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1.0 PURPOSE AND SCOPE

- 1.1.1. This procedure provides instructions for providing Early Intervention Services (EIS) remotely, when clinically appropriate for child's circumstances and treatment and that meet qualifications of Connecticut (CT) Office of Early Childhood (OEC) or designated successor state agency and CT Birth to Three Standards.
- 1.1.2. Remote Early Intervention (EI) is not a mechanism to replace in-person visits.

2.0 REFERENCES

2.1 Associated Documents

- 2.1.1. Individualized Family Service Plan IFSP Procedure
- 2.1.2. Form 3-1, Connecticut Birth to Three System Individualized Family Service Plan (IFSP) Form
- 2.1.3. Form 5-2, Remote Early Intervention (Remote EI) Consent and Prior Authorization (PA) Request Form

2.2 Source Information

- 2.2.1. Remote Early Intervention Procedure, Revised Date: August 1, 2022


3.0 INSTRUCTIONS

3.1 Determining Early Intervention Services (EIS) Type of Visit (in-person vs. remote)

NOTE


- Primary method of Early Intervention Services (EIS) is to provide in-person (face-to-face) coordinated, interdisciplinary supports and services to families with children who are referred to or eligible for Birth to Three.
- Remote Early Intervention (EI) is not a mechanism to replace in-person visits.

- 3.1.1. Early Intervention Service (EIS) Practitioner **CONSIDER** use of Remote Early Intervention (EI) when determining family's appropriate Early Intervention Services (EIS) type of visit (in-person vs. remote):
1. Family has requested to have supports and services provided remotely.
 2. Multiple providers need to participate in Individualized Family Service Plans (IFSPs) with at least two providers in-person.

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3.1.1 (continued)

3. Provider specialties are **NOT** readily available.
 - Rather than transferring family due to shortage of specific needed discipline, family may choose to receive supports and services remotely from discipline employed by program in different regions. For example, maternity leave or EIS over three, etc.
4. Child, or other family member:
 - Have a compromised immune system.
 - Sick but well enough to complete a remote visit.
 - Quarantined due to exposure to communicable diseases.
5. Caregivers or parents are at multiple sites and can remote in, while EI Practitioner is in-person.
6. Joint visits are needed where one provider is in a natural learning environment and other providers (s) can join visit remotely.
7. Assessments or interventions (assistive technology) that require in-person interactions.
8. Whether family has stable internet access, which will not incur additional costs, as programs are available to assist in providing internet access (e.g. hot spot, etc.).
9. Supports for individuals with visual or hearing impairments.
10. Personal protective equipment (e.g., masks, face shields, gloves, shoe covers) for adults.
11. Duration of visit.
12. Setting (home, office, outdoors, childcare, school).
13. Inclement weather and parking bans per state, town, and school closures or delays.
14. State closures of more than one week due to the following are approved in advance by Office of Early Childhood (OEC) in writing on a case-by-case basis:
 - Natural Disasters
 - Pandemics
 - Other Emergencies

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3.1.2. EIS Practitioner, in coordination with family, and staff **DETERMINE** appropriate EIS type of visit:


- In-person EIS
- Remote EIS
- Both In-person and Remote EIS

3.2 Eligibility for Providing Remote Early Intervention Services (EIS)

3.2.1. Early Intervention Service (EIS) Practitioner **ENSURE** the following eligibility criteria are met to provide Remote EIS:

1. Technology and services to be used **COMPLY** with appropriate information security and privacy requirements, including:
 - Family Educational Rights and Privacy Act (FERPA)
 - Health Insurance Portability and Accountability Act (HIPAA) privacy security rules.
2. **PROVIDE** services per applicable OEC and Department of Social Services (DSS) policies and regulations.
3. **MEET** applicable requirements for EI service, including;
 - Provider qualifications
 - Duration of service
 - Specific services provided
4. **USE** synchronous audio-video communication for remote visits by Early Intervention Treatment Services (EITS).
 - **IF** family is unable to access synchronous audio-video communication, due to extenuating circumstances or on case-by-case basis.

THEN USE audio-only phone EITS for one month with prior written approval from OEC on [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form.](#)

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3.3 Privacy and Confidentiality

NOTE

Remote EI visits require same processes as face-to-face (in-person) visits.

3.3.1. Early Intervention Service (EIS) Practitioner **ADHERE** to the following:

1. **MAINTAIN** family's privacy and confidentiality at all times during Remote Early Intervention (EI).
2. **ENSURE** family understands their privacy and confidentiality is protected through secure technology.
3. **INFORM** family and other caregivers that written consent is required for recording of Remote EI sessions, which can be revoked at any time.
4. **MAINTAIN** recordings **PER** Records procedure.

3.4 Setting and Equipment

3.4.1. Early Intervention Service (EIS) Practitioner **PERFORM** following:


1. **ENSURE** consent to video conferencing is obtained (including those in background of family settings) on [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form](#).
2. **PROVIDE** family technical assistance to utilize Remote EI successfully.
3. **TEST** audiovisual quality before start of Remote EI.
4. **USE** a setting that ensures confidentiality and prevents interruption such as external noise and disturbances.

3.4.2. **IF** families need to borrow technology, such as iPads, to allow or enhance their participation in Remote EI.

THEN EIS Provider **LOAN** iPads from one of the following:

- In Birth to Three Governor's Education Emergency Relief Fund (GEER) inventory at New England Assistive Technology.
- Governor's Education Emergency Relief Fund (GEER)

3.4.3. EIS Practitioner **REQUEST** technology devices **PER** Assistive Technology Procedure.

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NOTE

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. Not all HIPAA and FERPA compliant software programs will be on approved list.

3.4.4. EIS Provider **ENSURE** Remote EI services technology and software is listed on approved software list (**SEE** Attachment 1, List of OEC Approved Applications for Remote Early Intervention (EI)).

1. **ENSURE** appropriate safeguards are in place for software listed include FERPA and HIPAA compliant technology only.
2. **ENSURE** software has ability to maintain coaching style of interaction.
3. **REVIEW** and **MODIFY** Attachment 1, List of OEC Approved Applications for Remote Early Intervention (EI) when requested to add an application to the list.
 - **CONTACT** CTBirth23@ct.gov to request application to be added to Attachment 1, List of OEC Approved Applications for Remote Early Intervention (EI).

3.5 Specific Guidance Apart of Individualized Family Service Plan (IFSP)

NOTE

This section is in addition to the adherence to the overall Individualized Family Service Plan (IFSP) guidance.


3.5.1. Early Intervention Service (EIS) Practitioner **ENSURE** Individualized Family Service Plan (IFSP) includes consistent in-person (face-to-face) visits from Service Coordinator(s) or Primary Service Provider.

1. **IF** in-person visits are **NOT** possible due to declared state or federal public health emergency or other reason **AND** Prior Authorization from Connecticut Office of Early Childhood (OEC) or Lead Agency was received,

THEN PERFORM the following;

- a. **DOCUMENT** plan to provide regular Remote EI visits in IFSP, including the following:

- Need for Remote EI.
- How Remote EI will be provided.

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3.5.1 (continued)


- b. **REFER TO** IFSP Procedure for additional instructions on documenting Remote EI on [Form 3-1, Connecticut Birth to Three System Individualized Family Service Plan \(IFSP\) Form](#).
 2. **CONSIDER** using Remote EI via synchronous audio-visual communications for IFSP planning, including meetings with IFSP team to review or revise IFSP.

3.6 Parental Informed Consent

NOTE
By obtaining a completed and signed Form 5-2, Remote Early Intervention (Remote EI) Consent and Prior Authorization (PA) Request Form, it does not fulfill the requirement of Service Coordinators to ensure that a family is making an informed decision about Remote EI.

3.6.1. Service Coordinator(s) **PERFORM** following:

1. **ENSURE** family is making informed decision about Remote Early Intervention (EI)
 - Provision of services.
 - Service delivery - in-person or remote.
2. **IF** current program does **NOT** meet family choice for how supports will be delivered, **THEN PERFORM** following:
 - **ENSURE** family understands their choice to transfer to different program.
 - **DOCUMENT** conversations in visit note **OR** Individualized Family Service Plan (IFSP) record.
3. **ENSURE** family has consented with a completed and signed [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form](#).

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3.7 Prior Authorization (PA)

NOTE


Prior Authorization is provided from Connecticut Office of Early Childhood (OEC) or Lead Agency on limited, case-by-case basis.

3.7.1. **WHEN** any of following instances occur:

- Eligibility determination portion of evaluation does **NOT** include at least one provider in-person visit during evaluation.
- Assessments do **NOT** include at least one provider in-person visit.
- Individualized Family Service Plan (IFSP), indicates any discipline will complete Early Intervention (EI) only using synchronous audio-video or audio-only communication.
- Primary Service Provider will provide less than 50% of visits listed on IFSP in-person.

THEN Early Intervention Service (EIS) Practitioner **OBTAIN** Prior Authorization (PA) as follows:

1. **COMPLETE** [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form](#).
2. **IDENTIFY** Primary Service Provider (PSP) who, when able, is primarily completing in-person visits.
3. **SUBMIT** the following to Connecticut Office of Early Childhood (OEC) at CTBirth23@ct.gov:
 - Completed [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form](#).
 - Relevant pages of IFSP.

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3.7.2. **IF** addressing Practitioner shortage using Remote EI,

THEN EIS Practitioner **INCLUDE** the following on Prior Authorization requests:

- Discipline of service area shortage staff.
- Current staff available at your program with that discipline including employment statuses and hours worked week.
- Towns impacted by shortage.
- Date range.
- Description of what actions have been utilized to fill discipline.
- Documentation supporting descriptions as copies of employment ads.
- A plan of action with timelines remedying identified needs.

3.7.3. Connecticut Birth to Three System or Lead Agency **AUTHORIZE** Remote EI requests for provider shortage based on training and qualifications of providers.

1. **CONSIDER** the following:

- Provider is part of team that includes mentoring and coaching
- Provider has demonstrated fidelity to evidence-based practices in Connecticut.

3.7.4. **IF** synchronous audio-visual communications are **NOT** available;

THEN EIS Practitioner **USE** Synchronous audio-only communications.

3.7.5. **IF** EI services are provided remotely using audio-only communication,

THEN EIS Practitioner **PERFORM** the following:

1. **SUBMIT** completed [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form](#) to OEC at CTBirth23@ct.gov for Prior Authorization.
 - **INCLUDE** explanation on form why in-person or synchronous audio-visual communication cannot occur.



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NOTE

Programs cannot require all parents sign Form 5-2, Remote Early Intervention (Remote EI) Consent and Prior Authorization (PA) Request Form as preventative measure when scheduling in-person evaluation, assessment, or service.

3.7.6. **IF** in-person eligibility evaluation changes unexpectedly to remote eligibility evaluation, **THEN** EIS Practitioner within 24 hours of event **SUBMIT** completed [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form](#) to OEC at CTBirth23@ct.gov.

3.8 Documentation of Visit(s)

NOTE

Documentation for Remote Early Intervention (EI) visit(s) are same as for in-person (face-to-face) visit(s).

3.8.1. Early Intervention Service (EIS) Practitioner **ENSURE** all Early Intervention (EI) in-person visit(s) Individualized Family Service Plan (IFSP) document(s) are completed.

- IDENTIFY** visit was completed remotely on IFSP document(s).
- DOCUMENT** any variance from IFSP provision of Remote EI.
- DOCUMENT** family has been given option of transferring and prefers to receive that support remotely in IFSP notes.
- WHEN** EIS Practitioner(s) are on both ends of Remote EI visit(s), **THEN DOCUMENT** how each will individually address **PER** IFSP procedure.

NOTE

Authorization may include electronic signatures and transmission in accordance with OEC guidelines.

3.8.2. EIS Practitioner **ENSURE** [Form 5-2, Remote Early Intervention \(Remote EI\) Consent and Prior Authorization \(PA\) Request Form](#) is:

- Signed by family.
- Stored in child’s records.




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- 3.8.3. **IF** recording Remote Early Intervention (EI) visits is desired,
THEN EIS Practitioner **OBTAIN** caregiver's written consent by EIS Program.
- 3.8.4. EIS Practitioner **MAINTAIN** all documentation **PER** Records procedure.
- 3.8.5. Connecticut Birth to Three System or Lead Agency periodically **MONITOR** compliance with in-person and remote service documentation.

END of Instructions

4.0 REVISION HISTORY

Location	Description of Change
All	New Human Factored Procedure in New Template.

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Attachment 1, List of OEC Approved Applications for Remote Early Intervention (EI)

(as of July 1, 2021)

<p>NOTE</p> <ul style="list-style-type: none"> • Even though platform has HIPAA compliant option, all versions may not be HIPAA compliant (i.e., Zoom has medical subscription, which is only HIPAA compliant version). • A Business Associate Agreement (BAA) is required for HIPAA compliance. • HIPAA addresses need for both encryption and use of any data collected.
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- Am Well - <https://business.amwell.com/>
- Blue Jeans - <https://www.bluejeans.com/>
- Clocktree - <https://www.clocktree.com/>
- 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>
- 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>