COVID-19 Policies and Procedures
for the Infant & Toddler Connection of Virginia

In keeping with the Office of Special Education Programs (OSEP) guidance on providing early intervention services during the COVID-19 pandemic, the Infant & Toddler Connection of Virginia at the Department of Behavioral Health and Developmental Services is issuing several temporary policies and procedures to support providers in delivering services in a manner that is consistent with the most updated public health and safety recommendations. These temporary policies will be in effect until written notice from the Infant & Toddler Connection of Virginia changes these policies.

POLICIES	PROCEDURES
Documentation	Any interruptions or delays in Infant & Toddler Connection services occurring as a result of COVID-19 must be clearly documented in the child's EI Record.
Service Delivery Options	• If the offices of the local lead agency or EI provider in a specific geographical area are closed due to public health and safety concerns, the local lead agency or provider would not be required to provide services during the closure. • If local lead agency and provider offices remain open, but Part C services cannot be provided in a particular location (such as in the child's home), by a particular provider, or to a particular child or family who is infected with or has been exposed to COVID-19, then services must be offered in an alternate location (such as a clinic setting), by using a different provider, or through an alternate means (such as by phone or videoconferencing technology) consistent with protecting the health and safety of the child, family and those providing services. • Regardless of the status of local lead agency and provider offices, a family may choose to suspend in-person EI visits at any time as a precaution against COVID-19. • The service coordinator must clearly document all communication with the family regarding any decision to suspend services, including all related IFSP team communication, in the EI record. • It is not necessary to revise the IFSP to reflect changes in service delivery that occur during the COVID-19 public health emergency. Documentation in contact notes is sufficient. Once the state of emergency has passed, the service coordinator and EIS providers for each child must determine if the child's service needs have changed and determine whether the IFSP team needs to meet to review the child's IFSP to determine whether any changes are needed. • Eligibility determination, assessment for service planning, initial and annual IFSP meetings, 6 month IFSP reviews, and IFSP services (including service coordination) may be conducted/delivered through telehealth, as outlined in the policy below, if the parent agrees.
Telehealth*	• With the exception of initial assessments for service planning, the term *telehealth* includes services delivered by phone (audio) or through videoconferencing (audio-visual) technology. Telehealth delivery of initial assessments for service planning must be conducted using videoconferencing (audio-visual); phone (audio only) is not an option. • The family may participate from home (i.e., home may be the originating site). • The U.S. Department of Health and Human Services has released a notification of HIPAA enforcement discretion that allows use of non-public facing remote communication products such as FaceTime, Google Hangouts, or Skype to deliver telehealth services and communicate with patients. Public-facing apps such as Facebook Live, TikTok and Twitch are not allowed. The full notification is available here: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html. Providers must notify parents that the allowed non-public facing third-party applications potentially introduce privacy risks, as does use of non-secure devices like cell phones or tablets. Document in the child's record that the family was informed and chose to proceed with the telehealth option. • Contact notes for services delivered via telehealth must clearly document this method of delivery and specify whether it was by phone (audio) or videoconferencing (audio-visual).

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	• Although DBHDS is not requiring the use of notification or consent forms related to telehealth, local lead agencies and providers that want forms or more information about what to consider when talking with a family about using telehealth are encouraged to review the following forms developed by Indiana: ○ *Virtual Early Intervention Technology Checklist* https://www.in.gov/fssa/files/Virtual%20Visit%20Technology%20Checklist%2003.15.2020%20(1).pdf ○ *Informed Consent for the Use of Virtual Early Intervention* https://www.in.gov/fssa/files/Virtual%20Visits%20Consent%2003.15.2020%20(1).pdf The wording on these forms may be helpful even if you opt not to use an actual form. • Local lead agencies and providers are encouraged to review telehealth practices and training resources, including those available here: https://ectacenter.org/topics/disaster/tele-intervention.asp
Make-Up Sessions	The make-up session policy detailed in Chapter 8 of the Practice Manual will be temporarily suspended for all providers until May 31, 2020 or until the Governor lifts the state of emergency in Virginia, whichever date is soonest. This means that make-up sessions are allowed but not automatically required if sessions are cancelled for system/provider reasons. If the local system is not able to provide services through any alternate means (even through an alternate method, alternate provider or at an alternate location) for an extended period of time, then once the system is able to resume services through some means the IFSP team will determine whether make-up visits are necessary to address the child's developmental delay.
Reimbursement	• Services delivered via telehealth should be billed to Medicaid MCOs using the existing EI billing codes based on the service and provider type. • Services delivered via telehealth will be reimbursed by Medicaid at the same EI rate as in-person services. • Please see the March 19, 2020 provider memo on COVID-19 from the Department of Medical Assistance Services (DMAS) for more information about Medicaid reimbursement for telehealth delivery of EI services • For children with private insurance, please check with individual insurance plans, as needed, to determine what accommodations they are making during the COVID-19 outbreak and how to bill for services delivered via telehealth if allowed. • Part C funds may be used as payor of last resort for children who are not covered by Medicaid and for whom no other payor source covers services provided through telehealth. • Service providers, other than service coordinators, will not be reimbursed for time spent communicating with families via text messages or emails.
Parental Consent	• Consent, as defined in the Part C regulations in 34 CFR §303.7(b), means that the parent understands and agrees in writing to the carrying out of the activity for which the parent's consent is sought. • Written consent may be provided by the parent in electronic form, including by text message, email, signed PDF or through an e-signature program (like DocuSign). OSEP requires that an electronic signature must include a signature and date, must identify and authenticate a particular person as the source of the electronic consent, must indicate the person's approval of the information in the electronic consent, and must be accompanied by a statement that the parent understands and agrees to the proposed activity (e.g., eligibility determination, assessment, IFSP services, release of information). • In the event that written consent cannot be obtained from the child's parent in a timely manner by actual signature on the consent form or through any of the means listed above, the local system may obtain temporary verbal consent from the parent in order to avoid a delay in the proposed activity. If temporary verbal consent is used, documentation in the child's EI Record must document the following:

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	○ Reason(s) that written consent could not be obtained prior to the proposed activity; ○ A statement that the *Notice of Child and Family Rights and Procedural Safeguards* document (unless the family has already received a copy and asks not to receive another) and the appropriate notice or consent form was sent to the family by mail or electronic means; ○ The service coordinator's (or other individual seeking consent) explanation to the parent about the activity or release of information for which consent is sought and why consent is necessary; ○ The name of the person who provided verbal consent and the activity for which consent was given; ○ The date of the verbal consent; and ○ The name and signature of the early intervention staff person who obtained the verbal consent. • If it is necessary to use temporary verbal consent in order to avoid a delay in the proposed activity, then written consent must be subsequently obtained as soon as possible. Options for obtaining written consent include, but are not limited to, mail, contactless in-person visits or by electronic means as described above. All attempts to obtain written consent must be documented in the child's EI record.
Transition Notification	• As long as local EI systems have the means (phone, fax, secure email, U.S. mail) to send notification/referral to the local school division and DOE, they are expected to do so. Once local schools have re-opened, check with the local school division to confirm receipt. • If the local EI system has no means by which to send notification/referral, then document the circumstances in the child's EI Record and send the notification/referral as soon access to a means of transmitting the notification information is accessible. If this results in a late notification, include an explanation for the delay to support DOE and the local school division in documenting to OSEP an acceptable reason for missing timelines.