



## **GUIDE-SENSE from the GUIDANCE:**

### **Summary of Guidance for use of Telehealth For NY City, Suffolk and Nassau EI Therapists & Teachers**

(as of 3/23/2020)

#### **What a week it's been!**

**At Up Wee Grow we want to help you make sense of all the government directives you have received over the last week.**

**Up Wee Grow is providing you with this summary, with the most current information as of 3/23/2020.**

**The following is from a NY City document (cited below), however is also useful for all therapists/teachers working in Nassau and Suffolk Counties.**

- Do not initiate the delivery of Early Intervention service sessions utilizing teletherapy until the Consent Form has been obtained from the parent/guardian by either you or the Service Coordinator.
- For families who are offered and decline teletherapy, therapists should document this in their notes. Therapists can wait and complete one non delivery of services form for the entire State of Emergency.
- Parent/Guardian understands that a responsible caregiver must be present to participate for the entire duration of the sessions and that they will be actively participating throughout the session.
- Parent/Guardian understands that virtual services pursuant to their IFSP will be in place of and not in addition to their IFSP mandate.
- The requirements for Session Notes and Progress Notes remain unchanged for teletherapy sessions.
- Providers must document in their session notes that the visit was delivered using telehealth.



- The requirements for Session Notes and Progress Notes remain unchanged for teletherapy sessions.
- Providers must document in their session notes that the visit was delivered using telehealth.
- Providers must have parent signatures on a service log (not the session note). The service log must document that the service was received by the child on the date and during the period of time as recorded by the provider. To obtain the necessary signature, the provider can maintain the list of sessions furnished virtually for the week and send the child-specific service log to the parent for signature via US mail. The signed service log can be returned to the provider either via the US mail or electronically (scanned/returned via email or the parent can take a picture of the signed document and return it electronically). The session note that documents the service furnished must be maintained by the provider and both the signed service log and the session note must be available on audit.
- Services must be delivered in accordance with the child's IFSP to be reimbursable. If the child's IFSP calls for a 45-minute service, the service must be 45 minutes in duration.
- Services must be delivered in accordance with the IFSP and follow what is included in the IFSP regarding makeup visits as well as the requirements of the provider's county or municipality regarding makeup sessions.
- Providers should use the same CPT code they would normally use.
- Existing service authorizations for home/community sessions are applicable for virtual EI sessions.

It is recommended that all therapists/teachers who will be initiating teletherapy complete NYC BEI professional development training on **Implementing Family-Centered Best Practices** at the NYC Early Intervention Program website **Information for Providers Page**. This page also includes another link for the Early Intervention page for **Professional Development and Trainings** at: <https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page>

Source: New York State Department of Health, **Bureau of Early Intervention Technical Assistance, Frequently Asked Questions Related to Virtual Early Intervention Visits During COVID-19 Declared State of Emergency March 19, 2020.**



**Source:** New York City Department of Health and Mental Hygiene, Division of Family and Child Health, Bureau of Early Intervention Guidance for Teletherapy for Service Sessions and Evaluations During COVID-19 (3/18/2020)

**Embedding interventions within family routines, coaching parents/care-giver, and family-centered best practices should be conducted during teletherapy. During teletherapy sessions, the interventionists will find they need to ask parents/caregivers more questions to gather information and to use a range of coaching strategies to support parents and caregivers. Below are some questions the therapist/teacher can ask to support collaboration, coaching, and communication with families and caregivers:**

- a. Ask the parent about:
  - i. How the child has been doing since the last session. You may observe the parent and child in the routine activity to see what progress has been made.
  - ii. How the strategies worked or did not work from the last session.
    - *Ask the parent/caregiver about whether it is easier to use the strategy since the last session. Does the parent think the child is functioning better? Is the child more engaged? Is the child getting bored?*
  - iii. If the strategy did not work, you may observe the parent trying it out with the child during the family routine to see how the strategy can be modified to fit the family better, based on the parent's feedback and ideas.
    - *Ask the parent/caregiver for feedback about using the strategy.*
  - iv. Review with the parent what IFSP functional outcome/objective they would like to focus on during this session.
    - *Based on the child's progress, ask the parent whether they want to continue working on this functional outcome/objective or whether they prefer to work on another.*
  - v. Inquire with the parent/caregiver about what other strategies the rest of the EI team is recommending they do to support the child (if this applies).
- b. The therapist/teacher should jointly decide with the parent/caregiver what the focus of the session will be. To create new strategies (embedded interventions within the routine activities) with the parent, the therapist/teacher will

Observe the parent and child during the routine activity in order to gather information about the child's functioning and engagement; how the family does their routine; what are the child's strengths; and what and how materials are used. Every family has their individual culture. It is important to respect each family's culture, values, and the way they live. This is why observations (authentic assessments) are important when creating new strategies in partnership with parents. This also helps to individualize their EI services.

- For example, explain to the parent that it is helpful to see how



they do their mealtime with the child. *Before we can figure out ways to help \_\_\_\_\_, may I watch you feed the baby?*

- ii. Discuss with the parent what they have tried before that worked and didn't work and what are their ideas to support the child's engagement.
    - *After the observation occurs, the interventionist may have a discussion with the parent to gather more information. The interventionist may ask the parent about the frequency, amount, type of milk/formula/food, etc. The teacher/therapist may ask how the parent/caregiver knows when the child is hungry and when the child is full. Is the parent/caregiver the only one that feeds the child or are there others? Show me the different ways the baby is held during feeding.*
  - iii. Determine what strategy to try out with parent and child during the session based on the discussion with the parent and the observation.
  - iv. Decide what techniques to use to coach the parent on how to use the strategy. Coaching helps to strengthen the parents' capacities to support their children's functioning and development. For example, early interventionist models with a doll while explaining to the parent what they are doing so parent can try the strategy with their child OR early interventionist observes the parent trying out the strategy while the interventionist provides verbal guidance and coaching.
    - *The interventionist can ask the parent/caregiver what they would like to do to understand the strategy better.*
  - v. While the parent is trying out the new strategy with their child during the routine activity, the early interventionist should encourage feedback from the parent about whether they feel comfortable doing this strategy between sessions. If the parent does not or if the strategy does not fit the way the family does their routine, the strategy will never be used by the parent to support the child.
    - *Ask the parent/caregiver: How did that feel? Was it easy to do?*
    - Do you think you can try this during feeding times between now and the next session? Would you like to change anything? Do you have any questions?*
- c. Toward the end of the teletherapy session, the interventionist and the parent must decide together what strategy will be used between sessions. The early interventionist, along with the parent:
- i. Reviews how to do the strategy
  - ii. Discusses how to know when the child has made progress
  - iii. Reinforces reflection, feedback and problem solving between sessions
  - iv. Identifies areas for generalization across other routine activities when the child has met the criteria for progress
  - v. Considers what functional outcome/objective they can work on during the next session so that they can schedule the next session at the actual time of the routine activity