

August, 2020

COVID-19: EarlySteps Operational Procedures Update

Purpose of Guidance Update: To update the procedures for face-to-face early intervention contacts allowing services to be provided in early care and education settings including child care, licensed family home care providers, and Early Head Start centers. These settings are referred to throughout this document as “centers.”

*According to the recent update from the Louisiana Department of Education (LDE) per the [School Reopening Guidelines](#) approved by Office of Public Health, essential visitors are allowed to enter and early care and education centers to carry out essential functions that support the implementation of state/federal law or BESE policy including “essential supports and services including, but not limited to, **early intervention services**, special education services, coaching or mental health consultation.”*

This Operational Procedures Update addresses the EarlySteps ongoing goals to:

- continue to provide early intervention support to children and families in natural environments as determined by the IFSP process with added consideration to health and safety of our families and early interventionists during this COVID-19 event.
- Prevent the spread of COVID-19 and protect the health of families, children, and early interventionists
- Following the Governor’s Phase 2 extension, EarlySteps is following the LDE and LDH transition process to re-opening to allow early intervention services to be provided in child care centers, Early Head Start Centers and licensed family home care providers as determined by the specific center, child needs, and family approval.

The following guidelines are required to in making decisions about how to best support children and families when services can be provided in child care center settings.

1. Early interventionists must obtain approval from the center director prior to providing services at the center since visitors are otherwise strictly limited. Early interventionists must follow child care center criteria for entering facilities. The Child Care Guidelines can be found at <https://www.louisianabelieves.com/docs/default-source/covid-19-resources/child-care-covid-19-guidelines.pdf>. Remember, all early interventionists must have a current child care civil background check (CCCBC) to enter any early care and education center.
2. **Teletherapy:** If a center visit cannot occur based on the telephone screening, other options will be considered. Teletherapy continues as the allowable option for this Phase of the COVID-19 event. Instructions for teletherapy follow as they were detailed in the March 23 guidance, please review and follow the instructions carefully. Early interventionists and families are not required to conduct center-only or virtual visit-only approaches. Alternating between both will limit opportunities for exposure and continue coaching opportunities with families.
3. **Intake and Eligibility Determination:**
 - a. **SPOE staff and Eligibility Evaluators:** the process for telephone screening for center visits also applies to SPOEs, FSCs, and evaluators.
 - b. **Teletherapy:** when a center visit is not an option for intake and/or eligibility evaluations and team meetings, teletherapy is the allowable method.

The Telephone Screening Process will be used to determine whether the early intervention supports will be provided at a center.

Telephone Screening Process for Early Care and Education Visits during COVID-19 - UPDATED

Child: _____ Date: _____

Early Interventionist Name and Signature: _____

Notification to FSC sent—date and time: _____

Health Screening Questions

- 1. Is anyone in the family sick? If yes, please describe:
 - Fever
 - Shaking with chills
 - Shortness of breath, difficulty breathing
 - Cough
 - Muscle pain
 - Fatigue
 - Sore throat
 - Headache
 - Congestion, runny nose
 - Cold/flu symptoms
 - New loss of taste or smell
 - Nausea or vomiting
- 2. Has anyone in the family home been to the doctor in the past 14 days—what was the result?
- 3. Has child been on fever-reducing medication in the last 24 hours?
- 4. Has anyone in the family been screened for COVID-19 and what was the result?
- 5. Has anyone in the family been asked to quarantine/stay home and why?
- 6. Has anyone in the family been exposed over the past 14 days
- 7. Has anyone in the family been around anyone who is being investigated for or diagnosed with COVID-19?
- 8. Has your child’s doctor confirmed that a center visit is safe given the diagnosis/medical condition?
- 9. Has the family confirmed that a center visit is allowable at this time?

Travel Screening Questions

- 10. Has anyone in the family travelled out of the country or to an area in the US or Louisiana where COVID-19 has been identified and increasing.
 - How long ago did the travel occur? _____ Was it over 14 days ago?
 - Has anyone in the family home been around anyone who has travelled and when?

General Screening Questions

- 11. Is the family in an area where community spread of COVID-19 is increasing?
- 12. Is the family requesting a child care center visit/licensed family home care to deliver services?
- 13. Is the early interventionist’s status using these screening questions the reason that a center visit cannot occur? _____
- 14. Service Delivery Decision—please check below:
 - Center Visits will continue according to IFSP.
 - Home visits will occur via teletherapy
 - Service delivery will be cancelled for the following date(s): _____

NEW: Early Interventionist Infection Control Procedures

Daily: prior to contact:

1. Early Interventionist takes own temperature and self-assesses general health prior to contacts with center.
 - a. Any fever at/over 100.4 degrees Fahrenheit and/or new or change in cough, shortness of breath, sore throat should not have face-to-face contact with family or other early interventionist(s). Contact the family, center, and other team members about need for tele-practice visit or service cancellation. Consider contacting your health care provider for instructions.
 - b. If the early interventionist becomes ill with COVID-19 symptoms and is not well enough to provide services, contact the FSC and arrange for temporary provider if possible. The provider may feel well enough to continue visits via teletherapy.
 - c. If there are no early interventionist health concerns, call the family and use the telephone screening to determine the status of family members at the time of the visit. If a family member in the home is sick with COVID-19-like symptoms, a visit is not conducted and tele-practice may be an option for the intended session. Cancel the visit with the center if the provider is expected that day.
 - d. If it is determined that the provider may have been exposed to COVID-19 or someone with similar symptoms, , the provider will self-quarantine for 14 days and conduct all visits by tele-practice and contact the team to discuss options for other providers to support the family or to continue via teletherapy. The FSC will share information with the team.
 - e. The early interventionist will maintain a daily log of all face-to-face contacts and locations to be used for contact tracing in the event of exposure so notification to families, center staff, and IFSP team members is accurate.
 - f. If an early interventionist develops COVID-19 symptoms or is diagnosed, self-isolation will occur until 10 days have passed since symptoms first appeared and no fever for 72 hours (3 full days) without using fever reducing medications and COVID-19 related symptoms have improved
 - g. An early interventionist had a positive test and no symptoms, can be with others after 10 days have passed since a positive viral test for COVID-19
 - h. Anyone who has had close contact with someone with COVID-19 should stay home for 14 days **after their last exposure** to that person.

For questions related to quarantine and isolation, check the CDC website and/or with a health care professional.

Before Visit

1. Contact the center to verify that services can be provided at the center that day.
2. Prior to entering the early care and education setting, hands will be newly washed and/or sanitized with alcohol-based hand rub and new/freshly laundered face mask in place.
3. Follow all screening and center access requirements.
4. Limit contacts with anyone in the center who is not part of the child/caregiver's "static" group.
5. Any materials brought into the center for the visit should be sanitized following the last visit.

During Visit

1. Minimize the number of children, adults and materials in contact with in the center during the visit.
2. All adults present in the room wear masks at all times. Masks are not advisable for children 2 and younger, older children in the area wear masks.

3. Maintain social distancing of 6 feet and utilize coaching strategies with caregivers to implement support activities planned for the session according to the IFSP.
4. Briefly observe the child for signs of illness (flushed cheeks, rapid breathing, difficulty breathing, fatigue, rash, extreme/unusual fussiness).
5. If it is determined that someone in the center is experiencing symptoms associated with COVID-19, end the visit immediately, sanitize hands and any materials, notify the center director, FSC/other team members, and use the telephone screening after 14 days and prior to the next contact or provide services via teletherapy.
6. For sessions held outdoors, continue to wear masks and maintain social distancing. Make sure any outdoor toys, equipment are sanitized before and after use.
7. To limit the number of persons in centers, if a child/caregiver requires a deaf or bilingual interpreter to deliver the service at a center, consider having the interpreter participate virtually while the early interventionist is providing the service.

After visit:

1. Sanitize hands
2. Sanitize any materials used in the home prior to next use.
3. If unanticipated health symptoms are identified during the visit (#4 above), notify the FSC to alert other team members before the end of the day.
4. Consider changing top or wearing a smock over clothing to change between visits, especially after holding or handling children who may be drooling, etc. Keep multiple changes of clothes available each day.
5. At the end of the day, wipe down materials, car door handles, steering wheel, ignition, console—anything touched during the day.
6. Update daily log with all contacts for the day.

Special Considerations

1. Children on ventilators, high-flow oxygen, nebulizers, or trachs are not necessarily at greater risk of contracting COVID-19 unless determined to be so by their medical condition verified by their physician. However, if they are infected, aerosolized particles from the devices can spread. Extra precautions should be taken by the early interventionist.
2. Children do not generally have significant impact when contracting COVID-19. Those who do have underlying health conditions such as chronic lung disease, including asthma; heart disease; and/or compromised immunity. Some established medical conditions such as Down Syndrome with respiratory concerns, conditions associated with suppressed immunity, prematurity, etc. as well as asthma, may place children at increased risk. Special attention should be given to Health Screening item 8 on the telephone screening regarding a physician's approval for center visits and/or an order signed by the health care professional approving center visits.
3. Visits to child care centers. The Louisiana Department of Education has developed very specific child care guidelines for operating as they operate/re-open. Any early interventionist providing service in a center must follow the LDE Guidance.
4. For children who may have had limited or suspended services which will be resuming, FSCs will schedule a team meeting to determine if additional needs are evident that need to be addressed through an IFSP revision.

Teletherapy Requirements for EarlySteps Services during the COVID-19 Event

Instructions: During the COVID-19 event only, **all** EarlySteps services are eligible for delivery via teletherapy and reimbursement where applicable according to the following provisions. SPOE, FSC, sign language and foreign language interpreter services are allowable using this method. PTs, OTs, SLPs, Psychologists, Social Workers and Counselors must follow the requirements of their specific licensing boards in providing services using teletherapy. On March 13, the SLP licensing board issued a provision allowing Provisional SLPs and SLP assistants to provide teletherapy with appropriate supervision during this event only.

1. Use the **Telephone Screening Process for Center Visits during COVID-19** to determine whether a center visit is an option for early intervention service delivery.
2. If not, confirm with the family prior to the scheduled session that they approve the teletherapy option. The family provides consent prior to the first service delivery ahead of time and are told they have the right to refuse the service provided this way. Document in the **Telephone Screening Process for Center Visits during COVID-19** tool which follows that the family agreed to or refused service provision using teletherapy or otherwise refused services.
3. Teletherapy will occur using FaceTime, ZOOM, or a similar communication option which allows for audio and face-to-face interaction between the provider and the family. The technology used to provide teletherapy will be documented on the Contact Note. Early interventionists can access a free account with ZOOM or other similar systems. Teletherapy must be provided via a tablet, laptop or desktop computer. Cell phones are allowable if there are no other options, but not recommended. As always, FSCs can submit claims for monthly phone calls as required and team meetings can occur via teletherapy as well with all IFSP team members.
4. Telecommunication must be secure and confidential. When the visit begins, the early interventionist confirms with the family that anyone present in the room is acceptable to observe or establishes a “confidential” area for the meeting to occur.
5. The early interventionist will conduct the session in a secure, confidential location with only persons authorized or approved by the family to be present.
6. Prior to the session, the early interventionist will assist the family in setting up the system which will be used, including instructions on downloading any apps. This set-up time is **not billable**.
7. Both the family member/caregiver and the child **must** be present for the service to be provided via teletherapy
8. The early interventionist documents on the contact note that the service was provided via teletherapy and the technology used to provide it (e.g. Zoom on a computer).
9. **Billing:**
 - a. The CPT codes typically used for authorizations and billing are used for teletherapy for this COVID-19 event with the addition of procedure modifiers below for Medicaid billing (only).
 - b. Medicaid claims submitted for telehealth services must indicate place of service 02 (instead of the usual EarlySteps codes) and procedure modifier 95 appended.
 - c. The reimbursement is the same as usual for the CPT codes billed according to the rate schedule.
 - d. Medicaid claims processing systems will be updated by March 24, 2020. Before that time, claims will deny, but providers should continue to submit claims and the claims will be recycled with no action needed by the provider until the system is updated.
 - e. The CPT codes typically used for authorizations and billing are also the same when billing in the CFO system in LAEIKIDS. The drop down box selection for “telehealth” must be indicated.
10. Due to school system “hybrid models” of onsite and distance learning, increased child attendance in child care centers is anticipated. Therefore, the teletherapy option in child care centers will be determined on a case-by-

case basis. Center directors will have to approve teletherapy service delivery based on caregiver availability. When providing teletherapy in a child care center the same procedures noted above for teletherapy in home-visits should be followed.

11. IFSP team meetings may also be conducted via teletherapy and billed according to these procedures.
12. The **Telephone Screening Process for Center Visits during COVID-19** requirement applies to all early interventionists: SPOEs, IFSP team meetings, service providers, foreign language and sign language interpreters. The Screening Process document is specific to each child/family will be placed in the child's chart and shared with the FSC. Uploading to EarlySteps Online will facilitate sharing by all team members.
13. **SPOE intake and eligibility determination processes:** SPOE directors and/or early intervention consultants, and the evaluator will determine whether a center visit is appropriate using the **Telephone Screening Process for Center Visits during COVID-19:**
 - a. Intake/developmental screening and eligibility determination meetings are allowable via teletherapy.
 - b. If a child cannot undergo evaluation using teletherapy or alternate locations:
 - i. an interim IFSP can be developed using presumptive eligibility, then re-determined after the COVID-19 event ends, or
 - ii. eligibility determination can be postponed with parent consent and documented.
 - c. To support successful teletherapy evaluations, evaluators can prepare a few age-appropriate items for the parent to use, drop them off for the family, then conduct the evaluation via teletherapy. The items can be picked up later and cleaned in preparation for the next family or left for the family to keep. There is additional guidance on conducting evaluations virtually that is available by contacting Toni Ledet at toni.ledet@la.gov.