



State of Utah

GARY R. HERBERT
Governor

SPENCER J. COX
Lieutenant Governor

Utah Department of Health

Joseph K. Miner, M.D., MSPH, FACPM
Executive Director

Division of Family Health and Preparedness

Paul R. Patrick
Division Director

Children with Special Health Care Needs Bureau

Noël Taxin, M.S.
Bureau Director

Date: March 23, 2020

To: Baby Watch Local Early Intervention Grantees, Providers, and Team

From: Lisa Davenport, Baby Watch Early Intervention Program Manager, Part C Coordinator
Noël Taxin, Children with Special Health Care Needs Bureau Director

RE: Baby Watch Early Intervention Program Temporary COVID-19 Guidance

Dear Baby Watch Early Intervention Grantees, Providers, and Team:

As you are all aware, businesses, individuals, and organizations around the world, including in the State of Utah, are proactively preparing and responding to the 2019 Novel Coronavirus (COVID-19). Due to the community-based nature of Utah's Part C Early Intervention, the Baby Watch Early Intervention Program is issuing temporary policies for families, service providers, and service coordinators who wish to postpone early intervention services, or choose to use alternative methods for service delivery. The temporary policies are outlined in the following pages to provide you guidance for delivering tele-intervention for early intervention services. Implementation of allowable tele-intervention services will be at the discretion of the family and early intervention direct service provider. The guidance is not intended to allow entire organizations to stop providing services altogether.

The following temporary guidance will be in effect until Utah's public health emergency declaration is lifted.

During this public health emergency, Medicaid and CHIP covered services may be delivered by means of tele-intervention. Services to Medicaid and CHIP eligible individuals will be reimbursed at the same rate as a face to face home visit. Department approval has also been granted for tele-intervention services to be reimbursed with state funds at the same rate as face to face home visit. This will remain effective until Utah's public health emergency declaration is lifted.

All tele-intervention services MUST be documented in the BTOTS database as a Virtual Visit.



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COVID-19 GUIDANCE	PROCEDURES
Documentation	Any interruptions or delays in Baby Watch Early Intervention services occurring as a result of COVID-19 must be clearly documented in the child’s early intervention record in the BTOTS database. In addition, any service provided virtually must also be clearly documented.
Remote methods for service coordination	<ul style="list-style-type: none"> • Service coordinators may conduct initial IFSP meetings, Periodic IFSP review meetings, annual IFSP review meetings, and any other IFSP team meeting over the phone or with videoconferencing technology. • The service coordinator must document the use of virtual or telephone meetings under the Contact tab in the child’s early intervention record in the BTOTS database.
IFSP with service coordination services only	<ul style="list-style-type: none"> • A family may request an IFSP with service coordination services only to maintain their child’s eligibility status, but withdraw from ongoing services. • The service coordinator must document all communication with the family regarding the family’s decision to revise their IFSP, including all related IFSP team communication, under the Contact tab in the child’s early intervention record in the BTOTS database. • The family may resume their prior IFSP services at any time. • When the family is ready to resume services, the service coordinator, in collaboration with the IFSP team, must review child progress and the IFSP to determine if the outcomes or services should be updated as a result of the interruption in services.
Methods for evaluation and assessment	<ul style="list-style-type: none"> • As needed, evaluations and assessments may be completed with videoconferencing technology. <ul style="list-style-type: none"> ○ If a child is eligible based on a documented medical diagnosis on the Baby Watch Approved Diagnosis List, the child’s assessment can be completed over the phone. Only one Evaluation team member is required for this scenario. The BDI-2 NU can be administered to obtain an Entry score when the early intervention team determines it is safe to do a face to face visit with the child. ○ A local early intervention program may temporarily use a non-standardized assessment tool through observation and interview, via tele-intervention, to determine eligibility using Informed Clinical Opinion (ICO). The BDI-2 NU shall be completed when face to face visits are able to resume.



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<p>Tele-intervention visits for allowable IFSP services</p>	<p>Tele-intervention visits for Baby Watch Early Intervention services must be provided using videoconference technology in accordance with the following procedures:</p> <ul style="list-style-type: none"> • Allowable IFSP services means nutrition services, occupational therapy, social work services, speech therapy, special instruction, and services provided by any other licensed occupation not listed whose practice act permits the provision of tele-intervention services. • Tele-intervention visits 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. ○ Tele-intervention visits must be conducted using a secure internet connection and a secure videoconferencing platform with end-to-end encryption such as: Google Meet, Zoom, or Microsoft Teams. ○ Recording tele-intervention visits is prohibited. ○ Tele-intervention visits should be conducted where other people can't hear or observe. • The early intervention provider may use the Technology Checklist included at the end of this memo to help identify technologies in the home.
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Best Practice for COVID-19

In an effort to keep our Baby Watch Early Intervention families and personnel safe and healthy, the Division of Family Health and Preparedness, Bureau of Children with Special Health Care Needs, in conjunction with other state and local partners, is closely monitoring COVID-19. It is important that everyone continues everyday preventative actions and stay informed with accurate information.

Preventative actions:

- Wash hands with soap and water for at least 20 seconds: see [CDC's handwashing guidance](#)
- Avoid touching face
- Cough, sneeze into shoulder or arm
- Clean and disinfect frequently touched objects and surfaces
- Limit close contact with others as much as possible (e.g., shaking hands)
- Do not take any unnecessary items such as toy bags or blankets into family homes
- Sanitize hands before and after each home visit

General resources:

- Center for Disease Control and Prevention (CDC)
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Utah Department of Health Coronavirus Updates <https://coronavirus.utah.gov/>
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Local Health Departments
- Children with Special Health Care Needs website <https://health.utah.gov/cshcn/>



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Family Tele-Intervention Visits Technology Checklist

Child Information		
Name of child:	Child ID:	Date:
Technology Checklist		
Do you have access to a computer, smartphone, or tablet with a camera and speakers? <input type="checkbox"/> Computer <input type="checkbox"/> Smartphone <input type="checkbox"/> Tablet		
Do you have an email address that can be used for scheduling tele-intervention visits? <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____		
Do you have access to a reliable and secure internet connection at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If unable to connect to the internet using Wi-Fi, do you believe the data plan for your smartphone and/or tablet would accommodate the use of tele-intervention visits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you used video conferencing or chat in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any concerns? 		



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Early Intervention Process Guidance

Referrals

1. Voice messages and emails will continue to be checked daily during regular office hours to identify any referrals that need to be processed.
2. Communication will continue to be made with families in a timely manner.
3. Communication with families will include:
 - Provide information about the typical early intervention eligibility process. However, at this time, in order to help prevent the spread of COVID-19, we are no longer able to come into homes.
 - Information about our program can be shared with you over the phone.
 - Procedural safeguards, Consent for Evaluation, and Tele-intervention Visit Consent can be mailed or emailed.
 - Intake information can be collected over the phone.

Initial Evaluation and Assessment

1. *Eligibility Based on Approved Medical Diagnosis:* Until we are able to go into the home, we are suspending the Multidisciplinary evaluation for Approved Diagnoses. This means, we do NOT have to conduct an evaluation, as they are automatically eligible for services.
2. *Informed Clinical Opinion:* A local early intervention program may temporarily use a non-standardized assessment tool through observation and interview, via tele-intervention, to determine eligibility using Informed Clinical Opinion (ICO). The BDI-2 NU shall be completed when face to face visits are able to resume.

Initial IFSP

1. The initial IFSP meeting may be held virtually. All pertinent information is to be shared with the family before the meeting (i.e., email or mail). Be sure to inform and invite all participants to the IFSP meeting.
2. If a parent wishes to postpone services, indicate as such under the Contact tab in the child's record in the BTOTS database. **Postponing services will not affect future service provision.**



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Annual and Periodic IFSP Reviews

1. These meetings may be held virtually.
2. Information the family needs for the meeting is encouraged to be sent ahead of time.
3. Ongoing evaluations and assessments are to be conducted to the best of your professional ability, particularly in the area of concern. Several tools, including the annual BDI-2 NU, may be able to be administered through an interview on the phone or virtually.

Transition

1. These meetings may be held virtually.

General

- All service provisions and communications shall be documented in BTOTS.
- Make every effort to meet 45-day timelines. If you cannot meet those, ensure accurate, thorough, and timely documentation in the child's record in the BTOTS database. An appropriate statement for not meeting the timelines due to COVID-19 may be:

“The parent and EI program providers were unable to meet face to face to complete [evaluations], [first service delivery], etc. due to concerns about the spread of the COVID-19, and an electronic means for meeting this deadline was not available to the family.”

- Provider teaming is valuable and shall continue, even if it is done through phone or virtual means.

