



The Early Intervention Program's Return to In-Person Services Action Plan During COVID-19

Introduction

The New York City (NYC) Department of Health and Mental Hygiene (the Health Department) Early Intervention (EI) Program is deemed to be an essential service during the New York State (NYS) COVID-19 declared state of emergency. This document describes the policy and procedure changes made to ensure the uninterrupted availability of EI services as in-person services start up again and COVID-19 restrictions are relaxed.

Ensuring the Uninterrupted Availability of Early Intervention Services During COVID-19

To ensure the availability and delivery of EI services in New York City, to keep children, families, providers and staff safe, and to reduce community transmission of COVID-19, all EI functions were converted to operate remotely, including:

1. Processing new referrals
2. Assigning service coordinators
3. Conducting quality reviews of evaluations
4. Ensuring families have access to their due process rights
5. Conducting Individualized Family Service Plan meetings and developing service plans with families and providers

Additionally, the NYC Health Department mandated that, as of March 24, 2020, all services delivered by EI service coordinators, evaluators, therapists and teachers working for or subcontracting with the 165 agencies operating in NYC use a teletherapy approach. This included:

1. Providing service coordination (case management) to families in the program
2. Conducting evaluations utilizing a teletherapy approach
3. Delivering EI therapeutic and educational services using a family-centered teletherapy approach

To facilitate this large-scale shift in the delivery of EI services to teletherapy in NYC, the NYC Health Department:

1. Developed and distributed operational guidance, made changes to policy and procedure, and issued extensive clinical guidance
2. Gave technical assistance to providers
3. Shifted Provider Oversight activities from on-site monitoring visits to quality assurance work where families were contacted to verify that services were in fact being delivered using a teletherapy approach

The NYC Health Department is developing an evaluation plan to assess the benefits associated with teletherapy services for families and providers. This assessment aims at identifying the resources, training and quality assurance needed to make teletherapy services and evaluations a long-term option.

The NYC Health Department also took steps to address the needs of children aging out of the Early Intervention Program between March 13 and June 30, 2020, by continuing EI service delivery without an eligibility determination for the Department of Education Committee on Preschool Special Education. This helped make sure children could be transitioned from one system to the other without gaps in service.

How to Resume In-Person Service Delivery After the COVID-19 Restrictions Are Relaxed

Note: This timeline and approach is subject to change based on local health metrics and updated guidance from NYC, NYS, or the Centers for Disease Control and Prevention (CDC).

I. Continued Availability of Teletherapy Services

To ensure the continued reduction in COVID-19 cases, teletherapy will remain an option and be the preferred method of service delivery in the NYC EI Program.

1. All providers (service coordinators, evaluators, therapists and teachers) and NYC Health Department staff are required to discuss the benefits of teletherapy with all families in the EI Program.
2. Teletherapy approaches help slow the spread of COVID-19. Research shows that teletherapy:
 - a. Provides greater scheduling flexibility for parents
 - b. Is as effective as in-person therapy
 - c. Increases positive child outcomes
 - d. Increases parent engagement, self-efficacy and empowerment

II. Reintroduction of In-Person Services

This approach is based on the NY Forward phases that are being used by NYS to reopen businesses. Please refer to [forward.ny.gov](https://www.forward.ny.gov) for additional information.

1. NY Forward Phase 1: Teletherapy Only
2. NY Forward Phase 2: Limited Assistive Technology Visits
 - a. One-time individual facility-based visit for the purpose of conducting hearing tests and evaluations to determine the specific assistive technology device that a child needs.

- b. One-time home-based or facility-based visit for the purpose of fitting a child for assistive technology or for assembly of an assistive technology device.
 - i. When NYC enters NY Forward Phase 2, Service Coordinators should contact each family on their caseload based on the child’s service plan to inform families that one-time home-based or facility-based visit for the purpose of fitting a child for assistive technology or for assembly of an assistive technology device are now available.
 - ii. Service Coordinators should review with families the information in the form titled [NYC Health Department Resuming or Initiating In-Person Early Intervention Services During COVID-19](#) and obtain parent consent.
3. NY Forward Phase 3: The following forms of in-person service delivery:
 - a. Home-based or community-based EI services
 - b. Multidisciplinary evaluations to establish eligibility for the Program
 - c. Supplemental evaluations after eligibility has been established
 - d. Individual facility-based services

At the start of NY Forward Phase 3, EI Service Coordinators are required to:

- i. Notify all families newly referred to the EI Program that:
 - EI services are delivered using a teletherapy approach to the maximum extent possible.
 - While EI services and evaluations are now available to be delivered in the home, parents are required to sign a consent and follow specialized protocols to ensure the health and safety of everyone in the household during the provision of EI services and evaluations, as required by the NYC Health Department.
 - All meetings between families and Service Coordinators will be conducted via teleconference or videoconference.
 - All Individualized Family Service Plan (IFSP) meetings will be conducted via teleconference or videoconference until NY Forward Phase 4 — this timeline is subject to change based on local health metrics.
- ii. Service Coordinators should review with families the information in the form titled [NYC Health Department Resuming or Initiating In-Person Early Intervention Services During COVID-19](#).
- iii. When NYC enters NY Forward Phase 3, Service Coordinators should contact each family on their caseload to inform them that:
 - In-person service delivery is now available as a service modality for home-based and community-based services, individual facility-based services, and EI evaluations.
 - Teletherapy is still the preferred mode of service delivery to keep children, families and providers safe.

- iv. If a family would like to resume some or all of their in-person home-based or community-based services:
 - 1. Service Coordinators are required to discuss the benefits of continuing teletherapy services in the EI Program, including that:
 - Use of teletherapy helps slow the spread of COVID-19
 - Research shows that teletherapy:
 - Provides greater scheduling flexibility for parents
 - Is as effective as in-person therapy
 - Increases positive child outcomes
 - Increases reports of parent engagement, self-efficacy and empowerment
 - Service Coordinators should review with families the information in the form titled [NYC Health Department Resuming or Initiating In-Person Early Intervention Services During COVID-19](#) and obtain parent and guardian consent to initiate or resume in-person services.
 - Consent must be obtained before the first day of in-person service delivery.
 - Obtaining consent on this form is subject to the same email or text work-around that has been used in NYC during COVID-19 for other consent forms.
 - Service Coordinators will continue to be required to obtain parent and guardian signature on the [Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19](#) form to allow for flexibility in service delivery approach in cases where a member of the household or the treating team gets sick, or the parent and treating team is interested in keeping the option to shift back to teletherapy without any interruption in services.
 - The consent form must be attached to the child’s integrated case in the New York Early Intervention System (NYEIS).

Also upon the start of NY Forward Phase 3, agencies are required to prioritize restaffing of cases to in-person services as follows:

- i. To families who opted to pause all EI services due to COVID-19.
 - If those families still do not want services after the in-person option becomes available, the Service Coordinator should initiate closure procedures as required by the [New York City Early Intervention Policy and Procedure Manual Policy 6-J: Case Closure](#).
- ii. To families who were unable to receive teletherapy services for any reason
- iii. To children and families who may benefit from in-person services due to their unique individualized needs.

Initiation of services in the above three scenarios is subject to the [New York City Early Intervention Policy and Procedure Manual Policy 6-A: Start Date of Services](#) in which services must start within 30 calendar days of the date that the individualized family

service plan (IFSP) meeting was held or the parent indicated that they would like to resume in-person services.

If a parent whose child is currently receiving teletherapy services and wants to resume in-person services, and the therapist or teacher who has been providing teletherapy is unable to provide in-person services to the child, provider agencies should communicate with families that teletherapy services will continue until an in-person provider is located.

Regarding EI services in child care settings:

- i. The delivery of EI services is permissible once child care centers reopen.
- ii. EI providers must verify that the child care program is open and available to reinstate in-person services.
- iii. EI providers must follow all requirements issued by the New York State Department of Health (NYSDOH) and NYC Health Department regarding the delivery of EI and other itinerant services in child care centers during COVID-19.
- iv. EI providers must follow all entry screening and control protocols implemented by the child care center for stopping the spread of COVID-19.

4. NY Forward Phase 4: Group Developmental Interventions

- a. In compliance with the NYS guidance “Reopening New York: Resuming In-Person Early Intervention Program Services” issued on June 18, 2020, group developmental intervention will resume in accordance with the requirements of the NYSDOH, NYS Office of Children and Family Services, and NYC Health Department regarding updated ratios and maximum group size requirements.
 - i. NYSDOH and NYC Health Department maximum group size requirements will be applicable to all group models in the NYC EI Program (such as Group Developmental Intervention; Group-Developmental Intervention with 1:1 Aide; Enhanced Group Developmental Intervention; Enhanced Group Developmental Intervention with 1:1 Aide; Parent-Child Group; Parent Support Group, etc.).
- b. Once the NYSDOH and NYC Health Department issues revised requirements for child care, the EI Program will require each group developmental intervention provider to submit a plan to modify their group model to accommodate the new ratio and maximum group size requirements, if applicable.
- c. NYC Health Department will produce a data report to identify all services that have been suspended due to COVID-19, and staff will:
 - i. Unsuspend all service lines suspended after March 13, 2020
 - ii. End any home-based lines that were created to accommodate the change of service delivery from center-based to telehealth and are no longer necessary.
 - NYC Health Department will make appropriate accommodations for families who would like to continue with teletherapy.

III. Required Early Intervention Provider and Agency Health and Safety Precautions for the Reintroduction of In-Person Services

1. External Requirements: All EI providers are required to put a plan in place that complies with all guidance around physical distancing; personal protective equipment; hygiene, cleaning and disinfection; communication and signage; screening; and physical capacity limitations as described in:
 - a. The NYC Health Department's [COVID-19: RESTART Guidance for Businesses](#): Consult the section applicable to the NY Forward Phase in which the provider is initiating or resuming in-person services or general operations.
 - b. The NYSDOH's [Interim Advisory for In-Person Special Education Services and Instruction During the COVID-19 Public Health Emergency](#) (June 8 ,2020)
 - c. The NYSDOH's [Child Care and Day Camp Programs Guidelines](#)
 - d. The NYC Health Department's COVID-19: Safety and Health Guidance for NYC Health Department Staff and Providers Who Perform Home Visits
2. EI-Specific Components
 - a. Face Covering Requirements
 - i. EI therapists and teachers must wear a face covering during the entire course of EI service delivery.
 - ii. Therapists and teachers may use alternate face coverings (such as face shields that are transparent at or around the mouth) for therapies or interventions that require visualization of the movement of the lips and mouth (for example, speech therapy). These alternate coverings may also be used for children (for example, hearing impaired) who benefit from being able to see more of the therapist or teacher's face.
 - iii. Everyone who will be part of the session and is over the age of 2 years must wear a face covering if they can medically tolerate one.
 - iv. The child who is receiving EI services is not required to wear a face covering during sessions.
 - b. Physical Distancing
 - i. EI services require that therapists and teachers interact with children and families in close proximity, making physical distancing difficult or impossible to maintain.
 - ii. Anyone who is not participating in the session, group or office visit must maintain at least 6 feet of physical distance.
 - iii. Make sure that child, caregiver and staff groupings are as static as possible by having the same group or individuals consistently interact with the same therapist or teacher.
 - Provider must maintain a staffing plan that does not require employees to "float" between different classrooms or groups of children, unless such

- rotation is necessary to safely supervise the children due to unforeseen circumstances (such as staff absence).
- If there is time allocated for children to rest during the day (for example, naptime), the provider should place children at least 6 feet apart and head-to-toe for the duration of rest, when possible.
- iv. Follow appropriate physical distancing requirements, including posting physical distancing markers using tape or signs that denote 6 feet of spacing between locations that are commonly used and other applicable areas. Limit the size of gatherings, support healthy hand hygiene, and restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- c. Healthy Hand Hygiene Before, During and After Any EI Session
- i. All EI providers, regardless of settings, must work to reinforce and put plans in place to make sure that:
- All parents, caregivers and children participating in the session wash their hands for at least 20 seconds using soap and water before and after the session and upon entry into a center-based or facility location.
 - All therapists and teachers wash their hands for 20 seconds using soap and water or use an alcohol-based hand sanitizer that is at least 60% alcohol before and after each session.
 - It is recommended that therapists and teachers who practice more hands-on therapeutic approaches put on gloves and leave them on for the entire session.
 - If gloves must be replaced for some reason during the session (for example, contact with stool or excessive body fluids such as saliva, mucus, vomit or urine), remove them, wash hands as described above, and put on a new pair of gloves.
 - Leave gloves on until the end of the session. Remove by grasping the inside of the wrist end and pulling inside-out over your fingers, then discard into a plastic bag or lined trash can. Use alcohol-based hand sanitizer containing at least 60% alcohol or wash hands with soap and water for 20 seconds after removing gloves.
 - Please note that wearing gloves does not take the place of thorough hand-washing.
- d. Use of Toys and Other Materials
- i. Home-based and community-based settings:
- The practice of bringing toys or other materials into multiple homes and community-based settings during in-person EI service delivery has the potential to spread COVID-19 or other viral or bacterial infections. Therefore, until further notice, it is prohibited to bring materials and toys from outside into home-based and community-based settings.
 - Eliminating the practice of bringing toys and other materials into home-based and community-based settings aligns with best practices in EI service delivery. Furthermore, teletherapy has demonstrated that

- providers can successfully use the materials, toys and objects already in a family's home for therapeutic purposes during a session. See **NYC Department of Health Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone (Forthcoming)** to support therapists and teachers who have not yet made this transition, or have questions about this best practice.
- ii. Center and Facility-Based Settings
 - These settings should follow the NYC Health Department's [COVID-19: General Guidance for Cleaning and Disinfection for Non-Health Care Settings](#).
 - e. Increased Cleaning, Disinfecting and Ventilation
 - i. Providers must adhere to guidelines from the CDC, NYSDOH and NYC Health Department with regard to:
 - Cleaning frequently touched surfaces within the center (such as equipment, door handles, sink handles and drinking fountains) at least daily, and cleaning shared objects between uses
 - Eliminating materials from use that cannot be disinfected
 - ii. Providers must ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible
 - iii. Providers must flush all faucets prior to operation (five to 10 days) for at least 10 minutes. See the NYC Health Department's [Guidance for Returning Building Water Systems to Service After Prolonged Shutdown](#).
 - f. Required Screening Protocols: Regardless of the setting, all EI providers must have plans to ensure that:
 - i. Therapists, teachers, families and staff implement ongoing self-screening prior to the session to determine whether they or anyone else who intends to participate in the session:
 - Has [COVID-19 symptoms](#), such as fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
 - Has tested positive for COVID-19 in the past 14 days
 - Has been told by a health care provider or the [NYC Test & Trace Corps](#) to remain home due to being exposed to COVID-19
 - If the answer to any of these questions is YES, the sessions should be rescheduled at least 14 days out or those sessions can be delivered via teletherapy (if the parent or guardian has signed consent for the use of teletherapy).
 - It is critical to continue obtaining parent and guardian signature on the [Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19](#) to allow for flexibility in cases where a member of the household or the treating team becomes sick, or the parent and treating team is interested in keeping the option to shift back to teletherapy seamlessly.

- If a child is sent home due to concerns about COVID-19 or home-based sessions are cancelled, the center or therapist should call the family the night before services are scheduled to restart to confirm that it is safe to resume.
- ii. On the day of the visit, before the therapist or teacher enters the home or as part of a coordinated facility intake process, determine whether the child or anyone in the household:
 - Has a fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
 - Has tested positive for COVID-19 in the past 14 days
 - Has been told by their health care provider or the NYC Test & Trace Corps to remain home due to being exposed to COVID-19
 - If the answer to any of these questions is YES, the sessions should be rescheduled at least 14 days out, or delivered via teletherapy if the parent or guardian has signed consent for the use of teletherapy.
 - It is critical to continue obtaining parent and guardian signature on the [Consent for the Use of Telehealth During the Declared State of Emergency for COVID-19](#) form to allow for flexibility in service delivery approach in cases where a member of the household or the treating team becomes sick, or the parent and treating team is interested in keeping the option to shift back to teletherapy seamlessly.
 - If a child is sent home due to concerns about COVID-19 or home-based sessions are cancelled, the center or therapist should call the family the night before services are scheduled to restart to confirm that it is safe to resume.

IV. IFSP Meetings

1. NYC Health Department will not initiate in-person IFSP meetings before NY Forward Phase 4. However, at this time, an exact date has not yet been established.
2. When in-person IFSP meetings resume, the following precautions will be utilized by NYC Health Department staff until such time when COVID-19 infections are no longer a concern:
 - a. While COVID-19 infection remains a concern, in-person IFSP meetings will be limited to those cases where a teleconference or videoconference is not possible or appropriate.
 - b. Early Intervention Official Designees (EIODs) will not travel to provider sites to convene IFSP meetings, and in-person meetings will be convened at the NYC Health Department regional offices.
 - c. As per the [NYS EI Regulations 69-4.11](#), the following required participants will be authorized to attend in person: parent or guardian, EIOD, Service Coordinator.
 - i. Other IFSP team members will participate by phone or videoconference.

- d. Everyone who will be part of the meeting must wear a face covering if they can medically tolerate one. This extends to all IFSP participants.
- e. When scheduling the IFSP meeting, staff will ask families and provider participants if they or anyone in their household:
 - i. Has a fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
 - ii. Has tested positive for COVID-19 in the past 14 days
 - iii. Has been told by their medical provider or the NYC Test & Trace Corps to remain home due to COVID-19
 - If a family says YES to any of these questions, the Health Department will obtain their consent to conduct the meeting by phone.
 - If a provider says YES to any of these questions, that provider will participate in the meeting by phone.
- f. On the day of the IFSP meeting, as families and providers enter the regional offices, front desk staff will ask if they or anyone in their household:
 - i. Has a fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, new loss of taste or smell, etc.
 - ii. Has tested positive for COVID-19 in the past 14 days
 - iii. Has been told by their medical provider or the NYC Test & Trace Corps to remain home due to COVID-19
 - If a family says YES to any of these questions, staff will ask them to leave and reschedule the meeting by phone.
 - If a provider says YES to any of these questions, that provider will be asked to leave and will participate in the meeting by phone.
- g. Other meeting considerations:
 - i. IFSP meetings will be held on staggered schedules to minimize the number of people who arrive at the office at one time.
 - ii. Meeting participants will be escorted directly to the meeting room rather than wait in a common waiting area.
 - iii. Tables and chairs will be wiped down between meetings.

The NYC Health Department may change recommendations as the situation evolves.

6.22.20