

[ESIT COVID-19 Updates webpage](#)

Regulatory Guidance	
<p>A.1 I am concerned about timelines and other federal requirements, however this concern has been overshadowed by keeping staff healthy, keeping families healthy and making sure that our most vulnerable families are doing ok and their needs are being met. - 3-30-20</p>	<p>The health and safety of staff providing services, and the infants, toddlers and families receiving them, must always be prioritized. The Office of Special Education Programs (OSEP) offers flexibility in their Disaster Response Guidance which includes guidance regarding health-related disasters. Further guidance from OSEP regarding timeline requirements as of July 6, 2020 can be found here.</p> <p>The importance of maintaining connections with families is paramount. During this time of crisis, families will likely experience a greater need for the support provided through family resources coordination. Things like accessing food, medical care and navigating especially tenuous resources may override more tangible developmental goals. Compliance requirements are secondary to maintaining strong communication with families. More detail can be found in ESIT’s Guidance memo #2020-04.</p>
<p>Will timeline extensions for referral follow-up, evaluations, timely services, IFSPs, and transitions due to cancelation of services be implemented? What do we do when we resume services?</p>	<p>If the delay is caused by provider illness, efforts must be made to offer services from another provider (these may be offered via tele-practice). If the delay is caused by family illness or family cancelation for other reasons please apply exceptional family services as an allowable reason for not meeting required timelines. In some cases, compensatory services must be considered (See below). Compensatory services are intended to compensate or make up for IFSP services that were unavailable to the child and family. The information we have received from OSEP is from their Disaster Response Guidance and includes health related disasters. “For children who did not receive early intervention services for an extended period of time, once services resume, the service coordinator and EIS providers must determine if the child’s service needs have changed, determine whether the IFSP Team should review the child’s IFSP to identify whether any changes are needed, and consider whether compensatory services are needed. (20 U.S.C. 1436; 34 CFR § 303.342(h))”</p>
<p>A.2 Is it an option to complete initial Individualized Family Service Plans (IFSPs) over the phone? - updated 3-30-20</p>	<p>Yes. The U.S. Department of Health and Human Services has notified states of enforcement discretion for telehealth remote communications during the COVID-19 Public Health Emergency.</p>
<p>A.3 Can providers offer tele-intervention to families who typically have in-person services? Can this switch happen temporarily without an IFSP review, to avoid disruption in service? - 3-13-20</p>	<p>Yes, there is no need to change the IFSP if some visits will be offered via tele-practice and the family is participating from a natural environment such as the home.</p>
<p>A.4 Does the Office of Special Education Programs (OSEP) allow for a pause in IFSP services under circumstances such as a major outbreak? - 3-13-20</p>	<p>OSEP’s Disaster Response Guidance includes health related disasters that lead to a pause in IFSP services. It is applicable when an agency has closed or otherwise paused services, rather than a family declining or cancelling.</p> <p>For children who did not receive early intervention services for an extended period of time, once services resume, the service coordinator and EIS providers must determine if the child’s service needs have changed, determine whether the IFSP Team should review the child’s IFSP to identify whether any changes are needed, and consider whether compensatory services are needed. (20 U.S.C. 1436; 34 CFR § 303.342(b)).</p>
<p>A.5 Can all IFSP Services be provided via tele-intervention? At least one visit per month has to be in the home, per our contract as well as guidance from the ESIT state office. Does this warrant an exception? - 3-13-20</p>	<p>For more detail regarding compensatory services see the ESIT Tri-Stage Framework for Reentry to In-Person Service Delivery. There is no regulatory requirement regarding tele-practice. The ESIT state office will waive the monthly in-person guidance during this state of emergency.” The contract just requires a monthly service, it doesn’t specify face-to-face. We have clarified that virtual services are face-to-face, but they are not in-person.</p>

A.6 Can a shift to virtual services happen temporarily without an IFSP review, to avoid disruption in service? - 3-13-20	Yes. This would not require a change to the IFSP
A.7 How do we obtain the parents' signature on the IFSP if the meeting is conducted via phone or videoconference? - 3-13-20	If feasible, providers should first attempt to obtain parent signatures electronically. If this is not possible, to provide equal access to services during this state of emergency, service providers may obtain verbal consent initially, followed by an electronic or wet signature. Verbal consent should not be the default method used to obtain consent. Documentation of verbal consent must include service provider initials and date consent was obtained. See ESIT Guidance memo – April 17, 202 for more detail
A.8 Families are canceling and rescheduling initial evaluations sometimes for much later dates due to concerns about COVID-19. What options do we have for conducting initial evaluations? - 3-13-20	There are two possible options. The first is to enroll the child with an interim IFSP, which allows services to begin immediately, but does not stop the 45-day timeline. The second option is to use evaluation tools that allow for parent reporting and conduct the evaluation using telephone or videoconference.
A.9 Would interruptions in service delivery or IFSP delays due to a health emergency or due to a family's concerns around the outbreak count as "exceptional family circumstances"? - 3-13-20	Yes. Please apply exceptional family circumstances as an allowable reason for not meeting required timelines.
A.10 How do we handle situations where families decline services due to fears about COVID-19? - 3-13-20	It is important to offer different options. Does the family have the ability to secure videoconferencing via either computer or cell phone? If so, virtual home visits can be offered. If this is not possible, can the family meet via telephone? If so, a phone check in and mail out printed materials can be offered. Ultimately, these decisions are up to the family. For more detail see ESIT Alternate Service Delivery Methods.

Continuity of Operations	
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B.1 Would or how would providers modify their operations in the event of a major outbreak? What operations could we suspend in the event of a major event vs. what operations must continue? - 3-13-20	Early Intervention Provider Agencies are encouraged to follow recommendations from their respective County Health Departments in relation to continuity of operations and potential closure, in accordance with their existing governance structures. ESIT will continue to post updated guidance through the DCYF COVID-19 website. For the most current guidance regarding modifications to local/county operations see the ESIT Tri-Stage Framework for Reentry to In-Person Service Delivery.
B.2 ESIT has issued guidance regarding utilizing tools that rely on parent report for eligibility evaluations that can be conducted over the phone. Can we use a single tool for eligibility? - 3-30-20	It is important during this state of emergency to take the most expansive approach to eligibility. While CFR 303.321(4)(b) states "... no single procedure may be used as the sole criterion for determining a child's eligibility..." there may be additional information that can be used to assist in establishing eligibility. Examples of 'criterion' might include: Both informal and formal parent interviews screening or assessments administered in a hospital or clinic settings medical records from a referring physician or hospital The use of informed clinical opinion is also encouraged to the greatest extent possible to support eligibility where a tool is not definitive.

Fiscal and Contract Requirements	
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C.1 How can we ensure there aren't reductions in funding due to missed appointments? Programs are at risk for significant losses due to not being able to collect insurance dollars. - 3-13-20	DCYF will continue to reimburse for expenses incurred and billed on an A-19 invoice. DCYF is working in collaboration with HCA and the Insurance Commission to clarify flexibility in service provision and payment protocols during this state of emergency.
C.2 We would like assurances, as OSPI has provided, that funding will not be impacted by closures or absences due to COVID-19 infection or exposure. - 3-13-20	DCYF is working with OSPI leadership to verify that state special education funding for contracted early intervention services will not be impacted by closures or temporarily suspended services due to COVID-19 infection or exposure.

Practice	
<p>D.1 I just received a phone call from an SLP who stated she did an evaluation over the telephone because the parent's iPad wasn't working. Is she jeopardizing her license by providing this service over the phone? - 3-30-20</p> <p>D.2 Will the state consider allowing early intervention providers to use video conferencing platforms that are not compliant with the Individuals with Disabilities Education Act (IDEA), Health Insurance Portability and Accountability Act (HIPAA) and/or the Family Education Rights and Privacy Act (FERPA) if families understand they are not secure and agree to using them? What platforms are acceptable for teleintervention? - 3-30-20</p>	<p>The U.S. Department of Health and Human Services has notified states of enforcement discretion for telehealth remote communications during the COVID-19 Public Health Emergency. "A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients.</p> <p>OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19."</p> <p>The state does not have the authority to waive this requirement. The federal government has temporarily waived potential HIPAA penalties for good faith use of telehealth [teleintervention] services. This waiver is an effort to allow providers to use virtual methods of service delivery more quickly to ensure continuity of services during the COVID-19 outbreak.</p> <p>Although providers may not be penalized for using communication methods that do not otherwise meet the safeguard standards of the HIPAA Security Rule, FERPA and IDEA protections still apply to a child's educational record. If a teleintervention session is recorded, it becomes part of the child's record and must be maintained in the record and protected in compliance with FERPA and IDEA. If the session is not recorded, the notes related to the session are a part of the record and must be maintained and protected in compliance with FERPA and IDEA.</p> <p>While the HIPAA waiver allows providers to use methods such as Skype or FaceTime for providing teleintervention services, records and communications must still be protected from unauthorized disclosure and accessed through secure Wi-Fi. For more information, including acceptable platforms for telehealth [teleintervention] and other communications, please read the guidance from the U.S. Department of Health and Human Services.</p>
School District Closures	

Archived

E.1 Is there any guidance regarding transitions? When schools are closed, what happens as children approach their third birthday? - 3-24-20

Joint Collaborative Response
DCYF and OSPI on March 24, 2020

See Question B.1. in Questions and Answers: Provision of Services to Students with Disabilities During School Closures for COVID-19

OSPI Novel Coronavirus (COVID-19) Guidance & Resources for districts

Health and safety concerns are paramount. If there is no feasible way to continue evaluations safely using distance methods or following social distancing requirements, then districts should consider delaying the evaluation until safety measures can be implemented.

State Lead Agency for the ESIT Program (DCYF): Early Intervention Provider Agencies (EIPAs) are encouraged to communicate with individual families and with their local school districts regarding the feasibility of a virtual transition conference and how best to approach required transition activities. Potential options for transition meetings may include virtual methods to include conference phone calls or videoconferencing during periods of school closures. Existing early childhood transition personnel and their respective contact information remains the same during the period of school closure. School districts have local protocols in place to respond to emails. After decisions related to early childhood transition options have been jointly determined, written communication with families should be prioritized. For assistance troubleshooting specific circumstances, please contact Val Arnold, ESIT Strategic Innovations Advisor, at valerie.arnold@dcyf.wa.gov or 360-485-7773.

State Education Agency (OSPI): Resident school district personnel responsible for planning and scheduling initial evaluations for special education preschool services are encouraged to communicate with individual families to determine the feasibility of face-to-face transition conference meetings for 3-year-olds exiting B-3 early intervention. Consideration of social distancing measures and DOH guidance to ensure safe implementation is a priority. If this is not feasible or acceptable to families', alternative virtual options may be explored as a means of meeting transition planning and implementation requirements. After decisions related to early childhood transition options, including the timeline for completing an initial evaluation have been jointly determined, written communication with

E.2 Is there any guidance for birth to three going into the school closures statewide? Are we still able to provide services? What methods should we be using? Precautions? - 3-24-20

Joint Collaborative Response
DCYF and OSPI on March 24, 2020

See Question B.4. in Questions and Answers: Provision of Services to Students with Disabilities During School Closures for COVID-19

OSPI Novel Coronavirus (COVID-19) Guidance & Resources for districts

In collaboration with DCYF, school districts who are providing early intervention services for children ages 0–3 under IDEA Part C directly, and not contracting for those services with a community-based organization, should extend the 3–21 guidance provided in this Q&A to include Part C service delivery, where applicable. For assistance troubleshooting child/family-specific circumstances, please contact Valerie Arnold, ESIT Strategic Innovations Advisor, at valerie.arnold@dcyf.wa.gov or 360-485-7773.