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To: All Early Intervention Payees and Providers  
Child and Family Connections Service Coordinators and Staff  
All Early Intervention Families

From: Ann M. Freiburg, Chief *AMF*  
Bureau of Early Intervention

Date: May 28, 2021

RE: Early Intervention Updated Service Delivery Guidelines

This informational notice is to provide all Early Intervention (EI) stakeholders with an update to Service Delivery Guidelines for Early Intervention in Illinois.

**Following further consultation with IDPH, the following changes to EI services can begin May 29, 2021.**

The service delivery method must remain a team (family/caregiver and EI provider) discussion that considers the available options and potential risk factors. Once everyone on the team agrees to the chosen methods based on informed decision-making, the approach is documented in provider case notes and/or service coordinator (SC) case notes. To the greatest extent possible, interventionists who are fully vaccinated should be matched with families requiring in-person support. Service coordinators will inform potential team members of the family's preference in regard to vaccination status and providers must let the service coordinator know if they are able to accept the referral based on the family's preference.

- 1) Considerations for team discussions:
  - a. The number of families seen in-person by any individual EI Provider is still limited to twenty (20) including EI families as well as others the EI Provider may see outside of the scope of their EI practice.
  - b. Families seen for in-person evaluations/assessments are included in this limit.
  - c. Families may have more than one provider in the home (dependent on family consent and comfort level) if the providers visiting the home are fully vaccinated.
  - d. Families/caregivers and EI Providers all agree to in-person services only after a discussion about the ability to successfully provide services through LVV and Phone Consultation has occurred. If the team feels that successful implementation of the strategies created by the team cannot be achieved through coaching the family via LVV or phone, then the service can be delivered in-person. **Services should be delivered via LVV and Phone Consultation to the maximum extent possible while in-person capacity is still limited.**
  - e. In-person services should be prioritized based on family needs, potential risk factors, and the inability to meet outcomes through other methods of service delivery.

- f. Providers and families will need to adhere to the quarantine guidelines provided by their local health department.
  - 2) LVV must be discussed as an option for some, or all, of the services prior to choosing the in-person service delivery method. Teams should work to maximize the benefits of LVVs prior to implementing in-person service delivery for any particular service.
    - a. Families must continue to be notified of their rights and procedural safeguards throughout these discussions.
  - 3) **Despite growing numbers of vaccinated individuals, the following safety protocols must still be followed:**
    - a. [Pre-screening of family and providers](#) to ensure IDPH screening guidelines are met with the results documented in case notes.
    - b. Masks should be worn by all individuals present for the in-person service
    - c. Conduct in-person visits outdoors, whenever possible.
    - d. When possible, open windows or otherwise improve indoor air circulation and ventilation.
    - e. Wash or sanitize hands between visits and clean and disinfect any potentially contaminated surfaces at least once per day, as recommended by the CDC.
    - f. Limit the number of family members participating in the visit to minimize risk, especially if indoors with individuals who are not fully vaccinated (and/or individuals whose vaccination status is unknown).
    - g. Reduce/eliminate items brought into home which includes paperwork/files unless leaving papers with the family. No “toy bags” should ever be brought into the home as families should be able to use existing items from their home to implement strategies in the context of the family’s routines and activities. Any items used across households should be disinfected prior to each use.
  - 4) All team members should check their current local case rate by visiting the IDPH website’s listing, [by county](#). This information should be used to assess risk and inform ongoing decisions about the family’s and provider’s willingness to continue in-person services. No one should participate in in-person services if they have tested positive for COVID-19 in the last 14 days or if they are experiencing symptoms of COVID-19. In addition, no person not fully vaccinated should participate in in-person services if they have been exposed to someone who has tested positive for COVID-19 in the last 14 days.

All EI Providers should be very familiar with the Region they reside or work within. The information on the Regional breakdown is on the IDPH website at <https://coronavirus.illinois.gov/s/restore-illinois-regional-dashboard>.

It is imperative that all EI Payees, Providers, and Service Coordinators monitor the [EI Provider Connections website](#) on a daily basis. As new information becomes available, conditions may change, and we want everyone to have the most current information. If or when revisions are needed, information will be updated and posted on the EI Provider Connections website as well as other EI Partner websites.

Additional resources can be found by visiting the [EI Training Program’s website](#).

Parents are welcome to monitor the [EI Provider Connections website](#) for the latest information and can find other great family resources at the [EI Clearinghouse](#).

We appreciate the efforts being made to protect the citizens of Illinois by following these guidelines. Your continued commitment to families is invaluable. If you have any questions about this notice, please contact the Bureau directly at 217/782-1981 or by submitting your questions to [DHS.EIQuestions@illinois.gov](mailto:DHS.EIQuestions@illinois.gov).