

## Infant Toddler Program - Phases to Return to In-Person Services Guidelines

The Infant Toddler Program's (ITP) goal is to resume in-person services safely over a period of time. The phases below are not connected and may not coincide with Idaho Rebounds stages of re-opening. ITP's implementation of the return to in-person services may not be linear and may involve some transition between phases. All visits that can be conducted through virtual EI (including telephonic visits), should be carried out virtually during phases 1, 2, and 3. These guidelines apply to children in the intake or enrolled status.

<b>Phases for ITP In-Person Visits</b>	<b>Procedures to Follow Prior to Your First In-Person Visit AND COVID-19 Precautions to Take Prior to and During an In-Person Visit for ALL Phases</b>
<p style="text-align: center;"><b><u>Phase 1 – Urgent Case for In-Person Visits: <i>Direct Service Providers Only</i></u></b></p> <ul style="list-style-type: none"> <li>• ITP Phase 1 for urgent in-person visits (may include evaluation/assessment or EI service) completed by direct service providers should start no earlier than June 1, 2020. (Assuming the state of Idaho moves to stage three of the Idaho Rebounds Stages of Reopening plan and ITP has the necessary PPE.)</li> <li>• <b>IMPORTANT:</b> All visits that can effectively be conducted through virtual EI (including telephonic visits), should be carried out virtually.</li> <li>• Clinical judgement must be a key component when identifying potential urgent visits. Examples of questions that direct service providers should consider when presenting justification for an urgent in-person visit could include: <ul style="list-style-type: none"> <li>○ What was the response/result to the virtual/telephonic visit?</li> <li>○ How will an in-person visit be more effective?</li> <li>○ Is the in-person visit time sensitive to the extent that there is imminent risk to the child's development if ITP delays an in-person visit any further?</li> <li>○ Does the need for the in-person visit outweigh the risks of contracting or exposing others to COVID-19?</li> </ul> </li> <li>• Staff and contractors are <u>required to obtain prior approval</u> from a hub leader and the ITP operations program manager for <u>any in-person visits</u>. <ul style="list-style-type: none"> <li>○ As part of the approval process, staff and contractors are required to review the ITP Staff/Contractor COVID-19 Screening Tool for In-Person Visits document and discuss with their hub leader.</li> <li>○ Only one in person visit may be scheduled per day. <u>NOTE: An approved urgent in-person visit is a ONETIME approval.</u></li> </ul> </li> </ul>	<p style="text-align: center;"><b><u>Procedures to Follow Prior to Your First In-Person Visit</u></b></p> <ul style="list-style-type: none"> <li>• Contact should be made with the parent or caregiver prior to the each in-person visit during the pandemic to assure they are comfortable and are agreeing to all ITP requirements for an in-person visit. Parents or caregivers are not required to participate in an in-person visit if they are not comfortable doing so.</li> <li>• Discuss with the family the safeguard of limiting the number of people in attendance at the in-person session prior to the visit. It is recommended that only one person in addition to the infant and toddler attend the in-person visit. Please refer to specific information in the Phases section for additional information.</li> <li>• The Infant Toddler Program requires the family member/caregiver identified to participate in the in-person visit to wear a face mask or to practice social/physical distancing by keeping at least 6 feet between themselves and the ITP provider to protect yourself, our staff, and the other families that our staff visits. This requirement should be discussed with the family to assure there is a clear understanding of the expectations related to an in-person visit.</li> </ul> <p><b>NOTE: There may be counties, cities, municipalities, etc. that have enacted more restrictive protocols for face mask wearing and/or social distancing. The most restrictive guidelines must be adhered to by ITP staff, contractors, and families when completing an in-person visit.</b></p> <p style="text-align: center;"><b><u>ALL Phases - COVID-19 Precautions to Take Prior to and During an In-Person Visit</u></b></p> <ul style="list-style-type: none"> <li>• Stipulations to conduct an in-person visit: <ul style="list-style-type: none"> <li>○ Only one ITP staff/contractor can participate in the in-person visit. If a joint visit is warranted as part of the approved in-person visit, one of the direct service providers must join the visit virtually (WebEx or telephone).</li> </ul> </li> </ul>

## **Phase 2 – Limited Evaluation/Assessment In-Person Visits and Urgent In-Person Visits: Direct Service Providers**

### **AND**

## **Document Pick Up and/or Drop Off: Service Coordinators**

### **Direct Service Provider**

- ITP will move to Phase 2 (limited evaluation/assessment and urgent in-person visits for direct service providers) when Idaho transitions to stage four of the Idaho Rebounds Stages of Reopening plan.
- **IMPORTANT:** All visits that can effectively be conducted by Virtual EI (including telephonic visits), should be conducted by Virtual EI.
- Urgent in-person visits as defined in phase 1 may continue during phase 2.
- Phase 2 has expanded to include completion of limited evaluation/assessment in- person visits.
  - Limited evaluation/assessment visits may be conducted in-person when there is clinical justification that an evaluation/assessment cannot be conducted virtually to sufficiently gather the information needed to plan for EI services.
- Clinical judgement must be a key component when identifying potential evaluation/assessment visits. Examples of questions that direct service providers should consider when presenting justification for an evaluation/assessment in- person visit could include:
  - What was the response/result to the virtual/telephonic visit?
  - How will an in-person visit be more effective?
  - Is the in-person visit time sensitive to the extent that there is imminent risk to the child's development if ITP delays an in-person visit any further?
  - Does the need for the in-person visit outweigh the risks of contracting or exposing others to COVID-19?
- Staff and contractors will require prior approval from a hub leader and the ITP operations program manager for any in-person limited evaluations/assessments or urgent in-person visits.
  - As part of the approval process, staff and contractors are required to review the ITP Staff/Contractor COVID-19 Screening Tool for In-Person Visits with their hub leader.
  - Only one in person visit may be scheduled per day.

NOTE: An approved limited evaluation/assessment or urgent in-person visit is a ONETIME approval.

- In the rare instance in which the primary and secondary service provider need to complete an in-person visit together, **prior approval must be obtained** from a hub leader. If warranted, the hub leader may contact the ITP operations program manager for additional guidance.
  - For Phases 1 and 2, the in-person visit can only occur in an outside location (a park, family's backyard, etc.) or in a DHW office that will be properly sanitized prior to and following the visit.
  - For Phase III, with the family's permission in-person visits can occur in a family's home. This could be due to weather or other conditions where the outdoor setting of DHW office is not conducive to meeting the needs of the child. Clinical judgement must be a key component when identifying the location of an in-person visit.
    - The parent/caregiver must wear a face mask at all times OR practice social/physical distancing by keeping at least 6 feet between themselves and the ITP provider. If the outside location or DHW office does not have enough space to adequately practice social/physical distancing of at least 6 feet, then the family member must wear a face mask if they want the visit to occur. If available, ITP may provide a face mask to the family.
    - It can difficult for ITP staff/contractors to maintain at least 6 feet between themselves and the child they are working with during an in-person visit. As a result, ITP staff/contractors must wear a face mask at all times during an in-person visit conducted under phase one and phase two operations. In addition to wearing a face mask, it is also best practice to adequately practice social/physical distancing of at least 6 feet.
    - Under phase 3 operations, staff and contractors must wear a mask at all times while within 6 feet distance of the child or family, but do not have to wear a mask when they are maintaining 6 feet distance.
    - If staff/contractors are asked by families to wear a mask for the entirety of the visit, staff and contractors must honor this request irrespective of what phase of operations the program is in.

NOTE: If the family is not willing to wear a face mask or practice social/physical distancing by keeping at least 6 feet between themselves and the ITP provider, ITP will not provide an in-person visit.

NOTE: Children 3 and under are not required to wear a face mask.

## Service Coordinator

### SC No Contact Drop Off and Pick Up of Documents Simultaneously with Family/Caregiver

- SCs can **ONLY** drop off and pick up forms/documents simultaneously from a family if ITP is at risk of not meeting IDEA, Part C timelines.
- SCs must adhere to the following parameters to drop off and pick up forms/documents simultaneously:
  - SC must review the forms/documents virtually by phone or video with the family and identify an exact date, time, and location for the drop off and pick up of the forms/documents.
  - SC must contact the family the day of the drop and pick up to confirm the date, time, and location.
  - If the family is home, the SC will:
- Drop off the forms/documents at the identified location of the family's home and maintain at least 6 feet social /physical distancing. Examples include but are not limited to waiting in your car, sitting outside, etc. Due to privacy laws, documentation should not be left unattended at any time. It must be either in the SC's possession, the family's possession, or placed at the drop off location under the SC's visual supervision.
- The SC waits for the parent to complete forms/documents and picks them up in the agreed upon location.

NOTE: The SC no contact drop off and pick up of document simultaneously with a family/caregiver can also be scheduled to occur when a family/caregiver has a CFS visit at a DHW office. In this instance, SC must arrange for the documents drop off and pick up with the family **before or after a scheduled CFS visit** and adhere to the steps above.

NOTE: Pick up and drop off of ITP documents with families can occur multiple times in a single day.

### SC No Contact Pick Up of Documents from Family/Caregiver

- In the instance where a SC has reviewed ITP forms/documents with a family, and securely emailed or mailed them to the family and have not received the completed forms/documents back in a timely fashion, the SC can arrange to pick them up from the family at an agreed upon location.
- SCs must adhere to the following parameters to pick-up completed forms/documents from a family:
  - SC must identify an exact date, time, and location for the pick-up of the completed forms/documents with the family.
  - SC must contact the family the day of the pick-up to confirm the date, time, and location.

Per CDC guidance, face masks should not be placed on young children under the age of 2.

- If an in-person visit requires the practitioner to touch a child or share items as part of the visit, the practitioner must also wear gloves.
- Only REQUIRED equipment should be taken to an in-person visit to minimize the risk of exposure. Any equipment that has the potential to be used with other families or children can only be used for that visit and must be cleaned and disinfected immediately following the in-person session.
  - Do not bring reusable items to an in-person visit if they cannot be properly disinfected.
- If a staff or contractor has risk factors that prevent them from conducting an in-person visit, staff must communicate with their supervisor and contractors must communicate with their ITP contact.
- If an in-person visit occurs, staff and contractors are required to:
  1. Prior to the visit, ensure you, anyone in your household, or anyone that you have been in contact with have not been diagnosed with COVID-19 or are exhibiting symptoms of COVID-19. Within 24 hours of the scheduled in-person visit, review the ITP Staff/Contractor COVID-19 Screening Requirements for In-Person Visits document. If you do not meet the criteria based on your answers to the ITP staff/contractor COVID-19 screening requirements, DO NOT move forward with the in-person visits and contact your hub leader or supervisor immediately.
  2. Prior to the visit, complete the ITP Family COVID-19 Screening Tool for In-Person Visits within 24 hours of the scheduled in-person visit with the family/caregiver.
 

NOTE: If a family does not meet the criteria based on their answers to the family COVID-19 screening tool, the in-person visit would NOT be permitted to take place.

NOTE: The family COVID-19 screening tool must be completed prior to each in-person visit.
  3. Prior to the visit, review and follow the ITP Contractor/State Staff Communicable Disease Guidance.
  4. Direct service providers must complete the onetime DHW online training 2-3 days prior to the approved urgent in-person visit (Guidance for Conducting Community Home Visits in the Presence of COVID19). Work with your hub leader or supervisor to obtain the private You Tube link for the training.
  5. Prior to the visit, ensure the family is provided with COVID-19 Health and Safety Resources.
  6. Prior to the visit, the following additional precautions must be taken by the parent/caregiver when arriving for an ITP in-person visit in a DHW office:
- Text or call the ITP staff/contractor to let them know they have arrived.

- If the family is home, the SC will:
- Contact the family to let them know they are there to pick up the completed forms/documents.
- The SC waits for the parent to place the completed forms/documents in the agreed upon pick-up location.

NOTE: The SC no contact pick up of documents with a family/caregiver can also be scheduled to occur when a family/caregiver has a CFS visit at a DHW office. In this instance, SC must arrange for the forms/documents drop off and pick up with the family **before or after a scheduled CFS visit** and adhere to the steps above.

**Phase 3 – In-Person Evaluation/Assessment and Limited Service Provision In-Person Visits: *Direct Service Provider* AND Limited Intake/Family Assessment In-Person Visits: *Service Coordinator***

**Direct Service Provider**

- Idaho will move to phase 3 when Idaho has been in Stage 4 of the Idaho Rebounds plan for at least 30 consecutive days, and other local factors such as district health information/orders, or other local county or municipal orders do not prohibit phase three activities.
- IMPORTANT: All visits that can effectively be conducted by Virtual EI (including telephonic visits), should be conducted by Virtual EI.
- Limited evaluation/assessment in-person visits and urgent-in-person visits may continue during phase 3.
- Phase 3 has expanded to include direct services in-person evaluation/assessment and limited in-person visits.
  - Any evaluation/assessment visits may be conducted in-person when there is clinical justification that an evaluation/assessment cannot be conducted virtually to sufficiently gather the information needed to plan for EI services. Hub leadership approval is not required to complete an in-person evaluation/assessment.
- Clinical judgement must be a key component when identifying the need for a potential in-person evaluation/assessment visit. Examples of questions that direct service providers should consider when presenting justification for an evaluation/assessment in- person visit could include:
  - Has a virtual evaluation or assessment been attempted and it was not successful in gathering the needed information to plan for EI services?
  - What was the response/result to the virtual/telephonic visit?

- Parent/caregiver will be escorted to the DHW office by the ITP staff/contractor completing the in-person visit
- Follow the Centers for Disease Control and Prevention (CDC) guidelines for handwashing or the use of hand sanitizing gel upon arrival and prior to leaving the visit.
  - 7. During the visit, the Infant Toddler Program encourages the family member engaged in the in-person visit to wear a face mask. If available, ITP may provide a face mask to the individual family member attending the in-person visit with their child. If the family member engaged in the in-person visit chooses not to wear a face mask, they must practice social/physical distancing by keeping at least 6 feet between themselves and the ITP provider. ITP staff/contractors must wear a face mask at all times during an in-person visit regardless of the visit location.
    - No PPE shall be left behind or disposed of in the families home.
- If the family member chooses not to wear a face mask during the in-person visit, they **MUST** agree to adhere to the following conditions:
  - The family **MUST** ensure enough room to properly social/physical distance at least 6 feet at all times.
  - The practitioner can end the visit if the family member does not adhere to the required conditions during the in-person visit.
  - The family member can end the visit at any time and for any reason.

**NOTE: There may be counties, cities, municipalities, etc. that have enacted more or less restrictive protocols for face mask wearing and/or social/physical distancing than the Department of Health and Welfare. Regardless, the most restrictive guidelines must be adhered to by ITP staff, contractors, and families when completing an in-person visit.**

- How will an in-person visit be more effective?
- Is the in-person visit time sensitive to the extent that there is imminent risk to the child's development if ITP delays an in-person visit any further?
- Does the need for the in-person visit outweigh the risks of contracting or exposing others to COVID-19?
- If a staff/contractor needs to complete an in-person direct service visit, **one in-person visit** per calendar month per child **does not require** approval from a hub leader. However, completing an in-person visit per calendar month should be based on the child's and family's early intervention needs.
- If a staff/contractor needs to complete **more than one** in-person direct service visits per month per child, **prior approval must be obtained** from a hub leader. A hub leader may approve multiple visits for a child based on one request from a therapist instead of a separate request for each visit. If warranted, the hub leader may contact the ITP operations program manager for additional guidance.  
NOTE: A combination of virtual and in-person services should be appropriate for most families. Think about what specifically needs to be accomplished during the current visit and the next visit and whether virtual methods can be used instead of an in-person visit.
- More than one in-person visit can be done in a single day for children living in remote or outlying areas.
- The completion of in-person hearing and/or vision screenings does not require approval from a hub leader.
- Other direct service in-person service needs not covered within this document can be considered on a case-by-case basis with approval from a hub leader and the Central Office ITP Operations Program Manager.

### **Service Coordinator**

- IMPORTANT: All visits that can effectively be conducted by Virtual EI (including telephonic visits), should be conducted by Virtual EI.
- Document pick up and/or drop off as defined in phase 2 may continue during phase 3.
- Phase 3 has expanded to include limited in-person initial intake meeting/family assessment.
  - Limited in-person initial intake meeting/family assessment may be conducted when there is clinical justification that an initial intake meeting/family assessment cannot be conducted virtually to sufficiently gather information needed to plan for EI services.
  - Any limited in-person intake meeting/family assessment completed by a SC should be a rare instance.

Limited In-Person Initial Intake/Family Assessment Meetings and Initial and Annual IFSP Meetings

- In the rare instance when there is clinical justification for a SC to complete an initial in-person intake/family assessment meeting and initial or annual IFSP meeting when it cannot be accomplished using virtual methods, **prior approval for the in-person meeting must be obtained** from a hub leader. If warranted, the hub leader may contact the ITP operations program manager for additional guidance.
  - NOTE: All other SC meeting must be held virtually. Examples include but are not limited to: six-month IFSP review meeting, transition conference, required 90-day face-to-face visits, etc.
  - NOTE: In the very rare instance when there is clinical justification in which an ongoing SC activity needs to be completed in-person, **prior approval must be obtained** from a hub leader. If warranted, the hub leader may contact the ITP operations program manager for additional guidance.
- For Limited In-Person Initial Intake/Family Assessment Meetings or initial and annual IFSP meetings there are many variables that may be used to identify the need. Clinical judgement must be a key component when identifying these visits. Examples of questions that service coordinators should consider when presenting justification for a limited in- person initial intake/family assessment visits could include:
  - Is this a new referral and has the family ever participated in ITP before?
  - How will an in-person initial intake/family assessment visit be more effective?
  - Are there environmental factors in the family's home that may make an initial intake/Family Assessment difficult using virtual methods?
  - Does the family have concerns with comprehending information that could be better addressed in person?
  - Have previous attempts at completing a virtual intake/Family Assessment been unsuccessful?
  - Is the in-person visit time sensitive to the extent that there is imminent risk to the child's development if ITP delays an in-person visit any further?
  - Does the need for the in-person visit outweigh the risks of contracting or exposing others to COVID-19?
- Other service coordination in-person service needs not covered within this document can be considered on a case-by-case basis with approval from a hub leader and the Central Office ITP Operations Program Manager.