**Title: Remote Early Intervention**

**Purpose:** To define the standards and requirements for providing Early Intervention (EI) Services remotely.

**Overview**

All Early Intervention Services (EIS) Programs must meet the qualifications of the Connecticut Office of Early Childhood (OEC) or designated successor state agency and CT Birth to Three Standards. Please refer to <https://www.birth23.org/providers/provider-resources/procedures/> for OEC qualifications and Birth to Three Standards. When clinically appropriate for a child’s circumstances and treatment, a practitioner may provide early intervention services (EIS) using Remote EI. Remote EI is defined as a practitioner providing supports to a family from a remote location, separate from the families’ location, via the use of synchronous audio-visual communications.

In order to provide coordinated, interdisciplinary supports to families with children who are referred to or eligible for Birth to Three, the primary method of delivering EIS will remain as in-person services. Additionally, provision of Service Coordination by the Primary Service Provider is required to happen primarily in-person. In-person services ensure that families receive supports in the natural learning environments. Remote EI is not a mechanism to replace in-person visits and compliance with in-person services will periodically be monitored by the Lead Agency. The Remote EI method must demonstrate substantial compliance with providing timely evaluations, assessments, Individualized Family Service Plans (IFSPs), timely new services and timely transition planning.

**Remote EI Guidelines**

Reasons for using Remote EI may include, but are not limited to:

* When a family has requested to have supports provided remotely;
* Bringing in provider specialties that otherwise would not be readily available. For instance rather than transferring a family due to shortage of a specific needed discipline, the family may choose to receive support remotely from a discipline employed by the program in a different region. It must be documented in Service Coordination notes that the family has been given the option of transferring and prefers to receive that support remotely;
* Accessing practitioners who are licensed or certified to practice in Connecticut and who have specialized expertise but are located outside the state of Connecticut.
* Providing supports to a family who has a child or other family member with a compromised immune system;
* When a family member/child or provider is sick but well enough to complete a remote visit;
* If a family member/child or provider is in quarantine due to exposure to a communicable disease;
* Allowing multiple providers to participate in an IFSP; and
* Offer a way to bring other caregivers or parents into the visit from multiple sites;
* Offer a way for joint visits where one practitioner is in the natural learning environment and the other practitioner(s) joins the visit remotely;
* Provide a way to complete a visit during inclement weather and parking bans;
* Provide a way to support families in: (1) state closures of more than one week due to natural disasters, pandemics, or other emergencies or (2) other emergency conditions approved in advance by the OEC in writing on a case-by-case basis.

Providers are eligible to provide Remote EI services if the following criteria are met:

* Services that will regularly be delivered remotely must be noted as Remote EI services on the IFSP. If a planned in-person session is changed to a remote session rather than cancelling a visit due to reasons similar to those listed above, the reason for the variance from the IFSP must be documented on the visit note. (see *IFSP* procedure);
* A Remote EI Consent Form (5-2) is signed by the family, which may include electronic signatures and transmission in accordance with OEC guidelines.
* Technology and services comply with all appropriate information security and privacy requirements, including, but not limited to, Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules;
* Services are provided in accordance with all applicable OEC and Department of Social Services (DSS) policies and regulations;
* All other applicable requirements for an EI service are met, including, but not limited to: practitioner qualifications, duration of service and specific services provided; and
* Early Intervention Treatment Services (EITS)**:** Synchronous audio-video communication is the required method for Remote EITS. In extenuating circumstances on a case-by-case basis when a family is unable to access synchronous audio-video communication, audio-only phone EITS may be used for one month with prior written approval from the OEC on Form 5-2 so the program can help the family access audio-video communication.

**Privacy and Confidentiality Requirements**

All Remote EI visits require the same processes and standards as for face-to-face (in-person) visits. All technology and software used for remote EI services must be listed on the lead agency’s approved software list (Appendix A), which will be amended from time to time. The software listed must include FERPA and HIPAA compliant technology only; therefore, the appropriate safeguards must be in place. Additionally, software used must have the ability to maintain the coaching style of interaction, therefore, not all HIPAA and FERPA compliant software programs will be on the approved list. Software and technology which does not comply with FERPA and HIPAA are not permitted (for example, certain popular video chatting software programs, such as Skype, FaceTime, and WhatsApp). It is the provider’s responsibility to ensure the family understands that remote EI visits are private and the technology used is confidential and secure. Providers must provide information to the family and other caregivers that Remote EI sessions will not be recorded without their written consent which can be revoked at any time and recordings will be maintained as described in the Records procedure. It is important that Remote EI visits ensure that the family's privacy and confidentiality are maintained at all times. Contact [CTBirth23@ct.gov](mailto:CTBirth23@ct.gov) to request an application to be added to Appendix A.

**Setting/ Equipment Requirements**

A practitioner must provide the family technical assistance to utilize Remote EI successfully, as well as test the audiovisual quality before the start of Remote EI. Practitioners rendering services via Remote EI must use a setting that ensures confidentiality and prevents interruption such as external noise and disturbances. Families must also be in a setting so that all who are in the background consent to video conferencing.

At the time that the February 2022 update to this policy was issued, technology in the form of iPads may be available for loan to families to allow or enhance their participation in Remote EI. At the time that the February 2022 update is issued, these iPads are available through the Governor’s Education Emergency Relief Fund (GEER) and are in a Birth to Three GEER inventory at New England Assistive Technology. Refer to Assistive Technology Procedure for requesting these devices, which is subject to availability at the time of each request.

**IFSP Requirements**

The plan to provide regular Remote EI visits must be documented in the IFSP. Unless in-person visits are not possible due to a declared state and/or federal public health emergency or other reason for which the provider has received Prior Authorization from the lead agency, the IFSP must include consistent in-person visits from the Service Coordinator/ primary service provider. The IFSP should clearly document the need for Remote EI and how remote EI will be provided. See the IFSP procedure for guidance about documenting Remote EI in the IFSP.

Remote EI may be used for IFSP planning including meetings with the IFSP team to review or revise an IFSP via synchronous audio-visual communications as appropriate.

**Parental Informed Consent**

Prior Written Approval Form 5-2 for Remote EI requires family consent. However, this does not fulfill the requirement of Service Coordinators to ensure that a family is making an informed decision about Remote EI. It is the Service Coordinator’s responsibility to ensure that the family fully understands their choices for provision of services, whether a service will be in-person or remote, including requesting to transfer to a different program if the current program cannot meet the families choice for how supports will be delivered. These conversations must be documented in the record.

**Prior Authorization (PA)**

Prior Authorization from the OEC on Form 5-2 is required:

If the eligibility determination portion of an evaluation does not include at least one provider in-person during the evaluation. PA may be provided from OEC on a limited, case-by-case basis using synchronous audio communications only if synchronous audio-visual communications is not available;

If assessments do not include at least one provider in-person during the visit;

When the IFSP indicates that any discipline will complete all EI Services only using synchronous audio-video communication or audio-only;

* When the Service Coordinator/Primary Service Provider will provide less than 50% of visits listed on the IFSP in-person.
* To use remote EI to address a practitioner shortage;
  + PA requests need to include the following:
    - Discipline of service area shortage staff
    - Current staff available at your program with that discipline including employment statuses and hours worked a week,
    - Towns impacted by the shortage
    - Date range
    - Description of what actions have been utilized to fill the discipline.
    - Documentation supporting the description such as copies of employment ads
    - A plan of action with timelines remedying the identified need

In order to obtain PA, Form 5-2 must be submitted to [CTBirth23@ct.gov](mailto:CTBirth23@ct.gov) along with the relevant pages of the IFSP. To receive approval for Remote EI, the IFSP team must have identified a Primary Service Provider (PSP) who, when able, is primarily completing in-person visits. The lead agency may authorize Remote EI based on the training and qualifications of the practitioners such as being part of a team that includes a mentor coach who has demonstrated fidelity to the evidence based practices in Connecticut.

If EI services can only be provided remotely using audio-only communication, Form 5-2 must be submitted to [CTBirth23@ct.gov](mailto:CTBirth23@ct.gov) for PA with an explanation about why in-person or synchronous audio-visual communication cannot occur.

Programs cannot require all parents sign Form 5-2 as a preventative measure when scheduling an in-person evaluation, assessment, or service.

In the event an in-person eligibility evaluation changes unexpectedly to a remote eligibility evaluation the PA should be submitted within 24 hours of the event.

**Documentation of Visit**

Remote EI visits cannot be recorded without the caregiver’s written consent by the EIS Program.

Documentation requirements for a Remote EI visit are the same as for in-person visits with the exception that the note must identify that the visit was completed remotely, and document any variance from the IFSP for provision of Remote EI. In cases where practitioners are on both ends of the Remote EI visit, each practitioner must document how they individually addressed an IFSP outcome in their notes. The practitioner must have an informed consent (Form 5-2) signed and kept in the child’s records. The practitioner shall maintain all documentation per the CT Birth to Three Procedures found at: <https://www.birth23.org/providers/provider-resources/procedures/>.

**Appendix A:**

**List of OEC Approved Applications for Remote EI (as of July 1, 2021)**

It is essential to note that even though a platform has a HIPAA compliant option, all versions may not be HIPAA compliant (i.e., Zoom has a medical subscription, which is the **only** HIPAA compliant version).

A Business Associate Agreement (BAA) is required for HIPAA compliance.

HIPAA addresses the need for both encryption and the use of any data collected.

* Am Well - <https://business.amwell.com/>
* Blue Jeans - <https://www.bluejeans.com/>
* Clocktree - [https://www.clocktree.com/](https://www.clocktree.com/forproviders?utm_source=Google%20Brand&utm_campaign=Clocktree&utm_medium=cpc&utm_term=clocktree%20E)
* Doxy.me - <https://doxy.me/>
* Google G Suite - <https://gsuite.google.com/>
* GoToMeeting - <https://www.gotomeeting.com/>
* Lifesize - <https://www.lifesize.com/>
* Mega Meeting - [https://www.megameeting.com](https://www.megameeting.com/video-conferencing-webinar-meetings-pricing)
* MS Team - <https://products.office.com/>
* Ring Central - <https://www.ringcentral.com>
* Simple Practice - <https://www.simplepractice.com/>
* VSee - <https://vsee.com/>
* Zoom for Healthcare - <https://zoom.us/healthcare>