

Guidance for Early Intervention Medical Diagnostic, Assistive Technology and Audiology/Optomtry Services during COVID-19

The plan to re-open Early Intervention in Illinois is still being crafted utilizing a dedicated workgroup representing parents, service coordinators, Illinois therapy associations/disciplines, early childhood programs, advocacy agencies, IICEI members, and many others. In following the Restore Illinois five-phase plan from Governor Pritzker, Re-opening Early Intervention will be coordinated in phases that align with science and available data. The plan will also include the possibility of modification, depending on the data. As we are currently in Phase 3 (Recovery) of Restore Illinois, it is important to understand the need to refrain from face-to-face contact to the maximum extent possible and only move forward with services that have the ability to conform to public health standards and control the environment families will be entering. As the workgroup continues to meet and discusses next steps that correspond to Restore Illinois phases, we will continue to update everyone on progress.

In order to comply with the services mutually agreed upon and deemed necessary on a child's current Individualized Family Service Plan (IFSP), the Illinois Early Intervention (EI) Program is now allowing the resumption of in-person visits specifically for Medical Diagnostic, Assistive Technology, and Audiology/Vision services. These are the only services now permitted to resume face to face interaction within early intervention. Families will be supported in making informed decisions about how to proceed based on the individual needs of their child and family.

Service Specific Considerations:

In an effort to be responsive to child/family needs during the pandemic, the following services will be permitted as outlined below beginning June 8, 2020. Given the unique circumstances created by this pandemic and the individualized needs of children and families, ALL team members should ensure that families are involved as informed decision-makers throughout each process.

Medical Diagnostic Visit Considerations:

- CFCs must work to prioritize children approaching transition out of EI to ensure access to a visit prior to transition. The Bureau can assist CFCs to create reports identifying children who may have missed appointments due to pandemic restrictions.
- Medical Diagnostician must receive and review existing reports and other pertinent documentation in child's EI record provided by Service Coordinator prior to the Medical Diagnostic assessment appointment to determine if additional discipline-specific assessments may be needed to address the concerns of the family.
- Teams must use a diagnostic assessment model which utilizes LVV and video clips with family consent, when possible and appropriate. For example, use virtual meetings-
 - to gather developmental and medical history from the family,
 - to complete written assessment tools utilizing parental reports, and
 - to provide feedback to family.
- Limit the number of assessors to only essential staff. When necessary, due to insufficient information from review of existing records pertaining to a specific domain of parental concern, the diagnostician may request additional team members conduct discipline-specific assessments. The number of assessors who have face-to-face contact with child/family should be limited to the maximum extent possible.
- Medical diagnostic sites should inform families that onsite access is limited to one family member and consider providing other family members the option to connect virtually, as applicable.
- When additional assessments are needed, utilize a lead assessor to avoid multiple assessors asking the same question and to minimize exposure for child/family.

- Medical diagnostic sites should inform families that onsite access is limited to one family member with other family members offered the option to connect virtually, as applicable. If the facility/agency protocol is more stringent than EI policy, the facility/agency should follow their agency's protocol on attendance.
- Continually monitor comfort of family during visit and adjust to alternate visit modality (LVV) as necessary.
- Provider-to-provider consultation should occur virtually when possible or, if face-to-face, while maintaining social distancing (e.g. not in common work/break room which cannot accommodate 6 feet of distancing and other safety precautions).
- Provide family member with results of appointment and provide any additional recommendations on the Medical Diagnostic Report format.
- Ensure proper authorization for the Medical Diagnostic is in-hand prior to providing the service and that the authorization has the appropriate place of service indicating onsite whether or not service is provided face-to-face or using LVV.
- If additional team members are also conducting assessments, authorizations should reflect the correct place of service code for how the service will be provided (11 if conducting face to face in the facility; 99 if conducting via LVV)
- When submitting a claim for a Diagnostic visits or additional assessments that use LVV, utilize the two-digit "02" teletherapy place of service code. Submit claims for onsite as normal.
- Provide the Medical Diagnostic Report to the Service Coordinator within 14- days to share with the IFSP team.

Assistive Technology Assessment Considerations:

- IFSP Team must work together to prioritize children close to exiting to maximize access to AT prior to transition. Consideration should be given to the child's age and the type of equipment needed when planning. The Bureau can assist with creating reports to help identify outstanding authorizations, if needed.
- For children with existing authorizations for Assistive Technology (AT) that requires parent training for use of the equipment/device, this training must be done via LVV at this time.
- For children who need AT assessments, this must either be done via LVV following previous guidance or be completed in a clinic site or mobile unit following all safety precautions outlined below. When providing equipment/devices for trials, items must be sanitized before and after each use.
- If face to face interaction is required for AT measurements, assembly, or adjustments, this must occur at a clinic site or mobile unit that follows all the general considerations and PPE requirements listed below. Families should not be expected to assemble items on their own.
- Follow all required processes for acquiring Assistive Technology and getting authorizations. The AT Vendor must work with the family to determine a plan for delivery, set up, and adjustments.
- Deliver obtained equipment by working with the family on preferred delivery method. This could include, but is not limited to, the following:
 - Next day delivery/shipping with follow up LVV/Phone Consultation to address any needed training or set up questions
 - Personal delivery after confirming with family. Ensure package is sanitized upon delivery and notify family of the item on their doorstep. If needed, return to vehicle and visually watch as family accepts delivery, or family may confirm delivery with phone call/text (no PII).

- When performing face-to-face delivery/training/fitting due to specific equipment or family needs, use the appropriate protocols for safety as outlined in General Considerations above in addition to the following:
 - Limit the visit in the facility or other facility-owned “mobile” option to one family member with the child ensuring that all in attendance follow the guidance in General Considerations for PPE.
- Once equipment is delivered, AT Vendor may then submit claim for any authorized AT equipment based on delivery date.

Audiological/Optometric Testing Considerations:

- IFSP Team must work together to prioritize children approaching transition out of EI to ensure testing can be completed prior to transition.
- Audiologist/Optomtrist must review any information sent by Service Coordinator prior to appointment.
- Audiological/Optomtrist facility must follow all protocols outlined in General Considerations.
- With appropriate authorization, the Audiologist should perform the hearing test(s) needed.
- If appropriate, Audiologists may consider curbside face-to-face testing but must still ensure use of appropriate PPE.
- If curbside is not an appropriate method for completing the service, the facility should meet all protocols outlined in General Considerations.
- During any face-to-face visits, anyone interacting with the child/family must maintain appropriate social distancing (and/or use of PPE) and ensure that any necessary equipment is sanitized both before and after each visit.
- Once the visit is completed, the audiologist/optometrist must discuss results of the testing with family member and discuss next steps if necessary.
- The Audiologist/Optomtrist may then submit the claim for services rendered using the Onsite authorization and billing code(s)
- Provide the Audiology/Optomtrist Report to the Service Coordinator within 14- days to share with the IFSP team.

General Considerations:

Use Personal Protective Equipment (PPE):

- Public health requires that healthcare providers and staff wear facemasks at all times while with other team members/children/families. Facemasks can be removed only when an individual provider is in a private office setting with a closed door.
- Children and family member(s) should wear cloth face coverings, if they have one, or a disposable mask should be provided.
- Children 2 to 3 years of age should be asked to wear a face mask if tolerated.
- Children under the age of 2 should **NOT** wear face coverings.
- If possible, and as appropriate, face shields can be used to calm child and still protect provider(s).

Facility/Agency Considerations:

- Facilities that will be providing the early intervention services listed above must have a documented policy for screening of all providers who will have face-to-face contact with child/family member and all children/family members who will be part of the visit, which is consistent with Department of Public Health policies. For example, as considered appropriate, facilities should ask providers/families to complete infection screening questions within an allowable time period prior to the appointment, provide on-site temperature checks, have PPE available, etc.

- Provide appropriate and clear signage with instructions on required screening processes.
- Establish a process for thorough cleaning and disinfection prior to using spaces or facilities with child/family member(s).
- Ensure that furniture, equipment, and toys are removed from common areas.
- Provide a clear process for movement through the facility to minimize contact and access points (i.e., check-in from the car, move directly to the testing site, no overlap of families within testing facility).
- Provide sanitized instruments for signing consents and/or clean between uses if checking in/consenting using technology.
- If possible:
 - Have child/family member wait in their car. Family member can call facility to indicate their arrival and, when it is time for appointment, facility can call/escort family to enter facility. Note, if texting is preferred, ensure Personally Identifiable Information (PII) is not divulged- utilize initials or code provided by facility.
 - Avoid having families waiting in a lobby.
 - Space appointments with time in between so that no family enters at the same time as another family.
 - If using elevator to gain access, arrange for only one family in elevator at a time.
- If the facility/agency's protocol is more stringent than EI policy, the facility/agency should follow their agency's protocol on attendance. At no time should children be seen without a family member present.
- Facility staff may also encourage families to prepare their children for visits by practicing wearing masks (if applicable) and taking temperature checks.