

Family Infant Toddler Program COVID-19 Response Frequently Asked Questions

The Family Infant Toddler Program has received numerous questions and concerns regarding Early Intervention services during the COVID-19 health emergency. This document includes answers to the questions we have received as of **March 30, 2020**. **New questions are in purple.**

We are monitoring updates related to COVID-19, and seeking guidance as needed, from our federal and state partners, and will provide information as the situation changes. If you have additional questions, please contact your FIT Regional Coordinator and/or FIT Program Manager.

Due to the COVID-19 health emergency the FIT Program has suspended face-to-face visits with families statewide 3/19/2020-4/10/2020.

1. Can we provide face-to-face visits if parents request it?

No.

2. What options do we have to continue communication with families during suspension of face-to-face visits?

- Video Conferencing
- Telephone Contact
- Email
- Text
- Regular Mail

3. How do we provide Family Service Coordination during this time?

- Family Service Coordination- FSCs should continue on-going communication with families by phone, email, text, videoconference as appropriate for the family. FSCs should document the method of their contact with families, actual time of contact, and details of the communication, in their log notes (as usual).



4. How do we provide Early Intervention Services during this time?

Early Intervention services may be provided via Telehealth.

A. Telehealth

1. Follow 8.310.2 NMAC when conducting telehealth visits. “An interactive telemedicine communication system must include **both** interactive **audio** and **video** and be delivered on a real-time basis at the originating and distant sites.”
2. The **Telehealth visit will be billed at the Home/Community Based Rate** during the COVID-19 health emergency.
3. FSC log notes must document parent consent for IFSP services to be delivered by Telehealth during the COVID-19 health emergency.
4. The service provider log note must indicate the service is occurring via telehealth.
5. A Prior Written Notice is NOT required to begin delivery of IFSP services by Telehealth as this is the only mode of service delivery at this time.
6. The IFSP Supports and Services page does not need to be updated to reflect delivery of services by Telehealth.
7. When completing Telehealth visits, ensure privacy is protected to the best of your ability. Privacy includes Provider and Family must be in a private location.
8. Recording of telehealth visits for use by the IFSP team requires parent consent documented on the “Video Consent Form- Early Intervention Team and Coaching” <https://www.cdd.unm.edu/ecln/FIT/pdfs/ChildRecordForms/Video-Consent-Form-EI-Team-Coaching.pdf>
9. Additional Telehealth Tools and HIPPA statement on Telehealth are posted on the FIT UNM CDD Portal COVID-19 Response webpage: <http://cdd.unm.edu/early-childhood-programs/early-childhood-learning-network/family-infant-toddler-program-training/covid19.html>

5. May Co-Visits occur via telehealth?

YES. Co-Visits may continue to occur via telehealth as long as all parties are in different locations. Social Distancing is vital to everyone’s health.

6. Childcare centers are limiting access to their centers and not allowing EI Personnel to enter. We have been seeing a child in a childcare setting. Can we continue to provide the service in the childcare via Telehealth?

1. YES. You can use Telehealth to provide services listed on the child’s IFSP with the documented consent of the family and the childcare provider.
2. Communicate and collaborate with the childcare provider to use telehealth in the way that will be productive for the provider, the child/family, and yourself/your team.
3. Consent for Telehealth in the childcare setting must be documented in the FSC log notes and must be indicated as the method of service delivery in the provider’s log note for each visit conducted in this way. (PWN is not required.)



7. What about confidentiality and privacy related to use of Telehealth in day care settings?

1. When consent has been provided by the parent and childcare provider for use of Telehealth in the childcare setting, observe the same guidelines as for Telehealth in the home.
2. When completing Telehealth visits, ensure privacy is protected to the best of your ability. Privacy includes the EI Provider and participants in the Telehealth visit must be in a private location. The daycare setting where you typically provide services is considered a private location if the child and childcare provider are in the usual space in which face-to-face visits occur.
3. Use discretion if there are individuals other than day-care personnel present in the space where Telehealth is being used.
4. Do not record Telehealth in the daycare setting unless you can ensure that no one other than the child, a family member, child care provider will be recorded (neither audio nor visual), and the appropriate consent has been obtained: Video Consent Form- Early Intervention Team and Coaching”
<https://www.cdd.unm.edu/ecln/FIT/ChildRecordForms.html>

8. What if parents decline the use of Telehealth for their services?

1. FSC log notes must document parent choice to decline Telehealth delivery of the services on their IFSP.
2. Use “Family Other” in FIT KIDS to indicate visits missed when families have declined Telehealth for the visit.
3. Discuss with the family the need to suspend IFSP services that will not be delivered by Telehealth.
4. Ensure that families are informed that the temporary suspension of the IFSP services will not affect the services
5. Document suspension of services in FSC log notes and request that parents document their consent by signing a PWN.

9. What if a family does not want to receive telehealth or does not have access to audio/visual devise?

Collaborative Consultation may be used during this crisis to remain in contact with families to support strategies in a child’s IFSP. See guidelines below:

Collaborative Consultation (with families during the current health emergency)

1. Collaborative Consultation may be used by an IFSP service provider (by one individual or by a team) to consult with families about their child’s development or progress.
2. Collaborative Consultation may be used by an IFSP service provider with other caregivers who are part of the child’s ongoing support system and are a part of



NEW MEXICO
Family Infant
Toddler Program

NEW MEXICO
DEPARTMENT OF
HEALTH

1•877•696•1472 • www.fitprogram.org



that child's natural environment. (i.e. childcare center). Please obtain parent consent to work with other caregivers.

3. Collaborative Consultation as described here can occur by telephone or videoconference and may be **billed at the Home/Community Based Rate.**
4. Use of Collaborative Consultation does NOT replace the delivery of IFSP services through Telehealth.
5. There is currently no limit to the number of times that a provider may use/bill Collaborative Consultation in this way.
6. The FSC is NOT required to participate in the Collaborative Consultation as defined here.
7. Collaborative Consultation does not need to be added to the IFSP.
8. The use of Collaborative Consultation as described here must be documented in service provider log notes.

10. Are we still processing referrals? How?

YES. Each agency will establish the intake protocol they wish to follow for new referrals and agency specific consents. Intake can occur by telephone or videoconference.

1. Use the current guidance on eligibility during the COVID-19 health emergency to discuss the process of eligibility determination with the family.
<http://cdd.unm.edu/early-childhood-programs/early-childhood-learning-network/family-infant-toddler-program-training/pdfs/cme-process-covid-19-infographic.pdf>
2. Share with the family how services and supports are being delivered during the Covid-19 health emergency (See Telehealth and Collaborative Consultation above).
3. Follow your agency protocol, and family needs, for the best method of delivery of documents to families so that those documents can be shared, signed and returned. Fax, email, mail, text (if no Private/Personal Information)

11. How do we complete the CME while all face-to-face services are suspended?

The CME process, which requires completion of the IDA assessment process including the IDA protocol, is suspended for all providers outside of a hospital setting.

A “presumptive eligibility” process has been put in place.

12. If we're not doing a CME, how do we determine “presumptive eligibility” for newly referred infants/toddlers?

To enroll a child via presumptive eligibility for FIT services:

With the family's consent, gather enough information from the family to assess the child's potential eligibility for IFSP services as follows:



Established Condition, Bio/Medical Risk, Environmental Risk

1. Per discussion with the family, if the child meets criteria for eligibility due to Established Condition, Bio/Medical Risk, or Environmental Risk, then “presumptive eligibility” has been established.
2. Develop an interim IFSP. (See below.)

Probable Developmental Delay

1. Complete the ASQ-3 screening tool with the family via mail, phone, videoconference, secure email or fax.
2. If the ASQ-3 indicates developmental concerns; presumptive eligibility has been determined
3. If the ASQ-3 is not available for use you may use Informed Clinical Opinion for the Presumptive Eligibility based on parents report of child’s development and/or observation of the child via telehealth.
4. A secondary review should occur with all Informed Clinical Opinion. Following the health emergency, the annual determination will need to be completed with any adjustments necessary made to the IFSP following standard procedures.
5. Develop an Interim IFSP. (See below.)

A CME may not be billed. Billing for presumptive eligibility would be E & A for time completing tools used to determine eligibility.

Hearing and Vision screenings may be postponed for up to 90 days. If a child is suspected of having a hearing loss or a concern with vision, please contact the Regional Supervisor within your area. Consultation is available from NMSD or NMSBVI during this time.

13. Do we need to complete a written report when using the presumptive eligibility process?

YES. While the report does not need to be lengthy for presumptive eligibility, it must include the following:

1. Document the process and the outcome for presumptive eligibility.
2. Include: Referral Date, Child’s Name, Child’s DOB, Date of Presumptive Eligibility Determination, Tool(s) Used and/or Medical Record review and Parent Report, result of ASQ, ERA, Medical Record Review, etc.
3. The person completing the presumptive eligibility review must sign with credentials and date.



14. Do we have to have two disciplines when completing the ASQ-3?

No. Because presumptive eligibility is being used for new referrals at this time and a full comprehensive multidisciplinary evaluation will occur to determine Eligibility once officials have deemed social distances is no longer required.

15. How do we complete an Interim IFSP?

1. With parental consent an interim IFSP shall be developed and implemented, when an eligible child or family have an immediate need for early intervention services prior to the completion of the evaluation and assessment.
2. The FIT Interim IFSP form for use during the COVID-19 health emergency must be used. It has been added to the FIT Portal COVID-19 Resources: <http://cdd.unm.edu/early-childhood-programs/early-childhood-learning-network/family-infant-toddler-program-training/pdfs/fit-interim-ifsp-fillable.pdf>
3. The use of an interim IFSP does not waive or constitute an extension of the evaluation requirements and timelines. Guidance from OSEP has been requested concerning timelines.

16. Who must participate in developing the Interim IFSP?

1. The interim IFSP can be completed by the FSC and EI service provider with the family by telephone or videoconference.
2. The meeting should be billed as Collaborative Consult at the Home/Community Provider Rate.

17. If the health emergency continues and we are not able to do a CME and initial IFSP before the 45-day timeline, what do we do?

Clarification/guidance regarding this timeline has been requested from OSEP. Until further guidance is given:

The Intake/Family Service Coordinator must document in log notes in the case record that the timeline was not met due to restrictions related to the COVID-19 health emergency. **Enter “Family: Other” in FIT KIDS as the reason for the delay.**

18. How do we determine ongoing eligibility when the Annual IFSP is due?

1. The use of ongoing assessment information (parent report, AEPS, HELP, domain-specific tools, clinical observation) combined with the use of the IDA process by a multidisciplinary team may be used to determine the child’s ongoing eligibility.
2. A TTA meeting may be held via phone or videoconference to complete scoring of the IDA protocol. *Per page 36 of E&A Technical Assistance Document:* “Given that the (IFSP) team has worked with the child & family using the transdisciplinary approach for an entire year, there should be very few items on



the Province Profile that would need to be directly administered in order to determine if the child possesses a particular skill.”

3. Teams may use Informed Clinical Opinion for ongoing eligibility in the event there is only one early intervention practitioner working with the child or the team is unsure of the eligibility determination by following step #1 above.
4. A secondary review should occur with all Informed Clinical Opinion. Following the health emergency, the annual determination will need to be completed with any adjustments necessary made to the IFSP following standard procedures.
5. Hearing and Vision screenings may be postponed for up to 90 days. If a child is suspected of having a hearing loss or a concern with vision, please contact the Regional Supervisor within your area. Consultation is available from NMSD or NMSBVI during this time.

19. Can we complete an Annual IFSP meeting over the telephone or by videoconference?

1. YES. All attendees may participate remotely in the Annual IFSP by telephone or videoconference.
2. All parties identified via Standards who are required to attend the meeting must still participate in the meeting.
3. IFSP meetings are billed as Collaboration Consultation and are reimbursed at the Home/Community Provider Rate (including if participation is by phone or videoconference).
4. The Prior Written Notice MUST indicate the IFSP meeting will occur via telephone/video conference due to the COVID-19 health emergency. Follow your agency guidance or family preference for delivery of PWNs by mail, secure email/fax, photo attachments.
5. Individual log notes must document the method of participation of each member who participates in the IFSP meeting (phone or video).
6. The FSC will follow up with the completion of the signature page as agreed upon by the family and FSC.

20. How do we complete IFSP Review meetings?

Follow the same guidance as for the Annual IFSP meeting.

21. Are there any changes to TTA meetings?

No. TTA meetings may be held via teleconference or videoconference with several or all team members attending remotely. Speak with your agency about how you can access remote teleconferencing away from your worksite if needed. Remote teleconferencing resource- <https://www.freeconferencecall.com/>.



NEW MEXICO
Family Infant
Toddler Program

NEW MEXICO
DEPARTMENT OF
HEALTH

1•877•696•1472 • www.fitprogram.org



22. When do we need to use a Prior Written Notice (PWN)?

OSEP continues to require the use of informed consent by Prior Written Notice for notification of IFSP meetings and changes to existing IFSP services (other than the change of an existing service to Telehealth delivery).

23. What guidance should we follow about Transition Conferences at this time?

All conferences are to be completed via video conference. If our Part B partner indicates they will not be attending, please document in the FSC log and notify your FIT Regional Coordinator.

24. Will we be serving children beyond age 3 since schools seem unable to complete their diagnostics?

At this time we are working with our Part B partners to determine how to serve children exiting Part C who are eligible for Part B services.

25. How do we determine the Early Childhood Outcome (ECO) rating?

At this time, you may not have sufficient information to complete the rating, thus you will need to wait. For children with whom you do have sufficient information you may continue to complete the ECO and discuss with the family the outcome and enter into FIT-KIDS.

26. May we spend our professional development funds on supporting our staff with learning telehealth?

YES. This is an important area for all staff to learn technology, working with families via telehealth, etc.

Non-FIT Procedural Questions:

• **If we purchase iPad's may we be reimbursed?**

Unfortunately, the FIT Program has no means of reimbursement for additional telehealth equipment. Please contact your Regional Coordinator to see if any Mini iPads are still available.

• **Will their being any special funding for FIT Providers during this health emergency?**

Unknown. Currently there is no special funding available. Rates for telehealth have been increased. Restrictions for the use of Collaborative Consultation have been reduced. Telehealth and Collaborative Consultation are billed at the Home/Community rate.



- **Since we are considered an Essential Business, do we have to follow the stay at home order?**

It is very important that essential businesses practice social distancing as well as no more than 5 people together when at all possible. Please support the health of your community, your employees and your family.

FIT COVID-19 Response updates along with family resources and other information will be posted on the FIT Portal. <http://cdd.unm.edu/early-childhood-programs/early-childhood-learning-network/family-infant-toddler-program-training/covid19.html>

Additional Resources:

New Mexico COVID-19 Resources and Updates:

NMDOH Coronavirus Microsite- <https://cv.nhealth.org/>

NM Coronavirus Health Hotline (for individuals with symptoms)- **855-600-3453**

NM Coronavirus Hotline (non-healthcare related) **1-833-551-0518**

FIT updates posted to the FIT Portal on UNM CDD website:

<http://cdd.unm.edu/early-childhood-programs/early-childhood-learning-network/family-infant-toddler-program-training/covid19.html>

NM Early Childhood services/resources for families and providers:

<http://www.newmexicokids.org>

Information for workers affected by COVID-19:

<https://www.dws.state.nm.us/COVID-19-Info>

Center for Disease Control and Prevention (CDC) COVID-19 Resources and Updates:

CDC <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Spanish <https://www.cdc.gov/coronavirus/2019-ncov/index-sp.html>

