



NEW YORK CITY DEPARTMENT OF

HEALTH AND MENTAL HYGIENE

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March 18, 2020

Dear Early Intervention Provider,

The New York City Department of Health and Mental Hygiene's Bureau of Early Intervention (BEI) continues its commitment to families and the provider community during the progression of the novel coronavirus (COVID-19) pandemic. The Bureau would like to thank Early Intervention providers and staff for their ongoing commitment to the Early Intervention Program during this challenging time.

The Bureau of Early Intervention would like to provide the following updates.

1. The NYC Early Intervention Regional Offices continue to be at full operational capacity, with a portion of the staff working remotely.

Service Coordinator Communications with Families

2. All Service Coordinator contacts with families must be conducted by phone.

a. Service Coordination agencies must ensure that Service Coordinators obtain written consent prior to using email to communicate with the parent and prior to sending any documents via email and attach the signed consent form to the child's integrated case in NYEIS.

- i. [Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) (PDF)
- ii. [Spanish - Parental Consent to Use E-mail to Exchange Personally Identifiable Information](#) (PDF)

BEI Provider Oversight

3. BEI's Provider Oversight Unit will be rescheduling monitoring visits. BEI will ensure that providers receive a 30-day notice prior to their rescheduled Provider Oversight visit.

Center-based Early Intervention Services

4. As you are aware, the New York City Department of Education has closed schools until April 20, 2020. The impact on the NYC Early Intervention Program is that school bus transportation is no longer available for center-based Early Intervention services. In order to accommodate this change in the service landscape, effective immediately:

- a. School bus transportation will no longer be offered as an option during any IFSP meeting, given the uncertainty as to when school bus services will be resumed.
- b. Center-based service authorizations can be amended to home-based settings with parental consent.

Teletherapy During the COVID-19 Public Health Emergency

As stated in the New York State Department of Health COVID-19 Guidance of March 18, 2020, during the declared state of emergency, reimbursement will be available for individual telehealth (virtual) early intervention services provided in accordance with the child's Individualized Family Service Plan (IFSP). Therefore, all Early Intervention evaluations and therapy services should be provided utilizing a teletherapy approach to the maximum extent possible. In order to ensure that teletherapy is appropriately implemented:

Service Coordinators must ensure that:

1. The parent/guardian has the necessary platform to conduct virtual therapy services.
 - a. This means that the service must include video and audio components for the entire duration of the authorized visit.
2. The parent/guardian understands that they must be present for the entire duration of the session and that they will be actively participating throughout the session.
3. The parent/guardian family signs a consent for service to be delivered virtually **before** initiating teletherapy services.
4. The consent for teletherapy is uploaded into the child's integrated case.
5. The parent/guardian understands that teletherapy services provided pursuant to their IFSP will be in place of, and not in addition to, their IFSP mandate.
6. They use the attached checklist with each family, titled "New York City Bureau of Early Intervention Sample Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19."
7. The family has the option of signing the consent via email (if the family has consented to the use of email), or via US postal service or fax.
8. They check-in with the family within 1 week of initiation of teletherapy to ensure that teletherapy has been initiated and is being delivered as authorized.

Therapist/Teachers delivering teletherapy must ensure that:

1. They have discussed teletherapy services with the parent/guardian with proper consideration given to the parent/guardian's comfort with and access to the necessary technology.
2. They conduct the session/evaluation in a secure area that is private and cannot be overheard or viewed by individuals who are not involved in the session.
3. No other family's personally identifiable information is visible during the session.
4. They discussed the parent/guardian's role before the initiation of teletherapy to ensure that the parent/guardian understands that they will be actively participating during the entire duration of the session/evaluation.
5. They do not initiate the delivery of teletherapy until the assigned Service Coordinator has obtained consent from the parent/guardian and attached it to the child's integrated case in NYEIS.

Provider agencies must:

1. Review and utilize the attached guidance document titled: **Guidance for Teletherapy for Service Sessions and Evaluations During COVID-19**
 - a. Please contact Embeddedcoaching@health.nyc.gov for clinical questions regarding evaluations and service sessions delivered utilizing teletherapy
2. Use the attached template spreadsheets to track the change of service authorizations:
 - i. From center-based to home
 - ii. From center-based to teletherapy
 - iii. From home to teletherapy
 - iv. Suspended (if parents choose to suspend services)

There is one tab for center-based authorizations and one for home-based authorizations. Agencies should use these sheets to track all of their active service authorizations as they are changed. **The updated workbook should be emailed to EITA@health.nyc.gov every Friday.** Remember also that:

- Changes from center-based to home-based or teletherapy services require an amendment to the IFSP and a change to the service authorization
- Changes from home-based to teletherapy services should be noted in the Comments section of the service authorization in NYEIS.

Please be aware that during this emergency period, BEI will be conducting more intensive outreach and quality assurance with families to ensure that they are receiving services as authorized.

Sincerely,



Daniel H. Stephens, MD