

ESIT Reentry and COVID-19 Practice Guidance Webinar Q&A

Differing Requirements from Different Entities

Q: Different government agencies and different contracts have differing requirements regarding masking, vaccination and service provision. Which set of guidelines should we follow?

A: ESIT providers across the state work in a wide variety of roles and settings, including health care. It is the responsibility of the ESIT Provider Agency (PA) to determine how state and federal rules and contract requirements apply to its employees.

Primacy of In-Person Services

Q: Is ESIT saying that in-person services are better practice than virtual services?

A: While DCYF views telepractice as an important method that will continue to support quality services for families, WA State ESIT Part C services are primarily in-person services and should return to in-person whenever possible. See page 4 of the ESIT [Multi-Stage Reentry Framework for Reentry to In-Person Services](#) (Framework) p.4.

Q: When making hiring decisions, do I need to hire providers who can provide in-person services?

A: ESIT PAs are encouraged to recruit a range of provider competencies and availabilities to ensure that all enrolled families will receive their needed services and the PA is able to meet federal and DCYF requirements for Part C service provision.

Offering In-Person Services During Reentry Stage 3

Q: Are FRCs expected to offer in-person appointments, or is virtual-only acceptable, as long as other providers are offering in-person visits?

A: In-person requirements are based on the needs of the family and the ESIT Stage Level, not on provider type. See Framework pp. 5-6, 8 for information on possible hybrid service arrangements.



Washington State Department of
CHILDREN, YOUTH & FAMILIES

9/21/2022 Reentry and COVID-19 Practice Guidance Webinar

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Early Supports for Infants and Toddlers (ESIT) | Approved for distribution by Laurie Thomas,
Program Administrator

Q: What are some examples of acceptable justifications for virtual-only service delivery?

A: During Reentry Stage 3, providers must justify if they cannot offer at least once-a-month in-person services. If, after exploring all options, staff safety or staffing capacity prohibit any in-person services, a PA may document a justification, along with a plan to return to an offer of in-person services. The PA must fully inform parents of their right to once-a-month service and their right to a due process complaint, should they disagree.

Q: Stage 3 sounds like we are moving back to "normal." In the future, will ESIT keep the once-a-month requirement or expand to requiring more in-person visits?

A: Stage 3 is not a return to pre-pandemic practice but represents a time when public health risk is low and some public health and emergency provisions still apply. We do not know the course of the pandemic and we cannot predict what future stages will look like or when future changes will be made. See Framework p. 6.

Documentation

Q: The guidance states that in Stage 1, the PA must justify the provision of in-person services. In Stage 3, the PA must justify if they will not offer at least once-a-month one in-person visits. Where should these justifications be documented?

A: Justification for in-person services during Stage 1 must be documented in the child record. Justification for no offer of in-person services during Stage 3, must be documented in the child record and in the Other section of a signed Prior Written Notice form. See Framework p. 7 and [Remote and In-Person Service Delivery: Documenting Methods, Settings and Natural Environments](#) (Remote and In-Person) p. 4.

Q: At what point are we expected to be in compliance with Setting and Method updates to current IFSPs? It may take some time to review current IFSPs for compliance, and I'm nervous about getting reviewed.

A: PAs should take steps to align Methods and Settings in IFSPs in accordance with the Framework and Remote and In-Person guidance released on 9/7/2022. Please note that not all changes require an IFSP Review. Many can be updated at the next scheduled IFSP Review. See Remote and In-Person Service Delivery guidance for more information on documenting changes to Methods and Settings.

Family Choice

Q: Our agency has a policy that family and providers must mask during in-person sessions. If a family chooses not to wear a mask during the visit, are we still expected to provide in-person services?

A: The PA has a right to establish parameters around safety for their staff. The DCYF expectation is that families be offered at least a once-a-month in person services. This offer may be given in accordance with the safety parameters established at your agency, such as a masking requirement. The family has the right to decline this offer. See Framework p. 7.

Q: What if a family declines an offer of in-person services?

A: During Stage 3, PAs are required to *offer* a once-a-month in-person service. Families may decline an offer of in-person services. They may also decline an offer of virtual services.

Q: How often do we need to offer in-person services? If the family declines are we required to continue to offer?

A: When an agency is in Stage 3 of Reentry, providers must, *during a family's IFSP planning process*, offer the family at least one in-person service per month. If the family declines this offer, providers are encouraged to remain in communication with families as to whether their current methods of service delivery continues to meet their needs. See Framework p. 6-7.

Q: Is there guidance on facilitation if PAs and families disagree about hybrid or virtual-only methods? Is there a mediation process available for families?

A: The family may disagree with any team member's recommendation and must be apprised of procedural safeguards and their right to dispute resolution. As part of the required components of Reentry Plans, each PA must create and communicate a protocol for referring families to PA and DCYF ESIT dispute resolution procedures. See Framework pp. 8, 11.

Q: Does offering a clinic visit meet the requirement of an offer of an in-person visit, or does the visit have to be in a natural environment? What do we do if a family does not want to meet in natural environments? Do we give them a timeline? Do we discharge?

A: Service provision in natural environment settings is an important federal and state requirement for IDEA Part C services. While an in-person visit in a non-natural environment, such as a clinic, *does* meet the in-person requirement for ESIT Stage 3 services, family preference *is not* a valid justification for services provided in non-natural environments. If your PA is experiencing challenges in this area, reach out to your regional ESIT Technical Assistance Specialist for help with strategizing solutions.

Moving Between ESIT Reentry Stages

Q: If our previously submitted Stage 2 plan contains monthly in-person services or if we consider ourselves to already be operating under Stage 3 guidelines, do we still need to submit a new plan?

A: Yes. Regardless of which Reentry Stage a PA is currently in, all PAs are required to submit a Stage 3 Plan by 6/30/2023.

Q: Is there an expectation for agencies to *enter* into Stage 3 or simply to submit a Stage 3 plan by the deadline?

A: ESIT PAs are required to:

- submit a Stage 3 plan *and*

- follow the Framework guidance to determine under which ESIT Stage Level the agency will operate at any given point in time.

The purpose of having a plan to support providers and families in thoughtfully transitioning to in-person services. While not explicitly required by the contract, it is recommended that PAs develop and approve a Stage 3 plan before entering Stage 3 service provision.

Q: Can the PA move back and forth between stages? If so, how do we communicate that to ESIT?

A: The framework states that ESIT PAs need to be ready to move back and forth between stages as public health conditions necessitate. Changes in Stage level do not need to be communicated to DCYF ESIT. CLA-affiliated PAs *do* need to communicate stage changes to their CLA. See Framework pp. 6-7.

Q: I'd like confirmation that ESIT is still not going to actually approve or disprove our plans, rather just review them.

A: For non-CLA affiliated PAs, DCYF will provide a courtesy review for completeness. The courtesy review is not a monitoring and compliance review. CLA-affiliated PAs should check with their CLA representative for information on quality assurance procedures.

COVID-19 Vaccination

Q: How do we communicate with families regarding vaccination status of providers? Can a PA require providers to receive vaccinations or boosters?

A: PAs may create internal employee vaccination policies in the context of governmental requirements.

Provider vaccination status is protected health information and may not be disclosed to enrolled families. PAs are, however, required to communicate the written agency vaccination policy (including additional precautions for unvaccinated staff) with families. If a PA requires that all staff are vaccinated, the PA may communicate that policy to families. See Framework pp. 3, 10, 11, 12.

Q: How do we define “unvaccinated?” For example, if they received their vaccination one or two years ago but no boosters- are they still considered vaccinated?

A: See the definitions of “fully vaccinated” and “up to date” from the [Centers for Disease Control and Prevention](#).

Q: Are providers allowed to ask families about their vaccination status or to require that family members be vaccinated in order to receive in-person services?

A: This is a decision that needs to be made by the individual PA, with the advice of legal counsel.

Keeping Current

Q: How can I keep up with changes to ESIT guidance? Can we have the new parts of the guidance highlighted?

A: New guidance often supersedes previously issued guidance. In those cases, the new guidance should be followed in its entirety, rather than updating isolated portions of agency protocols. The Multi-Stage Framework supersedes the Tri-Stage Framework. The Remote and In-Person guidance document supersedes the #2021-01 COVID-19 Documenting Natural Environments and Virtual Services during the Pandemic.

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