



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**STRONG START DC EARLY INTERVENTION PROGRAM (DC EIP)
PART C GUIDANCE DURING THE CORONAVIRUS (COVID-19) PUBLIC HEALTH
EMERGENCY
(Updated Nov. 1, 2020)**

Background

As part of the District of Columbia Government's response to coronavirus (COVID-19), the Office of the State Superintendent of Education (OSSE) is sharing updated guidance regarding the delivery of services to District children and families by Strong Start, DC's early intervention program.

Scope

This guidance is effective as of Nov. 1, 2020, and supersedes any previously released guidance by OSSE on the topic. Updated sections in this issuance are prefaced with "**NEW**". This document provides updated guidance on resuming the use of the Battelle Developmental Inventory, Second Edition Normative Update (BDI-2 NU) tool to determine eligibility for Part C services, resuming in-person early intervention services at specific child care centers and additional scenarios for coordinating the extended Individualized Family Service Plan (IFSP) option.

Date Issued

This guidance, which serves as an update to the guidance issued on March 31, 2020, will take effect Nov. 1, 2020. Guidance will remain in effect until further notice.

Guidance

Due to the current public health emergency, the Office of the State Superintendent of Education (OSSE), the Strong Start DC Early Intervention Program (DC EIP) and its contractors shall primarily perform duties and services remotely. This includes referral intake, eligibility and assessments, service coordination, IFSP meetings, the provision of services, processing of invoices and other programmatic functions.

1. Eligibility Criteria and Determination

- **NEW: Initial eligibility for children without a qualified medical condition:** Initial eligibility shall be determined using the BDI-2 NU. Eligibility for children that was determined using the Assessment, Evaluation, and Programming System for Infants and Children (AEPS) eligibility cut-off score after April 1 will expire six months from the date of the child's initial IFSP and a multidisciplinary evaluation using the BDI-2 NU shall be administered to determine eligibility. If the child does not present at least a 25 percent delay in one of the developmental domains at the time of the multidisciplinary evaluation, the child will no longer be eligible for early intervention services and must exit the program.

- Auto-eligible children: Children with an approved condition are automatically eligible for early intervention services. The AEPS shall be completed to establish the child’s baseline functioning and for service planning.
- **NEW: Annual eligibility determination**: Annual eligibility shall be determined using the BDI-2 NU. Children whose annual eligibility had not been determined prior to April 1 shall now be determined prior to the expiration of their current IFSP using the BDI-2 NU. If the child does not present at least a 25 percent delay in one developmental domain at the time of the multidisciplinary evaluation, the child will no longer be eligible for early intervention services and must exit the program.

2. Evaluations and Assessments

- **NEW: Multidisciplinary evaluations**: Multidisciplinary evaluations using the BDI-2 NU standardized evaluation tool shall be conducted virtually. A BDI shall be completed by two providers through a real-time video-audio platform to determine eligibility. A BDI shall not be completed by phone.
 - Consent: Early Interventionists shall obtain and document consent in the child’s electronic early intervention record prior to the completion of the BDI. If written consent cannot be obtained, follow the attached guidance for receiving verbal consent.
 - In the instance the eligibility evaluation cannot be conducted virtually due to the family’s lack of resources to participate in a virtual visit, a conversation between the service coordinator and the family should take place to determine how an in-person visit might occur. In-person eligibility evaluations shall be limited and only one provider shall be in-person while the other provider connects virtually.
- AEPS assessments: AEPS assessments should be completed by two providers through a real-time video-audio platform to determine eligibility. If the parent is not able to participate via a video platform, the AEPS may be completed by phone.

3. Eligibility Process

A. Intake

- The intake unit shall process all referrals as they are submitted, contact the family to verify demographic information and assign a service coordinator.

B. Family Interviews and Referrals for Evaluation

- The family interview and initial introduction to the early intervention program shall be completed through a real-time video-audio platform. If the parent is not able to participate via video platform, the family interview may be completed by phone.
- Initial Consent and Prior Written Notice: Service coordinators shall obtain and document consent in the child’s electronic early intervention record prior to the completion. Families may provide written consent electronically in accordance with the attached *Guidance for Receiving Alternatives to Signed Consent*.
- Service coordinators shall email the Part C Procedural Safeguards to families with access to the internet and/or cellphone data services. If families do not have an email address on file, decline to provide an email address or upon sending, or the email is returned “unable to send,” service

coordinators shall send the OSSE site link to the procedural safeguards to the family via text message prior to moving forward with the family interview: osse.dc.gov/publication/families-have-rights-idea-part-c-procedural-safeguards. Families can confirm receipt of the procedural safeguards via text.

C. Referral for Assessment

- Service coordinators and direct service contractors shall monitor the due dates for each child's AEPS assessment. The direct service contractor shall complete the AEPS with a valid referral, and if needed, a valid authorization from a Medicaid managed care organization (MCO), no later than two weeks and no sooner than five weeks prior to the six-month/annual review IFSP date. It is the responsibility of the direct service contractor to notify the service coordinator if no referral for the assessment has been submitted in the child's early intervention record to complete the AEPS on time for the six-month review or annual review IFSP.
- Service coordinators shall use the child's electronic early intervention record to refer children for AEPS assessment. During this time, only referrals for AEPS assessment will be authorized or assigned. No referrals for multidisciplinary evaluations shall be requested through a child's electronic early intervention record.
- Medicaid MCO care managers shall process authorizations for and assign an approved contracted evaluation agency to children enrolled with MCOs.
- The Strong Start operations team shall assign an evaluation agency for children with Fee For Service Medicaid, no insurance and commercial health insurance.
- Evaluation sites shall process referrals as they would under non-emergency circumstances including contacting the family, sharing their role in the eligibility process and scheduling the assessment.

D. Conducting AEPS Assessments

- For six-month, annual and exit AEPS referrals, as per current practice, the service coordinator will assign one of the treating early interventionists to complete the AEPS via real-time video-audio platform or by phone with the family and document the results in AEPSinteractive (AEPSi).
- Consent: Early Interventionists shall obtain and document consent in the child's electronic early intervention record prior to the completion of the AEPS. If written consent cannot be obtained, follow the attached guidance for receiving verbal consent.
- Assessment Prior Written Notice (PWN): The PWN document can be emailed to the family prior to the AEPS session. If the parent does not have an email on file, declines to provide an email or, the email is returned 'unable to send' or otherwise invalid, evaluation sites shall document those details and add the documentation to the child's electronic early intervention record.
- AEPS Summary and Child Observation Data Recording Form (CODRF): Early interventionists shall complete the entire AEPS assessment and accompanying report, and upload it to the child's early intervention record within five business days from the date of the assessment.

E. Initial IFSP Meetings

- Initial: Service coordinators shall convene initial IFSP meetings via real-time video-audio platform. All members of the child's IFSP team must be invited to the IFSP meeting including, but not limited to, MCO care managers and evaluators. If the parent is not able to participate via video platform, the IFSP meeting may be completed by phone. The service coordinator shall document the use of video-audio or telephone meetings in the child's electronic early intervention record.

F. Eligibility and IFSP Timelines

- 45-day Timeline: Initial referrals for eligibility shall meet the 45-day timeline.
- Annual Eligibility Timeline: While annual eligibility will not be determined during the COVID-19 emergency, the IFSP end date remains effective. A new IFSP shall be developed prior to the expiration of the previous eligibility IFSP.
- Transition Timeline: Service coordinators shall continue to adhere to the transition timelines and ensure that the transition meeting with the family and local education agency (LEA) is convened between the child age of 2 years 6 months and no later than the child turning 2 years 9 months of age. Service coordinators shall continue to invite the LEA and upload the most updated documents required to ensure that Part B can continue with their process to determine eligibility.

G. Delays in the Eligibility Timeline

- Families may delay the eligibility process due to a lack of availability at the time of a scheduled appointment. After repeated attempts to contact or attempts to schedule assessments and meetings via telehealth, service coordinators may document a family delay.

H. Temporarily Declining Eligibility

- Families who wish to participate in the eligibility process once in-person contact restrictions have been lifted may decline to participate in any part of the eligibility process via telehealth. Service coordinators shall document a family's decision to temporarily decline eligibility determination as a family delay.

I. Referral for services

- Service coordinators shall continue to upload referrals for service(s) using the child's electronic early intervention record.
- MCO care managers shall continue to authorize referrals for services and identify a provider.
- Service coordination supervisors shall continue to monitor the service list for distribution to the DC EIP vendor agencies.
- DC EIP vendor agencies shall continue to monitor the service list and accept cases as their capacity allows.

4. Service delivery

- All services shall be provided via telehealth.
- The term telehealth, as recently updated by [DHCF](#), includes services delivered by phone (audio) or through video conferencing (audio-visual) technology.
- The US Department of Health and Human Services has released a notification of Health Insurance Portability and Accountability Act (HIPAA) enforcement discretion that allows the use of non-public facing remote communication products such as FaceTime, Google Hangouts or Skype to deliver telehealth services and communicate with patients. Public-facing apps such as Facebook Live, TikTok and Twitch are not allowed. The full notification is available here: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Providers shall notify parents that the allowed use of non-public facing third-party applications potentially introduces privacy risks, as does with the use of non-secure devices like cellphones or tablets.

- Parental consent shall be obtained using the *DC EIP Informed Consent for Virtual Early Intervention Services*.
- Contact notes for services delivered via telehealth shall clearly document this method of delivery and specify whether it was by phone (audio) or video conferencing (audio-visual).
- Early interventionists shall offer services via telehealth and in accordance with the frequency listed in the child's IFSP. Services shall be scheduled and documented under current practices and families retain the right to cancel or decline services at any time.

A. Provision of Service Timelines

- 30-day Timeline: Referrals for direct services shall meet the 30-day timeline.
- Extended IFSP meetings shall be convened prior to the child's third birthday.

B. Delays in the Service Provision Timeline

- Families may agree to receive services through telehealth but cancel, or otherwise miss the first session (within the 30-day timeline) due to lack of availability at the time of a scheduled appointment. After repeated attempts to contact or attempts to schedule the first session via telehealth, service coordinators may document a family delay. Early interventionists need to enter the date that a session was offered in the child's early intervention record and document it as a cancellation by the family.

C. Temporarily Declining Services

- For initial IFSPs, families may choose to complete the eligibility process but decline to have telehealth services. A family's choice to temporarily delay their first session until DC Early Intervention returns to normal operating status should be documented as a family delay.

D. Temporary Suspension of Services

- Families with active IFSPs prior to a public health emergency may request all services and meetings be suspended until the public health emergency is lifted. In such cases, the service coordinator must document the family's preference and provide service coordination services only.
- The family may resume their prior IFSP services at any time subject to provider availability.
- When the family is ready to resume services, the service coordinator, in collaboration with the IFSP team, shall review child progress and the IFSP via telehealth to determine if the outcomes or services should be updated as a result of the interruption in services.

E. IFSP Meetings

- Annual/Six-Month/Exit/Extended IFSP meetings: Service coordinators shall convene IFSP meetings via real-time video-audio platform. All members of the child's IFSP team must be invited to the IFSP meeting including, but not limited to, MCO care managers, early interventionist(s) providing services and evaluators. If the parent is not able to participate via video platform, the IFSP may be completed by phone. The service coordinator shall document the use of video-audio or telephone meetings in the child's electronic early intervention record.
- Transition IFSP meetings: Service coordinators shall convene a transition conference by real-time video-audio platform or phone between the child age of 2 years 6 months and no later than the child turning 2 years 9 months of age. Service coordinators shall continue to invite the

LEA and upload the most updated documents required to ensure that Part B can continue with their process to determine eligibility.

- IFSP Modification meetings: Service coordinators may convene IFSP modification meetings at the parent's request, with the understanding that all new services will be convened via telehealth until DC EIP has returned to normal operating status.

F. Exiting Early Intervention

- Children found not eligible for Part C or Part B prior to the public health emergency must exit early intervention services at the end of the child's IFSP or the day before the child's third birthday, whichever comes first. These children will not receive compensatory services once the DC Early Intervention Program returns to normal operational status.

G. Exit Assessments

- Exit AEPS must be done no earlier than 90 days prior to the child's exit from early intervention services. In the absence of an AEPS exit assessment in that timeframe, the most recent AEPS data will be used to measure progress.

H. Extended IFSP Option

- The IFSPs of Part B eligible children who continue to be eligible for Part C may be extended until the first day of school following the child's fourth birthday.
- Upon Part B eligibility determination, service coordinators must convene an exit meeting or extended IFSP meeting based on the parent's choice.

I. Scenarios for coordinating extended IFSP option

- Scenario 1. For children who had already started the transition process to Part B prior to the public health emergency and/or agency closures, and Part C and Part B eligibilities have been determined, the service coordinator shall convene an extended IFSP review prior to the child's third birthday if the family desires to continue receiving early intervention services.
- Scenario 2. For a child who has been determined to continue to be eligible for Part C prior to agency closures, but Part B eligibility has not been or will not be determined prior to the child's third birthday, the service coordinator shall ensure that early intervention services continue to be delivered. However, an extended IFSP shall not be developed until Part B eligibility is determined. Once Part B eligibility is determined, if the child is not eligible for Part B, then Part C services shall stop, and the child must exit the program.
- Scenario 3. For a child who is currently receiving early intervention services under the Part C program but annual Part C eligibility cannot be determined due to the COVID-19 public health emergency and/or agency closures, service coordinators shall ensure that early intervention services continue to be delivered until annual review and re-eligibility process can be completed.
- **NEW: Scenario 4**. For a child who is 4 years old, the child can stay in Part C until the day before the first day of school following their 4th birthday.
- **NEW: Scenario 5**. For a child whose Part B eligibility has not been determined and the child is not enrolled in a school, services shall continue until eligibility is determined. However, these additional situations might be encountered.
 - i. Child is younger than age 3 but approaching 3. Service coordinator (SC) and therapist(s) lost communication with family after the COVID-19 public health emergency began-

Case should be closed provided that the SC has made and documented three separate attempts (phone, text, and/or email) to contact the family and the family has been non responsive.

- ii. Child turned age 3 after April 1 and was engaged in the provision of Part C services but Service coordinator (SC) and therapist(s) lost communication with family after the COVID-19 public health emergency began. - Case should be closed provided that the SC has made and documented three separate attempts (phone, text, and/or email) to contact the family and the family has been non-responsive.
 - iii. Child is younger than age 3 right now but approaching age 3. Part B has offered the family to do the eligibility process virtually but family declined and wants to do it once in-person eligibility resumes. - Case may remain open in Part C and services may continue at the discretion of the parent(s).
 - iv. Child turned age 3 and Part C services continued as per this guidance. Part B has offered the family to do the eligibility process virtually but family declined and wants to do it once in-person eligibility resumes. - Case may remain open in Part C and services may continue at the discretion of the parent(s).
- **NEW: Scenario 6.** Child is not on an extended IFSP option and turning age 3 between now and beginning of school. Part B eligibility has not been determined but child is enrolled in a school. - At the discretion of the parent(s), Part C services may continue until eligibility is determined and an Individualized Education Program (IEP) developed.

5. Interpretation Services

- Translation and interpretation services will continue to be available. Service coordinators, early interventionists, MCO care managers and other authorized members of the child's team may request translation and interpretation as needed.

6. Reimbursements

- Services delivered via telehealth will be reimbursed at the same early intervention (EI) rate as in-person services.
- For children with private insurance or no insurance, services delivered via telehealth should continue to be billed to DC EIP using the existing rates based on the service and provider type.
- For children with MCO as insurance, services delivered via telehealth should continue to be billed to the MCO using the existing EI billing codes based on the service and provider type. Vendor agencies are responsible to confirm any modifiers and additional data needed for reimbursement with the MCOs.
- Vendor agencies should refer to the March 19, 2020, Telemedicine Provider Guidance from the Department of Health Care Finance (DHCF) for more information about Medicaid reimbursement for telehealth found at <https://dhcf.dc.gov/page/telemedicine>.
- Part C funds may be used as payor of last resort for children who are not covered by Medicaid and for whom no other payor source covers services provided through telehealth.
- **No Show:** DC EIP will not reimburse for instances of no-show for telehealth appointments.
- **IFSP Meetings:** IFSP meetings will be reimbursed at the \$150 rate.

- AEPS Assessments: AEPS assessments completed via telehealth shall be reimbursed at current rates.
- Invoices for services reimbursed by DC EIP: Invoices should be submitted by the 10th of each month with existing codes and rates.
- Out of range AEPS: A level I AEPS completed for a child at or after age 3 will not be reimbursed.