

## Early Intervention (EI) Plan for Resuming In-Person (Face-to-Face) in Phase 4 of the Restore Illinois Plan

### **Section 1: Service Delivery Options**

Effective August 1, 2020, during Phase 4 of Restore Illinois, in-person meetings and services may resume, per Illinois Department of Public Health (IDPH) guidance, in a limited fashion with no more than **ten** families in total (including those receiving direct services, those seen for evaluation/assessment and/or those attending Individualized Family Service Plans (IFSPs) and transition meetings) being seen in-person by any individual provider or Service Coordinator.

This limitation is meant to limit families' exposure to risk as well as to limit providers'/Service Coordinators' exposure to risk. Given that the overall goal is to minimize risk to personnel, children and their families, any services that can be successfully provided via another format (phone consultation/Live Video Visits or LVV), should continue in that format. The decision to start in-person services must be determined by the comfort level of the family, provider(s) and Service Coordinators through meaningful and informed conversations. Service Coordinators and providers should speak with individual families to discuss the appropriate time to restart in-person meetings and services.

Providers and Service Coordinators must adhere to any local, county or city ordinances and regulations when presenting service delivery options to families. Service Coordinators also have to adhere to their Child & Family Connections (CFC) agency regulations about service delivery. *Due to the emerging and rapidly evolving situation of COVID-19, these guidelines are subject to change. Please check the [Provider Connections](#) website for the most up-to-date information.*

During Restore Illinois Phase 4:

- Service Coordinators and providers should limit their sustained (within six feet for more than fifteen minutes) in-person interactions to ten families. The ten families in-person limit applies to all aspects of an individual provider's services, e.g. evaluations/ assessments, direct services, and meeting attendance.
- Families who have been unable to access support via phone consultation or LVV (especially families without access to technology) should be prioritized for in person visits. Teams should work to identify strategies to ensure equitable access to services for all children and families.
- The remainder of an individual Service Coordinator's/provider's caseload should continue receiving support using the available hybrid of service delivery methods, e.g. phone consultation and LVV).
- For children/families who have received services via LVV and/or phone consultation and are willing to resume in-person services, teams must collaborate to exercise caution when planning how many visitors an individual family encounters in a week to minimize risk to the family, taking into account the need to use interpreters or supervisors (if applicable).
- For children/families who have not been receiving services via phone consultation or LVV, teams should meet via phone or LVV to discuss the ongoing needs/interests of the child and family including:
  - 1) any changes to the IFSP goals and strategies,
  - 2) the family's preferred method of service delivery, and
  - 3) the manner in which all providers will deliver services.
- The IFSP team must work together to establish appropriate plans for IFSP meetings to limit in-person attendance to the maximum extent possible. Teams can consider one member in-person with others using phone or LVV attendance.
- During the limited resumption of in-person services, family fee monthly installments will continue to be waived. Once all families have resumed services, the Bureau will review the situation and make a

determination about resuming family fee monthly installments. Prior to this resumption, an announcement will be made providing ample time for adjustments.

- Once in-person visits resume in full (presumably in Phase 5 of the Restore Illinois plan), the IFSP team must determine if the child's and/or family's needs have changed and review the child's IFSP to determine whether modifications or compensatory services are warranted.
- Rights and procedural safeguards should continue to be explained to families throughout all phases of the Restore Illinois plan.

A hybrid of service delivery options, including the use of phone consultation and LVVs, will remain available for those who are concerned about returning to in-person services and meetings.

- Providers may alternate modes of service delivery between visits, for example conducting one visit virtually and the next in person as long as they abide by the no more than ten families being seen in-person by any individual provider/Service Coordinator.
- Alternative service locations should also be considered, for example a public park or an outside space available at or near the family's home. If the service will be provided by an associate-level provider who must be supervised, the use of LVV should be considered in order to reduce the number of individuals within the home.
- When services are provided in the home, providers/Service Coordinators should work with the family to establish a single location in the home where they will meet and determine who will be part of the visit; to the maximum extent possible, the participation of additional household members should be limited.
- Providers must be mindful to minimize the number of surfaces and objects being handled or touched when in families' homes. It is recommended that toys and materials not be brought into the home, but if necessary, providers should sanitize toys or materials brought into the home to reduce the risk of spread from one household to another and must sanitize following CDC guidelines on cleaning objects between visits.
- The family should be encouraged to use items in their household to support the outcome being addressed.
- Whether or not services will be provided in the childcare setting will depend on the responses to the following questions:
  - Is the childcare setting capable of accommodating the EI provider safely?
  - Is the functional outcome on the child's IFSP focused on skills/interactions occurring in the childcare setting?
  - Does the childcare provider need support to implement IFSP strategies while the child is in their care?
  - Is there a clear plan for ensuring the childcare provider and the family communicate to ensure everyone can meet the needs of the child?
  - Is it necessary for the childcare setting to be the setting where the child receives support?
- In-person services in childcare will require a thoughtful discussion and a mutual agreement between the family, childcare provider, and interventionist and will only occur if they can be conducted safely.
- If it is determined that services can be safely provided in the childcare setting, the EI provider will:
  - Check with child's parent for permission and confirm childcare setting location
  - Check with childcare setting to ensure EI provider is welcome during the COVID-19 pandemic

- Learn the site’s protocol for early intervention visits to their setting by:
  - Understanding the childcare provider’s overall Risk Management Plan. (Licensed settings are required to have a written Risk Management Plan; License-Exempt settings may or may not have a written plan but will have a safety procedure in place.)
  - Determining the best time for visit
  - Learning how to schedule an appointment
  - Reviewing the site entry procedure (door to enter, parking, etc.)
  - Discussing the screening procedures for COVID-19 which may include temperature taking, hand hygiene, and PPE requirements
  - Determining the location in childcare setting for intervention services
  - Outlining a process for canceling the visit if either the childcare provider or EI provider is unable to participate
  - Discussing the procedure for informing the EI provider if there has been a COVID-19 case in the childcare setting
  - Creating a procedure for returning to the childcare setting after a COVID-19 illness
- Plan to have their own PPE as they know the needs of the child being served and will be best able to determine what kind of protections need to be in place given these needs.
- Meet in a location that minimizes contact with children and staff beyond those being supported by the interventionist
- Limit the number of unnecessary childcare participants (staff and children) in the visit
- Be mindful to minimize the number of surfaces and objects being handled or touched while at the childcare location
- Use social distancing and standard safety precautions during interactions with children and staff
- Communicate to childcare staff regarding IFSP goals and objectives (with parent consent) and suggested activities they could work on between EI visits
- Stay at home if sick
- Inform childcare provider and family immediately if EI provider has been exposed to or has COVID-19
- Notify the childcare provider if the interventionist cannot make the appointment
- If, after receiving consent from the child’s parent and verifying with the childcare setting that an LVV is the preferred option for support during the COVID-19 pandemic, the Early Intervention provider will work with the childcare provider to determine:
  - Best time for LVV
  - How to schedule the LVV
  - Location in childcare setting for LVV
  - How to limit the number of unnecessary childcare participants (staff and children) in the LVV
- For instances where LVV or in-person visits cannot be supported in the childcare setting, the Bureau is working to create a mechanism that would allow EI Providers to bill for some telephone consultation between the Early Interventionist(s) and the childcare provider to discuss strategies to support the child while at the center.

- Additionally, childcare staff may wish to review the resources for families on LVV's on the Illinois Early Intervention Clearinghouse website (<https://eiclearinghouse.org/resources/trying-times>) as well as early intervention provider resources on the Early Intervention Training Program website (<https://blogs.illinois.edu/view/6096/807027>). A [childcare module](#) has been developed by Erikson Institute and is posted on the Governor's Office on Early Childhood Development website. This could help early interventionists understand the changes in childcare settings due to COVID-19.

## **Section 2: Personal Protective Equipment and Sanitation Requirements**

Personnel and families should consult the CDC for [more information about COVID-19 symptoms and screening for those symptoms](#). Providers are not to pass the cost of PPE to families and are responsible for obtaining the appropriate PPE for the children they serve. IDHS is currently researching options for obtaining PPE and/or reimbursing providers for the cost of PPE. Individuals who have had COVID-19 like symptoms as described by the CDC or have tested positive for COVID-19 should self-isolate at home and not resume in-person services until they have been fever-free for at least 72 hours (3 days) without being given fever-reducing medications, have had improvement in their symptoms, AND have had at least 10 days pass since their symptoms first appeared. Individuals who have had close contact (more than 15 minutes of being within 6 feet) with someone who tests positive for COVID-19 should self-quarantine at home for 14 days. If symptoms develop, personnel are encouraged to be evaluated and tested for COVID-19. Providers/Service Coordinators should also develop a written communication plan to be shared with families in the event they or another family with whom they have had contact tests positive for COVID-19. This plan should minimally include:

- How the provider/Service Coordinator will inform families of positive COVID-19 cases on their in-person caseload;
- Who is the responsible person(s) for notifying IDPH at 1-800-889-3931 or [dph.sick@illinois.gov](mailto:dph.sick@illinois.gov) immediately upon being informed of provider/Service Coordinator, family, or child exposure to COVID-19; and
- That families are expected to immediately notify the provider/SERVICE COORDINATOR if someone in their home tests positive or if the child has been in close contact (within 6 feet for greater than 15 minutes) with a positive case.

In addition, prior to delivering in-person services or beginning an in-person meeting (following IDPH experts' guidance on limiting attendance to one in-person professional team member), providers and/or Service Coordinators must establish health and safety protocols that include:

- Sharing with the family the procedures that the provider will follow during in-person services, including screening for risk and required use of PPE prior to entering a family's home, so that the family can make an informed decision about receiving face to face services or meetings.
- Requiring no masks for children under 2.
- Requesting family members to use masks, unless medically or physically unable, and understanding that services may not be provided in person, if they refuse.
- Considering clear masks for providers when appropriate, e.g. speech therapy.
- Using social distancing and standard safety precautions to the maximum extent possible during interactions with children and families.
- Sanitizing high touch areas.
- Changing of a provider's/Service Coordinator's clothes or an overshirt/smock/lab coat between visits. These overgarments should be laundered between uses, so providers should have enough on hand each day to use a clean garment for each visit.
- Screening for signs and symptoms in practitioners, children, and families using a [checklist to document that CDC guidelines are met](#) as well as following up with appropriate medical professionals.

- Limiting interactions during visits to one child (or more than one if multiple children in EI at the same time) and one parent/family member.
- Establishing a process for families to notify the EI practitioner before a visit when a child or family member gets sick.
- Staying at home when you are sick (resources for understanding all factors to consider and overcome if sick before resuming in-person visits consistent with [CDC guidelines](#)).

Providers, provider agencies, and CFCs should consult guidance from CDC and IDPH on the [use of PPE](#). Considerations for an individual’s PPE protocol should include an assessment of individual risk factors and their ability to maintain social distancing while providing services. **Providers should utilize coaching practices to the greatest extent possible.** This means coaching the family through the session rather than being hands-on with the child. This is best practice for public health reasons in order to maintain social distancing but also for early intervention services in general.

**Masks:** Per IDPH, disposable, surgical-grade face masks are preferable and should be changed between visits. Per IDPH, face shield use alone is not effective for source control and should only be used when other methods of protection are not appropriate. If it is important that the child is able to see the provider’s face during the intervention visit, clear masks are preferred, and face shields may be used with the understanding that they have **not** been deemed effective for source control. As such, heightened attention and adherence to 6-foot social distancing is critical for individuals using face shields.

- Cloth or reusable masks may be used, if necessary, but should also be changed between visits.
- Face masks may be cleaned by laundering.
- **Children should not be forced to wear masks.**
- Providers should select appropriate PPE based on the type of interactions they will be having with the child/family and the accompanying risk of airborne and/or aerosol transmission.
- Please also refer to [Centers for Disease Control \(CDC\) guidance on the use of reusable cloth face coverings for more information](#).

**Gloves and hand hygiene:** Per IDPH, gloves may be used (if used appropriately) but are not required.

- All families and providers should *focus on effective hand hygiene practices* in accordance with [CDC handwashing guidance](#) and the general health and safety guidance below.
- Gloves should be considered for certain activities where the provider may contact the child’s bodily fluids (for example, feeding or other oral-motor activities).

### **Section 3: Working through options for Service Delivery for children/families with existing IFSPs**

#### **A. Family Requests to Continue Phone Consultation/Live Video Visits for Meetings and/or Services**

- If a family requests to continue with phone consultation and/or LVVs for meetings, then the service coordinator continues to follow the guidance previously posted.
- If a provider is not willing to continue visits via phone consultation or LVVs, the Service Coordinator will have a discussion with the family about the option of identifying a new provider who offers phone consultation or LVVs.

#### **B. Family Requests to Resume In-Person Meetings and Services**

- If a family requests an in-person IFSP or transition meeting, the meeting may be conducted in this fashion as long as only one other team member is in-person with the family (other team members would be available via phone or LVV). The family, provider(s) and Service Coordinator may also consider meeting in alternate locations, such as outdoors or in a safe community location where the child’s/family’s privacy

may be maintained. However, if the provider is unable to participate in in-person meetings, then the Service Coordinator will discuss the available options with the family, such as proceeding with phone consultation and/or LVVs or a temporary assignment of a new provider.

- A family may request some or all of their in-person services to resume. The Service Coordinator and provider(s) must work together to plan based on everyone's needs and individual risk factors.
- If the family requests in-person services to resume in a community setting, the family and provider must follow the requirements that exist within the community setting, such as the use of personal protective equipment or social distancing.

### **C. Other Considerations**

**Children/families in EI who have active IFSPs have already provided the standard consents to services, so no additional consents would be necessary for resuming in-person service delivery.** The Service Coordinator must work with the family to determine the preferred method of service delivery for the services on the child's IFSP.

- Service Coordinators may utilize porch drop-off and pickup procedures for paperwork if families want to limit exposure at this time while expediting collection of forms requiring signatures.
- CFCs who possess a HIPAA/FERPA secure email system may utilize that for families who also have the technology to help share and collect required copies of signatures on consents and other forms.
- For families who are interested in pursuing virtual services, but have limited technology or no technology, the Service Coordinator should continue reaching out to other resources listed in the LVV guidance and the EI Clearinghouse for possible solutions.

## **Section 4: Working through options for Service Delivery for children/families who do not yet have an IFSP or have not yet begun services**

### **A. Family Requests to utilize Phone Consultation/Live Video Visits for Meetings and/or Services**

- If a family requests to only use phone consultation and/or LVVs for meetings, then the Service Coordinator continues to follow the guidance previously posted.
- The Service Coordinator will work to identify a provider who is available to provide phone consultation or LVVs.

### **B. Family Requests to utilize In-Person Meetings and Services**

- If a family requests in-person intake and IFSP meetings, then the meetings may occur in-person. The family, provider(s) and Service Coordinator may consider meeting in alternate locations, such as outdoors or in a safe community location. If the meeting will occur in the family's home, it is recommended that only one team member be in-person with the family while other team members join via phone or LVV. However, if the Provider is unable to participate in in-person meetings, then the Service Coordinator will discuss the available options with the family, such as proceeding with phone consultation and/or LVVs or a temporary assignment of a new provider.
- A family may request some or all of their services be in-person. The Service Coordinator and provider(s) must work together to plan based on everyone's needs and individual risk factors.
- If the family requests in-person services in a community setting, the family and provider must follow the safety requirements within the community setting, such as the use of personal protective equipment or social distancing.

### **C. Other Considerations**

All families in EI must provide written signatures on the standard consent forms to begin services. Families entering EI must also sign a separate LVV Consent to accept or decline the use of LVV. The Service

Coordinator may accept a verbal consent on the LVV Consent, if necessary. The service coordinator must work with the family on preferred method of service delivery for Intake, IFSP and (if eligible) Direct Service and collect necessary consents accordingly.

- Service Coordinators may utilize porch drop-off and pickup procedures for paperwork if families want to limit exposure at this time while expediting collection of forms requiring signatures.
- The Service Coordinator may contact a family to establish a time to walk the packet of documents up for porch/mailbox drop off, return to their vehicle and inform family they are available and allow time for family to complete/sign and return to packet for Service Coordinator to obtain from porch/mailbox in one no-contact visit.
- CFCs who possess a HIPAA/FERPA secure email system may utilize that for families who also have the technology to help share and collect required copies of signatures on consents and other forms.
- In addition, the Bureau is currently exploring options for utilizing electronic signatures for consents and/or a secure option for document transfer and will announce the resources for these options as they become available.
- For families who are interested in virtual visits, but have limited technology or no technology, the Service Coordinator should continue reaching out to other resources listed in the LVV guidance and the EI Clearinghouse for possible solutions.

#### **D. Transition**

All CFCs are required to work closely with families to comply with transition requirements and referral to Early Childhood Special Education services, as appropriate.

- Following all current guidance, the Service Coordinator should ensure timely Transition Steps and Services are created or updated in the IFSP.
- The Service Coordinator must work with the family to obtain consent or decline, as appropriate.
- If a family does consent, the Service Coordinator must work with the Local Education Agency (LEA) to plan appropriately.
- Some CFCs/LEAs will be offering virtual options for Transition Planning Conferences and/or Early Childhood Special Education eligibility determinations. The Service Coordinator must work with the LEA and family on how participation in the process will occur.
- The Bureau is working to create a mechanism that would allow EI Providers to bill IFSP development time for telephone consultation between the Early Interventionist(s) and the LEA to support transitions at age 3.