New York City Department of Health and Mental Hygiene, Division of Family and Child Health, Bureau of Early Intervention Guidance for Teletherapy for Service Sessions and Evaluations During COVID-19 (3/18/2020)

I. Conduct Early Intervention Evaluations Utilizing a Teletherapy Service Delivery Method

All Multidisciplinary Evaluations and supplemental evaluations must comply with PHL 69-4, Memoranda, Clinical Practice Guidelines, and NYC BEI Policy and Procedure Manual regardless of whether they are being conducted using telehealth. Guidance is provided in order to assist with using this new modality in Early Intervention. However, it is not exhaustive, and evaluators are required to comply with all regulations and guidance documents.

1. Prepare to conduct an evaluation utilizing teletherapy

a. Evaluator must have a smart device and internet connection.
b. Evaluator must have a space that is quiet and free from distractions (e.g., noises, other conversations, other persons in the space).
c. Do not initiate the delivery of an evaluation utilizing teletherapy until the assigned Service Coordinator has obtained consent from the parent/guardian and has completed the **NYC BEI Sample Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19 (3/17/2020)**.
d. Evaluators who conduct evaluations utilizing teletherapy must use care in selecting assessment tools and techniques that are appropriate to the technology and take into consideration the family's cultural, linguistic, and educational background. Assessment materials and procedures may need to be modified in order to account for the lack of physical contact.

Notes:

- Typical evaluation instruments are not normed on telehealth/teletherapy. It is unlikely that reporting scores from a norm-referenced instrument would be appropriate when doing evaluations via teletherapy and determining a child's functional abilities and eligibility for the Program. What will be most helpful will be the use of detailed behavioral observations of the child, parent interview, and informed clinical opinion.
- It is required that the evaluator discuss what the parent/caregiver can do to foster their child's development and address their specific concerns as part of the evaluation process.
- It is likely that there will be instances where an evaluation conducted by teletherapy will not provide adequate information to determine the child's eligibility. Even if this is the case, the evaluator should be prepared to make

suggestions about activities the parent/caregiver can do with their child to address their concerns, until such a time as an in-person MDE can be completed.
- The child can also be referred to Developmental Monitoring.
- **Please contact Embeddedcoaching@health.nyc.gov for clinical questions regarding evaluations and service sessions delivered utilizing teletherapy**

2. **Conduct an initial phone call with the parent/guardian:**
    a. Set parents'/guardians' expectations of what this unique type of evaluation will look like.
    b. Provide the therapist name, discipline, agency name.
        - *Sample text: Hi, my name is ____ . I am a ____ therapist from ____ agency. Your child has been referred to Early Intervention for evaluation because you were concerned about _____.*
    c. Confirm identity of child by comparing information below to EI referral information/NYEIS
        i. Name
        ii. DOB
        iii. Address/phone number
        iv. Parent's name
    d. Confirm the identity of the adult who will be present during the teletherapy evaluation and their relationship to the child
    e. Ask about the parent/guardian concerns/reason for evaluation
        - *Sample text: Tell me more about your concerns about your child and why you want your child evaluated*
    f. What device(s) does the family have available? (e.g., smart phone, tablet, iPad, computer)
    g. Describe how the evaluation will be conducted virtually.
        - *Sample text: Because of the Corona virus pandemic, aka COVID-19, we're having to do things a bit differently. We're going to be doing evaluations using technology such as a smart phone, tablet, or computer. We need to be able to see and hear each other at the same time. What do you have that will allow for this? What do you think will work? Because this is new to all of us, we need to figure out how and when to do the evaluation.*

3. **Provide the parent/guardian with a pre-evaluation set-up/orientation to evaluation**
    a. Describe the steps of an evaluation to the parent, including explaining that the evaluator will:
        i. Obtain history from parent(s) and other caregivers
        ii. Make observations of child
        iii. Make observations of caregiver-child interaction

iv. Make observations of how child performs requested activities OR routine activities.
v. Talk with other caregivers who have knowledge of the child.
vi. Review relevant medical records or prior evaluations.

b. Ensure that the parent/guardian understands that the evaluator will suggest activities or tasks in order to be able to accurately observe the child's strengths and needs. E.g., use of large and small muscles, how the child lets people know what s/he wants, how the child behaves with different people and in different situations
   - *Sample text: We're going to have to talk about a few things ahead of time so we can be ready to do the evaluation. These are some of the things we'll be talking about and looking at.*

c. Coordinate and plan with other evaluators
d. Determine if an arena-style evaluation would be optimal for the parent.

4. Conduct a virtual tour with the parent/guardian

- *Sample text: In order for the evaluators to get an accurate picture of your child, we'll need to see what you have available in your home so that we can get an idea of how your child uses large and small muscles, how your child lets people know what s/he wants, how s/he behaves with different people and in different situations, what your child is good at and not so good at.*
- *It would be helpful if you would give me a quick video tour of the space where the evaluation might take place, some of your child's toys, and where s/he plays and spends time. This will help me prepare and give you some suggestions about what objects or toys you might have at home that we could use during the evaluation, in order for us to get an accurate picture of your child.*

a. Gross motor/big muscles:
   - *Where will we be able to see your child move around as s/he usually does?*

b. Fine motor/small muscles:
   - *What small items do you have that would interest your child, so we can see how s/he picks things up and uses his/her hands and fingers?*

c. Cognitive/problem-solving:
   - *What does the child like to play with? Does s/he have favorite toys? How does s/he play with toys or other objects in the home?*

d. Communication:
   - *How does your child let you or others know what s/he wants? How does your child let you know that s/he understands what you've said to him/her?*

e. Social-emotional:
   - *What happens when s/he does or doesn't get what he wants? How do they handle frustrations and challenges? How do family members act when this happens?*

f. Adaptive: Feeding/bathing/diapering/toileting issues/function:
   - *Does your child present challenges when you try to feed/bathe/diaper/toilet him/her? Tell me about those. What have you tried so far to help make these activities easier for you and him/her?*

g. Other concerns not previously mentioned:
   - *Are there any other things you may be concerned about or that you want me to know about your child?*

5. Conduct the evaluation utilizing teletherapy

a. Obtain developmental and behavioral history from parents/caregivers. This would include daycare providers (although the daycare may currently be closed).
b. Obtain medical information from the child's healthcare provider. Determine if the child has a diagnosed condition that makes him/her eligible for the EIP.
c. Observe caregiver/family and child interactions. Have there been changes in the usual caregiving arrangements? E.g. Was the child previously in daycare and is now being cared for elsewhere and/or by someone different due to COVID-19?
d. Ask caregiver about their daily routines/who is involved in these routines. Have there been changes in the child's routines related to the COVID-19 pandemic?
e. Ask about child's likes and dislikes/favorite activities.
f. Ask what the child loves to do and does well. What are his/her strengths/needs.
   - *I would like to see your child do _____. What do you have in your home that will help me see that?*
   - *I am going to use a doll to show you some of the things I want you to do with your child.*
g. Depending on parent/caregiver concerns, you will want to observe the child at different times of the day (e.g., during mealtimes or bath time). You may need to do a teletherapy session with the parent more than once in order to obtain a complete representative picture of the child.

   (PHL 69-4.30 (c) (2) Multidisciplinary evaluation as defined in section 69-4.1 (m) of this Subpart and performed in accordance with section 69.4.8 of this Subpart. Reimbursable evaluations shall include core evaluations and supplemental evaluations. A provider shall submit one claim for a core or supplemental evaluation regardless of the number of visits required to perform and complete the evaluation.)

h. If the child's response to the teletherapy evaluation is not sufficient for you to obtain a complete picture of him/her (e.g., asleep, crying unconsolably), you will

need to be prepared to have a teletherapy session with the parent at another time, as stated above under item "g".

i. If a follow-up call still does not provide adequate information, a teletherapy evaluation may not result in an eligibility determination. Whether it does or not, the evaluator should be prepared to make suggestions about activities the parent/caregiver can do with their child to address their concerns, until such a time as an in-person MDE can be completed. The child can also be referred to Developmental Monitoring.

ii. If the EIO determines that the information obtained in the evaluation is not adequate to determine the child's eligibility status, you may be required to obtain additional information through another teletherapy session or other means as appropriate (e.g., history, external documentation)

i. Evaluator should document how they modified assessment materials and/or procedures in order to account for the lack of physical contact. E.g., if the parent rather than the therapist handled or positioned the child, this should be documented and explained.

j. Evaluator should include date/s and time/s in/out of the evaluation. If observations were made on more than one day or multiple times on one day by an individual evaluator, this should be documented.

k. Special considerations for motor therapists

i. Physical set-up of the home
- Area that child is usually in – when awake, when asleep
- Furniture/positioning of child – e.g., bouncy seat, high chair, child-size furniture, bed, playpen

ii. How the child will be positioned during the teletherapy evaluation
- For a child who is younger than 6 months old: padded hard surface (coffee table, bed, floor) and seating (infant seat), parent lap
- For a child who has begun to creep or crawl/change positions: a larger padded area and seating is needed (baby seat/high chair, if child has attained sufficient trunk control)
- For a child who has begun to attain upright positioning, look for space such as a couch (to assess pulling up to stand, standing with back supported, cruising, etc.) and seating (high chair, or child-sized chair)
- For a child who has acquired walking without support (typically >=18 months), use stairs (if available) or a low stool (to assess how child negotiates elevated surface) and seating (child-size chair)

iii. Usual materials the child handles/plays with that are in the home (may need to improvise or adjust based on items available in the home, and on family

culture and child's experience, to assess functional abilities). Suggestions include:

- For infants: rattles, sound-making objects
- For older infants: containers/boxes/cans
- For toddlers: shape sorter, big shape puzzles, markers, blocks are in the home environment
- For toddlers older than 2 years: books, stacking rings, stacking cups, puzzles, threading toys

iv. Key components of evaluation for a younger infant (which demands more physical handling)

- Observe child's presentation when s/he is placed in a position (ideally, child will have on only a diaper if situation (such as cleanliness or temperature) allows
- Instruct the parent/guardian to put child into various positions (may be demonstrated with a doll) such as supine, prone, supported sitting, supported standing
  - Instruct how to provide positional support for the child in each position, as needed
  - Instruct how to provide the facilitation needed for the child to transition between positions, including hand placement and positioning of stimulus, such as an interesting object to get the child to turn/reach/cruise/etc.
  - Have parent move through the child though range of motion of arms and legs

v. For older infants/toddlers, parent/guardian can be instructed how to position the child, how to set up and present a task, as well as how to facilitate/modify as needed.

6. MDE Team Collaboration

a. Once all individual evaluations have been completed, discuss findings as a team to determine eligibility. This could be done through a conference call.
b. Decide which team member will contact parent to discuss results and eligibility status.

7. MDE Summary and Documentation

a. Reporting scores from a norm-referenced instrument is unlikely to be appropriate when doing evaluations via teletherapy and determining a child's functional abilities and eligibility for the Program. What will be most helpful will be the use of detailed behavioral observations and informed clinical opinion.
b. Section IV of MDE Summary: assessment process and conditions

i. Each evaluator must document the length of time of the evaluation, start/end times, and whether it was conducted in more than one session.
ii. Each evaluator must document how the teletherapy session occurred; whether there were distractions or interruptions; if and how an interpreter was used via teletherapy; who else was present during the evaluation and how their presence may or may not have affected the evaluation process and results; and how using teletherapy for the assessment impacted the child's responses.

c. Section VI of MDE Summary: The child's responses and the family's belief about whether the responses were optimal
   i. MDE team must document that they elicited from the family whether the observations made during the teletherapy evaluation were typical for the child.
   ii. MDE team must also consider that the use of video/audio technology as opposed to the presence of a live evaluator may have impacted/distracted the child during the evaluation.
   iii. The MDE team must take this into consideration when they determine the child's developmental domain statuses and eligibility status.

II. Delivering Early Intervention Service Sessions Utilizing a Teletherapy Service Delivery Method

1. Preparation prior to the initial teletherapy Early Intervention (EI) session with parent and child

a. Do not initiate the delivery of Early Intervention service sessions utilizing teletherapy until the assigned Service Coordinator has obtained consent from the parent/guardian and has completed the **NYC BEI Sample Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19 (3/17/2020)**.
b. Ensure that the early interventionist has space that is quiet and free from distractions (e.g., noises, other conversations, other people in the space).
c. Ensure that both the parent and early interventionist have the appropriate equipment available (e.g., smart phone, tablet, iPad, or computer) to support simultaneous visual and auditory interactions between the parent(s) and the early interventionist.
   - This can be assessed by the early interventionist when they schedule the session with the parent.
   - During that telephone discussion, they may try out the video and auditory connection prior to the scheduled session to ensure teletherapy can occur.
   - Parents must always be present during the teletherapy sessions.

Notes:

- It is recommended that all therapists/teachers who will be initiating teletherapy complete NYC BEI professional development training on ***Implementing Family-Centered Best Practices*** at the NYC Early Intervention Program website **Information for Providers Page**. This page also includes another link for the Early Intervention page for ***Professional Development and Training***s at: https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page
- The requirements for Session Notes and Progress Notes remain unchanged for teletherapy sessions.
- **Please contact Embeddedcoaching@health.nyc.gov for clinical questions regarding evaluations and service sessions delivered utilizing teletherapy**

2. Conduct a phone call with the parent/guardian:

a. Set parents'/guardians' expectations of what this unique type of session will look like.
b. (New Cases Only) Provide the therapist name, discipline, agency name
   - *Sample script: Hi, my name is ____ . I am a ____ therapist/teacher from ____ agency. Your child has been authorized to receive early intervention (state service type) services.*
c. (New Cases Only) Confirm identity of child by comparing information below to EI referral information/NYEIS
   i. Name
   ii. DOB
   iii. Address/phone number
   iv. Parent's name
d. Confirm the identity of the adult who will be present during the teletherapy session and their relationship to the child.
e. Ask about the parent/guardian concerns and what they would like to see for their child
   - *Sample text: Tell me more about your concerns about your child. What would you like us to work on? From your IFSP outcomes, I saw you were concerned about _____. This way we can figure out the time to schedule our session. For example, if the parent is concerned about drinking from the bottle, the session would be scheduled during a usual meal time and not when the child is sleepy or not hungry.*
f. What device(s) does the family have available? (e.g., smart phone, tablet, iPad, computer)
g. Describe how the service session will be conducted virtually.
   - *Sample text: Because of the Corona virus pandemic, aka COVID-19, we're having to do things a bit differently. We're going to be doing*

services using technology such as a smart phone, tablet, or computer. We need to be able to see and hear each other at the same time. What do you have that will allow for this? What do you think will work? Because this is new to all of us, we need to figure out how to do this and troubleshoot together.

3. **Embedding interventions within family routines, coaching parents/caregiver, and family-centered best practices should be conducted during teletherapy. During teletherapy sessions, the interventionists will find they need to ask parents/caregivers more questions to gather information and to use a range of coaching strategies to support parents and caregivers. Below are some questions the therapist/teacher can ask to support collaboration, coaching, and communication with families and caregivers:**
    a. Ask the parent about:
        i. How the child has been doing since the last session. You may observe the parent and child in the routine activity to see what progress has been made.
        ii. How the strategies worked or did not work from the last session (NYC DOH EIP Session Note Question #1).
            - *Ask the parent/caregiver about whether it is easier to use the strategy since the last session. Does the parent think the child is functioning better? Is the child more engaged? Is the child getting bored?*
        iii. If the strategy did not work, you may observe the parent trying it out with the child during the family routine to see how the strategy can be modified to fit the family better, based on the parent's feedback and ideas.
            - *Ask the parent/caregiver for feedback about using the strategy.*
        iv. Review with the parent what IFSP functional outcome/objective they would like to focus on during this session (Session Note Question #2).
            - *Based on the child' s progress, ask the parent whether they want to continue working on this functional outcome/objective or whether they prefer to work on another.*
        v. Inquire with the parent/caregiver about what other strategies the rest of the EI team is recommending they do to support the child (if this applies).
    b. The therapist/teacher should jointly decide with the parent/caregiver what the focus of the session will be. To create new strategies (embedded interventions within the routine activities) with the parent, the therapist/teacher will
        i. Observe the parent and child during the routine activity in order to gather information about the child's functioning and engagement;

how the family does their routine; what are the child's strengths; and what and how materials are used (Session Note Question #3). Every family has their individual culture. It is important to respect each family's culture, values, and the way they live. This is why observations (authentic assessments) are important when creating new strategies in partnership with parents. This also helps to individualize their EI services.

- For example, explain to the parent that it is helpful to see how they do their mealtime with the child. *Before we can figure out ways to help _____, may I watch you feed the baby?*

ii. Discuss with the parent what they have tried before that worked and didn't work and what are their ideas to support the child's engagement.

- *After the observation occurs, the interventionist may have a discussion with the parent to gather more information. The interventionist may ask the parent about the frequency, amount, type of milk/formula/food, etc. The teacher/therapist may ask how the parent/caregiver knows when the child is hungry and when the child is full. Is the parent/caregiver the only one that feeds the child or are there others? Show me the different ways the baby is held during feeding.*

iii. Determine what strategy to try out with parent and child during the session based on the discussion with the parent and the observation.

iv. Decide what techniques to use to coach the parent on how to use the strategy. Coaching helps to strengthen the parents' capacities to support their children's functioning and development. For example, early interventionist models with a doll while explaining to the parent what they are doing so parent can try the strategy with their child OR early interventionist observes the parent trying out the strategy while the interventionist provides verbal guidance and coaching (Session Note Question #4).

- *The interventionist can ask the parent/caregiver what they would like to do to understand the strategy better.*

v. While the parent is trying out the new strategy with their child during the routine activity, the early interventionist should encourage feedback from the parent about whether they feel comfortable doing this strategy between sessions. If the parent does not or if the strategy does not fit the way the family does their routine, the strategy will never be used by the parent to support the child.

- *Ask the parent/caregiver: How did that feel? Was it easy to do? Do you think you can try this during feeding times between now*

and the next session? Would you like to change anything? Do you have any questions?

c. Toward the end of the teletherapy session, the interventionist and the parent must decide together what strategy will be used between sessions. The early interventionist, along with the parent:
    i. Reviews how to do the strategy (Session Note question #5)
    ii. Discusses how to know when the child has made progress
    iii. Reinforces reflection, feedback and problem solving between sessions
    iv. Identifies areas for generalization across other routine activities when the child has met the criteria for progress
    v. Considers what functional outcome/objective they can work on during the next session so that they can schedule the next session at the actual time of the routine activity

Resources:

Family-centered best practices recognize that parents are the experts on their children and are equal team members. In 2019, the Early Childhood Personnel Center at the University Center for Excellence in Developmental Disabilities (at the University of Connecticut) reported on the cross-disciplinary personnel agreement regarding the four core areas of competence for EI professionals working with infants and toddlers. This consensus was made by seven national organizations representing disciplines providing early intervention and early childhood services: American Occupational Therapy Association (AOTA); the American Physical Therapy Association (APTA); the American Speech-Language-Hearing Association (ASHA); the Council for Exceptional Children (CEC); the Division of Early Childhood (DEC); the National Association for the Education of Young Children (NAEYC); and Zero to Three.

The four core competencies include:

a) **Family-Centered Practice** (e.g., parent partnership and help giving, parent education in child development, and family involvement in assessment);
b) **Coordination and Collaboration** (e.g., general teaming, resources and referrals, and effective communication);
c) **Interventions as Informed by Evidence** (e.g., knowledge of typical child development and behavior, observations, progress monitoring, and accommodations and adaptations);
d) **Professionalism and Ethics** (e.g., laws, policies, and practice standards, professional development and self-reflection, and administrative leadership).

Early Childhood Personnel Center at the University Center for Excellence in Developmental Disabilities (2019) *Cross-Disciplinary Personnel Competencies Alignment*. University of Connecticut. https://ecpcta.org/cross-disciplinary-alignment-2/

- It is important that the Early Intervention team also remembers to do the **three Cs**: Consistently Communicate and Collaborate with each other and with the parents, whether they are doing teletherapy or working with parents or caregivers like childcare providers and babysitters.

  TaCTICS: Therapists as Collaborative Team members for Infant/Toddler Community Services. http://fgrbi.fsu.edu/index.html

- Evidenced-based components to coaching parents include:

  Rush, D. and Shelden, M.L. (2005). CASEinPoint: Evidence-Based Definition of Coaching Practices. https://fipp.org/static/media/uploads/caseinpoint/caseinpoint_vol1_no6.pdf

  Rush, D. ASHA Professional Development: Using Coaching Strategies to Engage with Families in an EI Context. https://www.youtube.com/watch?v=dJvriZEZfkI

  Rush, D.D. & Shelden, M.L. (2006). Coaching Practices Rating Scale for Assessing Adherence to Evidence-Based Early Childhood Intervention Practices. *FIPP CASEtools*, Vol. 2 No. 2. http://www.eiexcellence.org/intervention-tools/

  Rush, D. and Shelden, M. (2020) Coaching Quick Reference Guide. The Early Childhood Coaching Handbook, 2nd Edition. Brookes Publishing Co. http://archive.brookespublishing.com/resourcelibrary/tipsheets/coaching-quick-reference-guide.pdf

  Hanft, B., Rush, D., & Shelden, M. (2004). *Coaching families and colleagues in early childhood.* Baltimore, MD: Paul H. Brookes.

- The early childhood recommended best practices from the Division of Early Childhood and the Office of Special Education Program:

  Division of Early Childhood. (04/14/2014). *Recommended Practices* https://www.dec-sped.org/dec-recommended-practices

  Workgroup on Principles and Practices in Natural Environments, Office of Special Education Programs TA Community of Practice: Part C Settings (2008, March). *Seven key principles: Looks like/doesn't look like.* http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf