



New York State Department of Health Bureau of Early Intervention Guidance to Early Intervention Providers Regarding Novel Coronavirus (COVID-19)

September 22, 2020

The following guidance will be in effect until further notice during the declared state of emergency for COVID-19.

Providing Early Intervention Teletherapy Services without a Visual Component During the COVID-19 Declared State of Emergency

Background

Following Governor Andrew M. Cuomo's Executive Order 202 issued on March 7, 2020, the New York State Department of Health (Department) has been working to ensure that all families can benefit from Early Intervention services during the COVID-19 declared state of emergency. To meet that goal, the Department has been working collaboratively with providers to offer teletherapy services to all children in the Early Intervention Program (EIP), regardless of the family's access to technology and the internet.

The standard and preferred method of delivering teletherapy services is by using **both** audio and visual components. When both components are used, the parents can see what the therapist/teacher is explaining, and the therapist/teacher can see what the caregiver is doing in response to the therapist's/teacher's coaching, modeling, guidance, or questions. Also, the therapist/teacher can see what typically occurs during the family's routine activities and can observe the child's engagement, functioning, and skill levels. Therefore, to the maximum extent possible, teletherapy should be provided using both a visual and an audio component.

In some circumstances, a video component may not be available for delivery of early intervention services. If a family does not have access to the internet for cultural or religious reasons or does not have access to necessary hardware or software to incorporate a video component that can be used for teletherapy sessions, Early Intervention services may be provided using a telephone-only method. Furthermore, Early Intervention (EI) providers may bill for service sessions delivered using the telephone-only method as long as service coordination notes document the reason(s) early intervention visits cannot be accomplished via standard teletherapy and visits conducted telephonically are documented in both service delivery logs and session notes.

I. Procedural and Documentation Requirements

- a. Service Coordinators must clearly document the reason that telephone-only sessions are being provided (e.g., no access to internet due to cultural or religious reasons OR parent does not have video component that can be used to deliver teletherapy sessions) in service coordination notes.
- b. Service Coordinators and EI Providers must reach out to all families who are not able to utilize a visual component to receive EI teletherapy and offer the telephone-only method.
- c. Parent/guardian must sign the **NYS DOH Consent for Use of Telehealth During the COVID-19 Declared State of Emergency**.
- d. The requirements for **Session Notes, Progress Notes, and Service Logs** remain unchanged for telephone-only sessions.
 - i. The fact that the session was provided using a telephone-only method must be stated on **Session Notes, Progress Notes, and Service Logs**.
 - ii. The reason that telephone-only sessions are being provided must be documented on **Session Notes, Progress Notes, and Service Logs**.
- e. No modification is needed in NYEIS to indicate that the session is being delivered using the telephone-only method.
- f. All of the family's therapists and teachers are expected to communicate about and collaborate with one another on the strategies that work for the parent and child between sessions.
- g. EI providers should continue to use the same CPT codes they would normally use for all services. Service coordinators will continue to use the established rate code 5244 for case management services. See FAQs #16 and #17 at https://www.health.ny.gov/community/infants_children/early_intervention/docs/do_h_covid19_eifaqs_1-22_04.01.20.pdf for additional information.

II. Prior to Every Telephone-Only Therapy Session

- a. The therapist must ensure that the parent/caregiver understands that they will be expected to use their phone in a way that allows for both hands to be free to work with their child during the entire telephone-only session. The therapist/teacher should also be able to hear what is going on during the session.
- b. The parent and therapist/teacher must decide in advance which IFSP outcomes will be addressed.
- c. The goals for the telephone-only session must be established prior to the start of the telephone session.
 - i. These goals might be established at the end of the previous session, to plan for an upcoming telephone-only session, or might be established 1-2 days before an upcoming telephone-only session.
- d. The parent and therapist/teacher should jointly decide when to schedule the telephone session, based on the routine activity they both have decided to focus on during the session.
- e. Since the sessions are only audio, the therapist/teacher and the parent should speak the same language to reduce the possibility of misunderstandings.

- f. The family should provide feedback as to what they have been working on with their child since the previous telephone-only session with that therapist/teacher, as well as what they may have been working on with other EI therapists/teachers, including:
 - i. How and when are strategies being carried out?
 - ii. How is the child responding? Is the child engaged?
 - iii. What are the challenges? What are the successes?
 - iv. Which strategies are working, and which cannot be carried out? Why?
 - v. What observations or ideas do the parents wish to share?
 - vi. How does their family's style or culture impact how they do their routine activities?
- h. The therapist/teacher should discuss with the parent the toys and materials that are available in the home that may be used to build the child's skills during their routine activities. The therapist/teacher can coach the parent on what to do, discuss the importance of reinforcement, explain verbal or physical prompts to support the child, and talk about how a newly acquired skill may be generalized across other routine activities.
- i. The therapist/teacher must provide (by dropping off at, faxing, or mailing to the family home, or emailing as applicable), written/printed instructions and graphics/pictures demonstrating techniques they are likely to ask the parent to carry out with the child.

III. During a Telephone-Only Session

- a. The family should provide feedback to the therapist/teacher in real time about the strategies that are being described by phone as well as those for which they received written/printed instructions and graphics/pictures, including:
 - i. How and when are the strategies being carried out?
 - ii. How is the child responding? Is the child engaged?
 - iii. What are the challenges? What are the successes?
 - iv. Which strategies are working, and which cannot be carried out? Why?
 - v. What observations or ideas do the parents wish to share?
 - vi. How does their family's style or culture impact how they do their routine activities?
- b. Written/printed instructions and graphics/pictures should be updated as often as needed and at least once/month.
- c. Considerations for **Motor Therapies** (PT, OT, feeding therapy):
 - i. The child must have a current medical consent (written order) for that therapy.
 - ii. To the maximum extent possible, the child should have been receiving the motor therapy prior to the COVID-19 declared state of emergency, in order for the parent/caregiver to have some experience with how that particular therapy would occur with their child.