). It cannot be sent in another email. When sending an email to families, use "Confidential Information" in the subject line.

Verbal Consent

Verbal consent for Initial IFSPs, Semi-Annual or Annual IFSP Reviews, and/or other activities that require written parental consent or signature from the legal caregiver, is appropriate under the current circumstances of COVID-19. Verbal consent is to be documented on ITP forms requiring signature, in the TCM note, and/or medical record. Document on the parent consent line as follows:

> *Examples:*
>
> *Verbal consent by Mary Jones, 03/25/2020, CRJusten*
>
> **or**

e insurance claim. If my child is covered by private insurance and Medicaid, I understand that Medicaid policy is that	
ust be billed first, before Medicaid benefits can be accessed.	
Verbal Consent for Tele-Evaluation provided by Bunny Rabbit	04/04/20
Parent Signature	Date

When face-to-face visits resume, EISC will obtain written parental consent with actual date signed (on the same page on which the EISC has documented verbal consent). When staff resume working at the office, the evaluator(s) will provide written signature.

Privacy/Confidentiality

When using personal home phone/cell phone to contact families, dial *67 followed by the families' phone number to ensure your number is "blinded."

If conducting consultation (phone or video) from home, the provider should take every precaution to select a location in their home that is conducive to FERPA/HIPAA compliant practice (out of earshot of other household members, quiet environment, professional appearance [if video-conferencing] and demeanor; removal of personal items [e.g., photos] in background).

If there is any paper documentation during sessions conducted from home, utmost care should be taken to keep these confidential.

Parents and caregivers should be educated as to their rights related to confidentiality when conducting remote visits.

If disruptions occur during remote visits, staff should be mindful of this, and pause the visit if necessary. If the disruption to the visit is prolonged, the family and staff member will determine whether to proceed or reschedule.

Relevant COVID-19 Reason for Delay Categories:

Reasons for delay are provided in the examples below to assist CDSAs in determining the appropriate Reason for Delay in HIS. These will be applicable until further notice. The examples below are not exhaustive but represent common situations that may arise.

COVID-19 Family Delay

Examples of COVID-19 family delay include, but are not limited to:

- Child and/or Family are sick and/or quarantined with COVID-19 related symptoms
- Caring for other family members outside of the home who are sick and/or quarantined with COVID-19 related symptoms
- Not allowing others in the home due to COVID-19
- Declining services during COVID-19
- Hospitalization due to COVID-19 related symptoms
- Family members are considered high risk

COVID-19 Provider Delay

Examples of COVID-19 provider delay include, but are not limited to:

- Agency suspended home visits due to COVID-19
- Agency closure due to COVID-19
- Provider technology issues
- Provider having trouble securing service orders due to COVID-19
- Provider and/or Provider's family members are sick with COVID-19 related symptoms
- Provider caring for other family members who are sick and/or quarantined with COVID-19 related symptoms
- Provider is quarantined due to COVID-19
- Provider not offering teletherapy as an option
- Provider and/or Provider's family are considered high risk
- Provider agency staffing shortages due to COVID-19

COVID-19 CDSA Delay

Examples of COVID-19 CDSA Delay include, but are not limited to:

- Agency suspended home visits due to COVID-19
- CDSA closure due to COVID-19
- CDSA technology issues
- CDSA staff having trouble securing service orders due to COVID-19
- CDSA staff and/or family members are sick with COVID-19 related symptoms
- Caring for other family members who are sick and/or quarantined with COVID-19 related symptoms
- CDSA Staff are quarantined due to COVID-19 related symptoms
- CDSA staff and/or family members are considered high risk
- CDSA staffing shortages due to COVID-19
- Family doesn't have the technology for receiving teleservices and no other options are available or offered.

Relevant COVID-19 Reason for Closure and Exit:

Example of both the new Referral Closure reasons and Exit reasons are provided in the examples below to assist CDSAs in determining the appropriate selections in HIS. These will be applicable until further notice and may be used retroactively where applicable for children who whose referrals have been closed or who have exited the ITP due to COVID-19-related reasons. The examples below are not exhaustive but represent common situations that may arise.

COVID-19 Referral Closure Reasons:

COVID-19-Aged out prior to eligibility determination

- Child was referred prior to COVID; the child was scheduled for an eligibility evaluation – then due to the COVID-19 stay at home order and suspension of face to face evaluations – the eligibility evaluation was canceled. The child will age out of the program prior to receiving an eligibility evaluation.

COVID-19-Parent declined eligibility determination

- When CDSA staff make initial contact with the family, the family indicates they are not interested in receiving services at current time due to concerns related to COVID – compromised health of family member, no time due to school age children in home, changes in work schedule/working from home, technology issues, child care centers unwilling to allow services so families decline services, etc.
- CDSA staff explain the option & process of tele-evaluation/tele-assessment and determine if the family is interested. Family not interested in tele-evaluation/tele-assessment or waiting to receive face-to-face services in the future.

COVID-19-Parent declined enrollment although eligible

- Child was found eligible prior to or during COVID, but the family indicates they are not interested in receiving services at current time due to concerns related to COVID – compromised health of family member, no time due to school age children in home, changes in work schedule/working from home, technology issues, child care centers unwilling to allow services so families decline services, etc.
- Family not interested in moving forward with enrollment due to tele-services (lack of technology, connectivity issues, not willing to wait for face-to-face to resume, etc)

COVID-19 Exit Reasons:

COVID19 Part B eligibility not determined

- School district Part B program not conducting (or delayed in conducting) eligibility evaluations

COVID19 Withdrawal by parent (or guardian)

- The family indicates they want to discontinue enrollment at this time due to concerns related to COVID – compromised health of family member, no time due to school age children in home, changes in work schedule/working from home, technology issues, child care centers unwilling to allow services, etc.

ITP Terms and Tele-Terminology

The ITP had chosen to use the following tele-terminology and definitions:

- **Tele-services:** Overarching term referring to <u>all ITP services</u> delivered using live videoconferencing. It encompasses:

  - **Tele-evaluation:** Eligibility evaluations conducted by ITP evaluators using live videoconferencing

  - **Tele-assessment:** Child and Family assessments conducted by ITP evaluators using live videoconferencing

  - **Tele-therapy:** Clinical services (e.g., PT, OT, ST, MH) delivered using live videoconferencing

  - **Virtual home visits:** Service coordination activities delivered using live videoconferencing

  - **Telephonic:** Consultation and/or intervention provided over the telephone (no video component)

Teletherapy Guidance for CDSA Clinicians

1. **Implementation of Teletherapy**
   A. Provision of teletherapy for other CDSA services will begin in alignment with Medicaid policy roll-out for those services.

2. **Platform for Teletherapy**
   A. *Google Hangouts Meet* is a HIPAA/FERPA compliant platform which DHHS has approved and which is *required* for teletherapy provided by CDSA clinicians, once it is available to all DHHS staff.
   B. This platform will be available to CDSAs in phases over the next several weeks, by the DHHS IT Data & Security Department.

3. **Parental Consent for Telehealth:** See *Teletherapy Consent form*
   A. Consent may be obtained by the clinician or by the EISC

4. **Documentation requirements**
   A. All requirements remain the same as for in-person therapy sessions.
   B. *ITP Client Checklist for Teletherapy* (recommended to assess readiness for teletherapy)
   C. *Teletherapy Coaching Note* (recommended to guide session content)
   D. Location of therapy service for HIS/Medicaid billing purposes- see Medicaid Bulletin # 23

5. **IFSP**
   A. An IFSP review is NOT required for transition to teletherapy as a location of service.
   B. Assessments: services may be added and assessment via teletherapy is an option for consideration by the IFSP team. Factors to consider include the appropriateness of remote assessment for the individual child and diagnosis, and the family's ability to participate in remote assessment.

6. **N.C. ITP Reimbursement**
    A. *NCITP Billing, Fees, & Reimbursement Policy* (including the ITP Sliding Fee Scale) will apply as usual.

7. **Resources**
    A. Tele-Intervention and Distance Learning
        https://ectacenter.org/topics/disaster/tele-intervention.asp
        ECTA has gathered varies resources relevant to tele-intervention. This webpage contains the following topics:
        - Coronavirus (COVID-19)
        - Effectiveness
        - Funding: Medicaid and Private Insurance
        - HIPAA and Technology
        - State Tele-Intervention Guidance
        - Additional Resources on Telehealth and Telepractice
        - Video Conferencing 101
    B. Providing EI services through distance technology - Dathan Rush, Family-Infant-Preschool Program
        https://www.youtube.com/watch?v=kWtJgLgpuc4&feature=youtu.be&fbclid=IwAR0oylSPG0FP8YCQlSzeO5C4icEspGrrn7DddTfYRBFrjPwsRfO-acRuVbE

Professional Association Statements on Tele-Intervention Services

1. AOTA: https://www.aota.org/Practice/Manage/telehealth.aspx

2. APA: https://www.apaservices.org/practice/reimbursement/health-codes/testing/tele-assessment-covid-19

3. APTA: http://www.apta.org/Telehealth/

4. ASHA: https://www.asha.org/About/Telepractice-Resources-During-COVID-19/

5. NASW: https://www.socialworkers.org/Practice/Infectious-Disease/CoronaVirus/Telehealth

ITP Tele-Eligibility Evaluation and Tele-Initial Assessments
COVID-19

Initial Contact with Family

Explain the option & process of tele-evaluation/tele-assessment and determine if the family is interested.

Obtain verbal consent to provide consultation and document if consent was received or not received.

Yes.

The family wants to move forward with tele-evaluation and/or tele-assessment

No.

The family is not interested with tele-evaluation and/or tele-assessment

Does the family have access to the necessary technology and connectivity?

Refer to Tele-Therapy Checklist.

No.

Consult with supervisor and Director, as appropriate.

Offer suggestions to address family's concerns and offer consultation until face-to-face evaluation is available.

Report reason on the spreadsheet.

Family chooses to wait for face to face evaluation

Family declines eligibility determination and/or assessment

Yes.

Read the *Consent for Evaluation/Assessment* (CEA) to the family and get verbal consent on CEA form and document that it is consent for a tele-evaluation.

Point families to website for review of specific forms and/or send follow up documentation prior to scheduled evaluation, if possible.

Schedule tele-evaluation/tele-assessment with the family.

Obtain required documentation for established condition through the normal process.

Consult with evaluation team members, supervisor, and Director if appropriate.

Offer suggestions to address family's concerns and offer consultation until face-to-face evaluation is available.

Offer face-to-face evaluation once in-person visits resume.

Document family's decision in the services notes.

Families may choose to seek/receive services from providers outside of ITP.

Document family's decision in the services notes. Follow normal exit process.

Proceed with guidance provided in the Tele-Evaluation and/or Tele-Assessment Document.