

**New York State Department of Health  
Early Intervention Program  
Telehealth Guidance  
December 2023**

**I. Definition, Purpose, and Background**

*Telehealth* is the term the New York State (NYS) Early Intervention Program (EIP) uses to describe the methodology used as an alternative to providing in-person services and supports to children up to age three with developmental delays or disabilities and their families when in-person services are not appropriate based on the unique needs of the child and the family's priorities, resources, and concerns. "Telehealth is a collection of means or methods for enhancing health care, public health and health education delivery and support using telecommunications technologies. Telehealth encompasses a broad variety of technologies and tactics to deliver virtual medical, health, and education services. Telehealth is not a specific service, but a collection of means to enhance care and education delivery."<sup>1</sup> For the purposes of conducting early intervention (EI, or "the Program") evaluations or delivering EI services, telehealth is defined as including simultaneous audio and visual components. *Telehealth* is also a commonly used term in the context of reimbursement under Medicaid and private health insurance plans.<sup>1</sup>

Since the inception of the Program, EI services were delivered face-to-face, primarily in a child's home or community-based setting. During the Declared State of Emergency for COVID-19, it was necessary to shift to a virtual service delivery method.

Going forward, the expectation is that most EI services will be delivered in person, and authorized EI providers must be capable of delivering services within their documented scope of expertise, to children and families in person. However, telehealth remains an option for providing EI services with parental consent in writing and in accordance with the Individualized Family Service Plan (IFSP). Where necessary, EI evaluations may also be provided via telehealth.

This guidance document is based on review of the telehealth literature in the birth to three population and articulates the expectations for effectively incorporating telehealth into EI supports and services at each stage of the EI process, including service coordination, evaluations, IFSP development, and service delivery. This guidance serves to provide information about when telehealth services can be considered by the IFSP team. In addition, this guidance provides best practice resources to ensure that quality telehealth services are furnished in the EIP.

The Department is committed to regularly assess the impact of telehealth on child and family outcomes and will continue to review the literature on telehealth practice in the birth to three population. As the literature continues to grow and emerging best practices are identified based on EI outcomes data, BEI, in collaboration with stakeholders, will identify any necessary changes to the telehealth guidance, with the goal of refining the requirements and recommended approaches.

*History of Telehealth in the NYS EIP*

In response to the March 7, 2020 COVID-19 Declared State of Emergency (DSOE), executive orders were issued by Governor Cuomo, including Executive Order 202.1,<sup>2</sup> which temporarily suspended and modified section 2999-CC of the Public Health Law (PHL)<sup>3</sup> "to the extent necessary to allow additional telehealth provider categories and modalities, to permit other types of practitioners to deliver services within their scopes of practice and to authorize the use of certain technologies for the delivery of health care services to established patients."<sup>2</sup> In this way, reimbursement became available for individual telehealth EI services

provided in accordance with the child’s IFSP and for multidisciplinary evaluations (MDEs) to establish eligibility for the EIP. Please note, throughout this document, the EIP may also be referred to as “Program.”

Following the implementation and use of telehealth during the COVID-19 DSOE, telehealth became a permanently available service option in the NYS EIP, in accordance with NYS PHL Article 29-G, for authorized providers and service coordinators (SCs) under the EIP to render services.<sup>3</sup>

### *Current Use of Telehealth in the NYS EIP*

With the end of the public health emergency, under the NYS EIP, it is the expectation that most EI services will be delivered in person. However, telehealth remains an option for providing EI services with parental consent and in accordance with the IFSP. EI evaluations may also be provided via telehealth under the exceptional circumstances included in Section IV *Considerations Before Conducting EI Evaluations Using Telehealth*.

Telehealth is a way of providing EI evaluations and services virtually to a child *without* an EI professional appearing in person, based on the unique needs of the child and the family’s priorities, resources, and concerns. Providers use a coaching approach to help parent(s), caregiver(s) and other family members to embed strategies that promote the child’s learning and development. Using a tablet, smartphone, or laptop computer so that the parent/caregiver-child dyad and provider can see and hear each other, the EI professional coaches the caregiver in ways to work with their child, or works with the child directly, using toys and other household items the family already has at home. The caregiver and child can see what the provider is demonstrating, and the provider can observe what the caregiver and child are doing in response to their coaching, teaching, modeling, guidance, or questions. Also, the provider may see what typically occurs during a family’s routine activities, the skills the child uses to carry out those routine activities, and how the child interacts with others in their environment.

Please note, throughout this document, “parent/caregiver” will be used. Parent means a parent by birth or adoption, or person in parental relation to the child, as per EIP regulations at 10 NYCRR section 69-4.1(ai) and “caregiver” is used to mean a person whose care the child is in during EI service delivery.

## **II. Benefits, Potential Barriers, and Approach to Equitable Access to Telehealth in the NYS EIP**

### **A. Benefits**

Although telehealth services are relatively new to the NYS EIP, other states have been using this methodology for many years to provide medical, EI, speech-language therapy, deaf and hard of hearing services, occupational therapy, and Applied Behavior Analysis (ABA). In addition, there is research that demonstrates the possible benefits of telehealth in the following ways:

- i. Increased workforce capacity, reduction in the number of EI families at risk of not receiving authorized services, and increased accessibility of appropriate specialists.<sup>4,5,6,7,8</sup>
- ii. Greater scheduling flexibility for both caregivers and providers, which ensures that services can be delivered during routines with which families need the most support.<sup>7</sup>
- iii. Improved caregiver outcomes including greater engagement and participation in sessions; positive family/child interactions; greater use of caregiver coaching and EI best practices; and more reports of caregiver satisfaction, self-efficacy, and empowerment that are all in alignment with the mission and goals of Part C EI services.<sup>5,8,9,10,11,12</sup>
- iv. Increased positive child outcomes including improved child language, cognitive, and social outcomes; increased responsiveness to caregivers and family members; and increased use

of technologies for hearing.<sup>8,11,12,13,14</sup>

v. Enhanced flexibility and continuity of care across a range of situations:<sup>11,15,16</sup>

- Sessions can be held when the weather is not conducive for travel
- Provides the opportunity for temporary services while in-person services are being secured by the family's service coordinator
- Increased access to services when there are workforce shortages, such as in rural areas where there are fewer providers available, and in urban areas where there may be service deserts
- Provides the opportunity to bring another parent, family member, or caregiver into a session to learn new ways to help the child function better during daily routines
- Provides the opportunity to include another provider or specialist during a session (e.g., assistive technology)
- Supports greater clinical supervision and coaching of providers
- Fewer cancelled sessions and more flexible scheduling

B. Potential barriers to effective telehealth<sup>7,15</sup>

i. Potential Family barriers:

- Lack of families' access to a secure internet connection and/or equipment to support telehealth services
- The family context is such that parent/caregiver is unable to participate in all telehealth sessions (e.g., work schedule, competing demands)
- Parent/caregiver's perceptions that EIP services are delivered to the child with no parent/caregiver participation
- Parents' belief that telehealth services are inferior to in-person services

ii. Potential Provider barriers:

- Assumption that the parents/caregivers cannot participate effectively in telehealth or would not be interested
- Difficulty explaining telehealth, what it looks like, and its benefits
- Misperceptions and negative opinions about telehealth as a method

iii. The quality of telehealth sessions is impacted by the experience, knowledge, and professionalism of the provider and by caregivers' factors. The quality of the interactions during telehealth sessions is influenced by the same factors that impact engagement, communication, and collaboration. Therefore:

- It is critical for families to understand the role that Service Coordinators, the evaluation team, and providers play in the EIP, as well as the family's role.
- Professional development for providers is key to building their confidence and competence in the use of telehealth for the provision of EI services.
- The provider's approach when using telehealth must not be overwhelming for the parent/caregiver.
- Providers must exhibit the same professionalism and ethical behavior during telehealth sessions as they would during in-person sessions. This includes having a simultaneous audio and video (visual) component for the entire duration of the authorized visit, as per the IFSP, not engaging in any other tasks except the delivery

of the telehealth session, ensuring that the provider's background is free of distractions, and ensuring confidentiality.

- Consistent regular communication and collaboration with parents/caregivers and between other IFSP team members, are essential core competencies in EI services across disciplines.<sup>17,18,19</sup> EI providers are expected to use family-centered best practices and coach parents/caregivers whether the EI sessions are provided in person or via telehealth, and across all EI service settings (e.g., home, community, facility).

C. NYS approach to equitable access to EI services provided via the telehealth methodology<sup>7,15</sup>

Based on a review of telehealth literature, the NYS Bureau of Early Intervention (BEI) will partner with key stakeholders including EI families, providers, municipalities, advocates, and the NYS Early Intervention Coordinating Council (EICC) to:

- i. Ensure all families have the same options to receive in-person or telehealth services. Families should be given information and resources regarding the advantages and efficacy of telehealth. In addition, families should be educated about their role in their child's telehealth services. These resources may include brochures, checklists, and on-line videos and presentations about telehealth.
- ii. Promote family-centered options for hybrid early intervention services where families may receive some services in the form of telehealth, in combination with in-person services. The IFSP team, which includes the parent, should determine the distribution of services (e.g., home (telehealth) and childcare (in-person) setting), when the family is interested in a hybrid model, and the frequency, intensity, duration, location, and method must be documented in the IFSP.

This serves the following purposes:

- Providers can address strategies with the family to provide an opportunity for the child to generalize skills across settings that were learned when the family was not present.
  - Providers can teach strategies and brainstorm with the family to implement services within their routines.
  - Providers can learn more about the family's routines, can coach and empower caregivers, and can modify the strategies so they more effectively fit with what happens in the home, and,
  - Childcare providers can learn strategies to foster the child's development and work on IFSP outcomes.
- iii. Disseminate information, as it becomes available, on professional development trainings for EI providers with an emphasis on family-centered service delivery. Topics may include, but are not limited to the following:
    - How to introduce telehealth to families
    - Sharing information about family-centered best practices with parents/caregivers
    - Sharing information on research studies about telehealth for young children
    - Highlighting the benefits of telehealth for both families and for providers
    - Training service providers on how to provide telehealth services to maximize efficacy in providing services remotely to children and their families
    - Supporting providers in using family-centered best practices

- Completing any required forms (e.g., consents such as the *New York State Early Intervention Program Consent for the Use of Telehealth*)
- iv. Listen to families' concerns about telehealth and provide additional information to support informed decision-making.
- v. Improve family outcomes by ensuring services are family centered.

### III. Introducing and Effectively Incorporating Telehealth into Early Intervention Supports and Services

#### A. Service Coordination

The initial service coordinator (ISC) must promptly arrange a contact with the parent in a time, place, and manner reasonably convenient for the parent and consistent with applicable timeliness requirements.<sup>20</sup> It is the Department's expectation that the first meeting between the ISC and family, be in person; however, if the initial home visit needs to be delivered virtually, the service coordinator must document the justification in their notes. This documentation will be subject to municipal and State review.

During the ISC's first meeting with the parent, the ISC must explain the full range of service options available and emphasize parent choice in the service delivery method selected. These methods include in-person home-based, in-person community-based, facility-based, or telehealth. Families can choose all in person, all telehealth, or a combination of methods for EI service delivery (i.e., hybrid model). The service coordinator must document in their service coordination notes that the parent/caregiver was informed of the full range of their EI service options and must document why the parent/caregiver selected a given service delivery method.

#### *Key messages for ISCs to share with families include:*

- ✓ *Telehealth is an approved methodology for the provision of EI evaluations and services in NYS (with parental consent).*
- ✓ *Families can choose all in person, all telehealth, or a combination of methods for EI service delivery (i.e., hybrid model).*
- ✓ *Families have the option to request an amendment to their child's IFSP if they need to adjust the method(s) they initially selected for service delivery.*
- ✓ *Discussions of requirements for telehealth evaluations and services:*
  - *Evaluations and services may be completed virtually depending on the unique needs of the child and the family's resources, priorities, and concerns.*
  - *Telehealth can also be provided on a temporary basis when it is documented in the child's IFSP that in-person services are currently being located, and telehealth is necessary to prevent gaps in services.*
  - *Both providers and parents must have access to the internet and to a tablet, smartphone, or laptop computer, on which the providers can observe the child during a variety of tasks.*
    - *If the family does not have access to the technology needed to support both the simultaneous auditory and visual components of an evaluation, the evaluation must be completed in person.*
    - *If the family needs a device to participate in EI telehealth sessions, they should work with their service coordinator to potentially obtain a device through their*

*Regional Technology Related Assistance for Individuals with Disabilities (TRAID) Center.*

- *Simultaneous audio and visual components are necessary for the entire duration of the evaluation and/or EI session, for both the provider and the parent/caregiver.*
- ✓ *Discuss expectations with the family as it pertains to their role within virtual (telehealth) Multidisciplinary Evaluations (MDEs) and services.*
- ✓ *As with in-person service delivery, during a telehealth session the EI provider supports, guides, and coaches parents/caregivers in ways to work with their child, using toys and other household items they already have within their environment. This way, the family can see what the evaluator/therapist is explaining, and the evaluator/therapist can see what the family is doing in response to their coaching, modeling, guidance, or questions. Also, the evaluator/therapist can see what typically occurs during the family's routine activities, the skills their child uses to carry out those routine activities, and how their child interacts with others.*
- ✓ *Telehealth and in-person service delivery are both effective ways to provide EI services. Some states have been offering telehealth as an option for many years.*
- ✓ *Research shows that there are benefits to using telehealth.*
  - *Offers flexibility in scheduling when in-person services may otherwise not occur.*
  - *Can have a positive impact on parent/caregiver engagement with their child's therapy session as well as their sense of empowerment.*
  - *Offers parents more options for services (in person, telehealth, or a combination of the two methods (i.e., hybrid)).*

B. If the parent/legal guardian is interested in telehealth, providers can complete the **Checklist for Use of Telehealth**.

#### **IV. Considerations Before Conducting EI Evaluations Utilizing Telehealth**<sup>20</sup>

Children referred to the EIP are assigned an initial service coordinator and will have an MDE to determine their eligibility for the Program. It is important to explain to families that there are two methods for conducting an MDE – in person, or via telehealth, and that most of the time evaluations are conducted in person unless there are extenuating circumstances. The family and evaluator should make the decision on the most effective way to deliver the MDE based on the child's unique needs and the family's concerns, priorities, and resources. With that said, telehealth MDEs are not intended to be routinely conducted to make an eligibility determination for the EIP and should be the exception rather than the rule. Telehealth evaluations should *only* be conducted in the following instances with parental consent in writing:

- When the family requests a telehealth MDE.
- When the child has a complex medical condition, and the family does not want evaluators in their home.
- When the family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available.
- When the appropriate evaluators are not available in the region where the evaluation is to be conducted.

If the MDE needs to be delivered virtually (i.e., via telehealth) due to one of the above extenuating circumstances, the evaluator must document the justification in their MDE report. This documentation will be subject to municipal and State review.

Also, the MDE may not be conducted virtually if the family does not have access to the technology needed to support both the simultaneous audio and visual components of an evaluation.<sup>23,24,25,26,27</sup>

While it is the Department's expectation that the vast majority of MDEs take place in person, this guidance is for those instances when this is not feasible or appropriate for the child based on their unique needs and the family's concerns, priorities, and resources.

It is important for providers to understand that all MDEs, and any supplemental evaluations included in a child's IFSP must comply with EIP regulations found in 10 NYCRR section 69-4, Guidance Memoranda, and local EIP requirements, whether they are being conducted in person or using telehealth. The guidance in this document is provided to assist with the use of telehealth in the NYS EIP. The effectiveness and success of a telehealth evaluation, in part, depends on how well the providers (the ISC and the evaluation team) prepares the parent/caregiver for the evaluation process, and the parent/caregiver's role in participating in the MDE. In addition to the information below, evaluators are required to comply with all federal and State EIP regulations and guidance, as well as that of their municipal EIP, as each EIP is locally administered by the county/municipality in which the child and family reside. The local health department (LHD) may impose more stringent guidelines for the operation of the local EIP.

*A. Important considerations when conducting a telehealth evaluation:*

- i. The checklist titled **Checklist for Telehealth Evaluations** may be utilized to review each telehealth MDE, or supplemental evaluation included in a child's IFSP, to ensure that required content for a telehealth evaluation has occurred and is documented.
- ii. As per NYS EIP regulations in section 69-4.12, if the Early Intervention Official (EIO) determines that the evaluator has not complied with the PHL or requirements in section 69-4.8 of EIP regulations in conducting an evaluation to determine eligibility, the EIO may require that the evaluator immediately submit additional documentation to support the eligibility determination of a child for the EIP. If the evaluator does not provide the requested documentation, or the documentation provided continues to be inconsistent with the requirements of the PHL or this Subpart, the EIO may require that the parent select another evaluator to conduct an MDE to determine whether the child meets eligibility criteria for the EIP.
- iii. As with all evaluations, when issues are identified, agencies/evaluators will receive an opportunity to resubmit the MDE or supplemental evaluation, if any, to correct omissions or deficiencies. This may require conducting additional telehealth evaluation session(s) by one or more of the evaluators.

*B. Preparing to conduct an evaluation utilizing telehealth:*

- i. Prior to the initiation of an MDE via the telehealth methodology, the evaluator must ensure that they have:
  - Obtained informed written consent from the parent/legal guardian to conduct the MDE on the *New York State Early Intervention Program Consent for the Use of Telehealth* form.
  - Verified that the family has access to a device that meets all requirements as listed below in section ii. It is required that an in-person MDE be pursued if a family does not have access to a device to use for an EI telehealth evaluation.
- ii. Evaluators and parent(s)/caregiver(s) must each have a device that includes all required components for a telehealth evaluation session (i.e., device has access to the internet and simultaneous audio and visual components, so that the evaluator can observe the child during a variety of tasks for the duration of the evaluation). If the evaluator or

parent/caregiver does not have access to the technology needed to support both the visual and auditory components of an evaluation, **the evaluation must be completed in person.**

- iii. Evaluators must have a space that is quiet and free from distractions (e.g., noises, other conversations, other persons in the space) and ensures the confidentiality of the child and family. Additionally, the evaluator and family should discuss creating an environment which is conducive to the child's evaluation (i.e., trying to minimize visual and auditory distractions, optimal lighting, etc.)
- The MDE must utilize age-appropriate procedures and instruments on the list of standardized instruments approved by the Department, unless a written justification is included in the evaluation report for why such instruments are not appropriate or available for the child. Evaluation instruments must be administered following all protocols in the examiner's manual as issued by the test developer. Evaluators who conduct evaluations utilizing telehealth must use care in selecting assessment tools and techniques that are appropriate to the technology and take into consideration the family's cultural, linguistic, and educational background; they must also be familiar with the psychometrics of the instrument. Assessment materials and procedures may need to be modified to account for the lack of physical contact.
  - *The Norm-Referenced Assessment Tools for Children Birth to Age Five Years with Potential for Remote Administration for Eligibility Determination*, is a resource which includes a list of tools compiled to assist states and programs with identifying assessments that can be administered when the assessor cannot be in the room with the child. This resource was created by the Center for IDEA, Early Childhood Data Systems (DaSy) and the Early Childhood Technical Assistance Center (ECTA) can be found at the following link:  
<https://ectacenter.org/~pdfs/topics/earlyid/assessment-tools-norm-referenced.pdf>.  
This resource includes norm-referenced tools for children birth through five years old that can be administered by observation, interview, and/or parent/caregiver checklist that could be helpful when evaluators are determining eligibility in person or remotely. Please note, not all of these tools are on the Department's list of developmental assessment tools. Additionally, the inclusion of the list does not constitute the Department's endorsement of the tools included.
  - For both in-person and remote MDEs, evaluators must follow NYS regulations and guidance. EIP regulations at 10 NYCRR section 69-4.8 set forth the responsibilities of evaluators for conducting evaluations and assessments to establish children's eligibility for the EIP, and state that "*no single procedure or instrument may be used as the sole criterion or indicator of eligibility.*" Thus, when making a determination as to whether a child is eligible for the EIP, the MDE team must rely on information from a variety of appropriate sources, which should include standardized instruments and procedures, when appropriate or possible; observations of the child; parent interviews; informed clinical opinion; and any other sources of information about the child's developmental status available to the team conducting the child's evaluation.
- iv. There may be instances where an evaluation/single evaluation session conducted via telehealth may not provide adequate information to determine the child's eligibility. If this is the case, the evaluator should be prepared to do another telehealth evaluation session to obtain a more representative sample of the child's behavior and functioning. However, the provider will only be reimbursed for one evaluation. If an in-person evaluation is required,

the evaluator should include suggestions about activities the parent/caregiver can do with their child to address their concerns, until such a time as an in-person MDE can be completed.

- v. As with any evaluation, evaluators must be prepared to discuss what the parent/caregiver can do to foster their child's development and address their specific concerns as part of the evaluation process, regardless of the child's eligibility status.
  - Prior to initiating the delivery of a telehealth evaluation, providers must ensure that evaluators review the essential components of quality EI evaluations in the NYS BEI sponsored training for evaluators titled, *Early Intervention Evaluation, Assessment, and Eligibility Determinations in the Early Intervention Program*.
  - **Please direct all questions regarding telehealth evaluations to [beipub@health.ny.gov](mailto:beipub@health.ny.gov)**

## V. Conducting a Telehealth Evaluation<sup>20</sup>

### A. Initial phone call with the parent and a member of the evaluation team:

- i. An initial phone call with the parent is important to discuss the parent's primary concerns, to confirm that they want to have a telehealth evaluation, and to set the expectations for what this type of evaluation will look like.
- ii. Provide the therapist's name, discipline, and agency name.
- iii. Confirm the identity of the child by comparing information below to EI referral information/information in the State Data System
  - Name
  - Date of birth (DOB)
  - Address/phone number
  - Parent's name
- iv. Ask who spends the most time with the child and what languages they speak, as well as the degree of language exposure, and in what contexts.
- v. Confirm the identity of the adult (caregiver) who will be present during the telehealth evaluation and their relationship to the child.
- vi. Ask about the parent concern(s)/reason(s) for the evaluation.
- vii. Ask if anyone else familiar with the child, such as a pediatrician, daycare provider, or other family member, expressed concerns about the child.
- viii. Ask the parent what time of day would be optimal to get a realistic picture of the child.
- ix. Explain to the parent that sometimes it may not be possible to capture all of the child's behavior at one time, and that additional observations may be requested in order to provide a more representative sample of the child's behavior.
- x. Determine what device(s) the family has available (e.g., smart phone, tablet, iPad, computer).

- xi. Describe how the evaluation will be conducted virtually.

Sample script:

- ✓ *Your child's evaluation will be conducted virtually (telehealth), using technology such as a smart phone, tablet, or computer.*
- ✓ *We need to be able to see and hear each other at the same time. What device do you have that will allow for this?*
- ✓ *What do you think will work? We need to talk about this together to figure out how and when to do the evaluation, for example, is there a better time of day for your child and family?*

**B. Provide the parent/caregiver with a pre-evaluation set-up/orientation to evaluation:**

- i. Describe the steps of an evaluation to the parent/caregiver, including explaining that the evaluator will:
- Obtain history (e.g., pregnancy, birth, medical) from parents as well as a family history of developmental delays or diagnosed conditions
  - Observe the child
  - Observe parent/caregiver-child interaction
  - Observe of how the child behaves during child-family routines and play time, and how they perform requested activities.
- ii. Discuss with the parent/caregiver that the evaluator will suggest activities or tasks for the child to participate in which will help the evaluator observe the child's strengths and needs, as well as what the expectations are for the parent/caregiver to support the child during these activities (e.g., use of large and small muscles, how the child lets people know what they want, how the child behaves with different people and in different situations).

Sample script

- ✓ *We're going to have to talk about a few things ahead of time so we can be ready to do the evaluation. These are some of the things we'll be talking about and looking at.*

- iii. Coordinate and plan with other evaluators so that the evaluation is as seamless as possible. If an arena-style evaluation is being completed, explain to the parent/caregiver what that might look like. If it is a hybrid evaluation (i.e., one in which one evaluator is in person and the other is doing a telehealth evaluation), explain to the caregiver what to expect and how that will work.
- iv. Determine if an arena-style evaluation would be optimal for the child and/or caregiver. The New York State Education Department defines this type of evaluation as follows: "The multidisciplinary team simultaneously evaluates a child using formal and/or informal evaluation strategies. Team members should design a schema prior to the evaluation so that a common sample of behaviors can be observed. In using this technique, one team member facilitates interaction with the child while the other team members observe and record the child's performance across all testing domains."<sup>21</sup>
- v. Explore the child's daily routines and typical activities. Explore what toys or objects are in the home that could be used to determine the child's functional abilities. Exploration of the child's exposure to toys and other household materials and how the child interacts with

those toys/materials is crucial for determining appropriateness for inclusion in the assessment and subsequent determination of functional level.

- **Evaluators should give caregivers a list of toys to be used for the evaluation that the family already has in their household.**
- **After discussing the toys and other items the child has and plays with at home, the evaluator should give the parent/caregiver a list of items to be available for the evaluation. The parent should NOT be asked to purchase or acquire items to be used specifically for a telehealth evaluation. If the evaluator is not able to conduct the evaluation using items already in the family's home, the evaluation should be conducted in person.**

C. Conduct a virtual tour with the parent/caregiver <sup>20</sup>

Sample script:

- ✓ *In order for the evaluators to get an accurate picture of your child, we'll need to see what you have available in your home so that we can get an idea of how your child uses large and small muscles, how your child lets people know what they want, how they behave with different people and in different situations, what your child is good at and not so good at.*
- ✓ *It would be helpful if you would give me a virtual tour of some of your child's toys and/or other things your child like to play with, where they play and spend time, and the space where the evaluation might take place. This will help me prepare in advance and give you some suggestions about what you might already have at home that you could have available during the evaluation, in order for us to get an accurate picture of your child.*

i. Gross motor: Big-muscles

Sample script

- ✓ *Where will we be able to see your child move around as they usually do?*
- ✓ *What kind of furniture is available (e.g., stool, children's furniture, highchair, infant seat, etc.)?*
- ✓ *Where are the different surfaces (e.g., playpen, cushioned surfaces, carpet, stairs)?*

ii. Fine motor: Small-muscles

Sample script

- ✓ *What child-safe small items do you have that would interest your child, so we can see how they pick things up and use their hands and fingers?*

iii. Cognitive: Problem-solving

Sample script

- ✓ *What does your child like to play with?*
- ✓ *Do they have favorite toys/play materials?*
- ✓ *How do they play with toys or other objects in the home?*

iv. Communication: Understanding and using words

Sample script:

- ✓ *How does your child let you or others know what they want (not restricted to using words)?*

- ✓ *How can you understand your child's needs/wants?*
- ✓ *How does your child let you know that they understand what you've said to them?*
- ✓ *Does your child follow simple directions?*

v. Social-emotional: Relating to others

Sample script:

- ✓ *What happens when your child does or does not get what they want? How do family members act when this happens?*
- ✓ *In what environments/during what activities do challenging behaviors (e.g., tantrums) occur less often or not at all?*
- ✓ *How does your child respond to you? Other family members? Siblings? Other children (same age/older)?*

vi. Adaptive: Feeding/bathing/diapering/toileting routines:

Sample script:

- ✓ *Does your child present challenges when you try to feed/bathe/diaper/toilet them? Tell me about those.*
- ✓ *What have you tried so far to help make these activities easier for you and your child?*

vii. Other concerns not previously mentioned:

Sample script:

- ✓ *Are there any other things you may be concerned about or that you want me to know about your child?*

D. Conduct the evaluation utilizing telehealth <sup>20</sup>

- i. Obtain developmental and behavioral history from parents/caregivers. This includes caregivers and daycare providers as applicable, and with parental consent.
- ii. Obtain medical information from the child's healthcare provider with written parental consent. Determine if the child has a diagnosed condition with a high probability of resulting in developmental delay, that makes them eligible for the EIP.
- iii. Observe parent/caregiver/family and child interactions.
- iv. Ask parent/caregiver about their daily routines/who is involved in these routines.
- v. Ask about child's favorite activities, likes, dislikes, and challenging activities.
- vi. Ask parent/caregiver how they respond regarding activities that are challenging for the child.
- vii. Observe what the child does spontaneously and what toys or activities the child gravitates towards. These toys or activities should be used to understand the child's abilities.
- viii. Pay attention to the child's natural actions and to their natural interactions with their caregivers (who should be treated as caregivers and not as administrators of testing tasks).
- ix. Ask what the child loves to do and does well. What are their strengths/needs?

*Sample script:*

- ✓ *I would like to see your child do \_\_\_\_\_. What do you have in your home that will help me see that?*
  - ✓ *I am going to use a doll to show you some of the things I want you to do with your child.*
- Note: Ask if the child is exposed to playing with a doll; if not, use a more familiar item to the child (e.g., a train, stuffed or plastic animal).*

- x. Incorporate the information gathered above when *considering a child's true level of functioning*.

## **VI. Considerations for Conducting and Documenting a Telehealth Evaluation**<sup>20</sup>

- A. Depending on parental concerns, the evaluator will want to observe the child at different times of the day (e.g., during mealtimes or bath time). The evaluator may need to do a session with the parent/caregiver more than once to obtain a representative picture of the child.

Please note, EI evaluators shall submit one claim for an MDE, regardless of the number of visits required to perform and complete the evaluation, as per EIP regulations, found in 10 NYCRR section 69-4.30(c)(2).

- B. If the child's response to the telehealth evaluation is not sufficient to obtain a complete picture of the child (e.g., asleep, crying unconsolably), the evaluator will need to be prepared to have a telehealth evaluation with the child and caregiver at another time, as stated in Section IV of this guidance document.
  - i. If a follow-up telehealth session does not provide adequate information, eligibility may not be able to be determined. Regardless of the outcome, the evaluator should be prepared to make suggestions about activities the parent/caregiver can do with the child to address the concerns, until such a time as an in-person MDE can be completed. The child can also be referred to Child Find (At-Risk) with parental consent.
  - ii. If the EIO determines that the information obtained through the evaluation is not adequate to determine the child's eligibility status, the evaluator may be required to obtain additional information through another telehealth session, in-person session or other means as appropriate (e.g., external documentation). The municipality may require a new MDE be completed by a different agency selected by the parent.

### **C. MDE Team Collaboration**<sup>20</sup>

- i. Once all individual evaluation components have been completed, discuss findings as a team to determine eligibility. Integrate all findings to determine the child's true level of functioning in all five (5) developmental areas. This could be accomplished through a conference call.
- ii. Decide which team member will contact the parent to discuss the results, eligibility status, and recommendations and resources.

### **D. MDE Documentation and Summary**<sup>20</sup>

- i. While a combination of data from the child's history, family concerns, test instruments, behavioral observations and informed clinical opinion will inform the MDE documentation

- and summary, detailed observations and informed clinical opinion are particularly important for evaluations conducted via telehealth. Additionally, the evaluator must document the parent/caregiver's report about whether the child's responses were optimal during the MDE and were reflective of the child's typical performance. Each evaluator must document if the evaluation was a telehealth evaluation, the length of time of the evaluation, start/end times, and whether it was conducted in more than one session. If observations were made on more than one day or multiple times on one day by an individual evaluator, this should also be documented.
- ii. The evaluator should document how evaluation procedures and/or materials were modified to account for the lack of physical contact (e.g., if the caregiver rather than the evaluator handled or positioned the child, this should be documented and explained).
  - iii. Each evaluator must document how the telehealth session occurred:
    - whether there were distractions or interruptions;
    - if and how an interpreter was used (with documented written parental consent);
    - who else was present during the evaluation and how their presence may or may not have affected the evaluation process and results;
    - whether using telehealth for the evaluation impacted the child's responses, and if so, how the responses were affected;
    - whether the parent/caregiver felt that the evaluation conducted via telehealth provided an accurate picture of their child or whether they had any concerns about the evaluation;
    - how the evaluation was responsive to the cultural and linguistic background of the family;
    - what was the child's reaction and level of engagement with the evaluator on a screen (keeping in mind that it is expected that a very young child may not be interested in engaging with a stranger over a screen and it should not be seen as a deficit); and
    - what was the child's interaction and level of engagement with the caregiver?
  - i. The evaluator should elicit feedback from the parent/caregiver about the evaluation. The MDE team should take into account and document any parent/caregiver feedback on the use of video/audio technology and how this may have impacted the child's responses during the evaluation. This information should be documented in the evaluation report. The MDE team must take this into consideration when they determine the child's developmental domain statuses and eligibility status.

## **VII. Developing the Individualized Family Service Plan (IFSP) When Considering the Use of Telehealth**

The expectation is that most early intervention (EI) services will be delivered in person. However, telehealth remains an option for providing EI services with parental consent and in accordance with the Individualized Family Service Plan (IFSP).

- A. During the IFSP meeting, the IFSP team, including the parent/caregiver, service coordinator, Early Intervention Official (EIO), and member(s) of the evaluation team, should discuss all service delivery types and methodologies that may be appropriate for the child and family. These may include in-person services, telehealth, or a combination of these (i.e., hybrid approach). It is possible that a particular service delivery method may not be appropriate or beneficial for a given child and family at a given time. The unique needs of the child and the family's priorities, resources, and concerns must be considered when the IFSP is being developed.

- B. As with all services in the NYS EIP, the frequency, intensity, length, duration, location, and method of the telehealth sessions are determined during the IFSP meetings <sup>22</sup> and the parent's/caregiver's schedule, and their concerns, priorities, and resources related to their child's development should be considered.
- C. When discussing service method options with a family, it is important for the IFSP team to discuss the key role that parents/caregivers play during in-person and telehealth services. This includes:
- i. Explaining the significant role of parents/caregivers in early intervention and the importance of family-centered best practices.
  - ii. Emphasizing that parents/caregivers are equal members of the IFSP team as they are the experts about their children.
  - iii. Explaining that infants and toddlers cannot be alone during telehealth and will require their parents'/caregivers' participation during sessions. <sup>17,18, 28</sup>
    - During sessions, the parent/caregiver and provider can partner together to tailor services that will fit the family's needs and are responsive and respectful of each family's culture, ethnicity, religion, language, socioeconomic characteristics, and preferences. Without the parent/caregiver present for the whole session, the provider will not be able to individualize services to accommodate the family's needs and desired outcomes because observations are limited, and the provider is not available to answer questions.
- D. The IFSP team should discuss with the family that all early intervention services are family-centered which fosters engagement with parents/caregivers and results in better early intervention service outcomes for the following reasons:
- iv. Explaining when parents/caregivers are involved, they gain a better understanding about how to support their children's functioning/learning during family routine activities, gain new problem-solving skills, and learn more about their children's strengths.
    - i. Young children's learning is relationship-based. Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts. <sup>17</sup>
    - ii. When parents/caregivers partner with their child's team and learn new strategies, their child has greater opportunities to practice between EI sessions, which supports progress. Children learn during different times of the day and not only during EI sessions.
    - iii. Birth to three is a key period for early childhood brain development. Quality interactions between children and the important adults in their lives help to lay a solid foundation for learning, development, and behavior now and for the future. <sup>23</sup>
  - iv. Coaching parents/caregivers enhances the quality interactions that they have with their children. Parents/caregivers bring this knowledge and skills forward when their children transition from early intervention, thereby expanding the impact of the early interventionists' work.
  - v. The professionals providing services are able to learn more about the child's background, history, culture, and context through consistent coaching, communication, and collaboration. With this information and in partnership with parents/caregivers, they can create strategies together that fit within the family's routines while building parent/caregiver confidence and

understanding about how their child is learning, playing, and growing.

E. Explaining the role of the service provider in early intervention: “The primary role of the service provider in early intervention is to work with and support the family members and caregivers in a child’s life.”<sup>17</sup> Providers are focused on enhancing the competence and confidence of parents/caregivers in helping their children learn and develop.

F. When the IFSP team decides that telehealth will be the service delivery modality for a given service type, the benefit of using a hybrid model - having some of the services delivered in person - should be discussed as an option for the family.

- i. Thoughtful integration of in-person service sessions into a telehealth service plan may confer the following benefits:
  - Initial in-person sessions help to clarify expectations regarding the parent’s/caregiver’s role during sessions.
  - Initial and periodic in-person sessions help to develop a positive relationship between the EI provider and the important caregivers in the child’s life.
  - An in-person session will help the child and family transition to a new EI provider when a service type is added or when a therapist changes and the family is meeting the new provider for the first time.
  - An occasional in-person session provides the treating team with an opportunity to observe the parent/caregiver and the child during a routine activity and to directly observe play, motor, adaptive, social-emotional and communication skills based on the IFSP functional outcomes without the constraints of a screen. This creates important opportunities to determine how a functional outcome might be addressed when a therapist or teacher is seeing the child in person in their natural environment.
- ii. Sometimes a hybrid approach – some in person and some telehealth service delivery – may be considered. With parental consent and when included in the child’s IFSP, the IFSP must specify in-person and telehealth services (frequency and duration) to level-set expectations. When considering a hybrid approach, consider including the delivery of in-person sessions during key times, such as:
  - At the start of the authorization period,
  - At the expiration of the authorized period,
  - To try out or initiate a different technique or approach,
  - When a new service type is added or when a provider changes,
  - When transition from the EIP to other supports and services is approaching.
- iii. In addition, the IFSP team may determine that in-person sessions should be delivered at regular intervals during the authorization period based on the unique needs of the child and the family’s resources, priorities, and concerns. Consider the following illustrative examples:
  - If a child and family’s IFSP specifies that they are authorized to receive a particular service once/week, they might receive that service in person once/month and the other 3 times/month via telehealth.
  - If a child is authorized to receive a service 2 times/week, the family could opt to receive one of those sessions in person each week or once every other week, with the other session provided by telehealth.
  - Whatever the IFSP team agrees on regarding visit types, location, and frequency, etc. must be clearly documented in the IFSP.

- iv. For those children receiving center-based services, a hybrid approach incorporating periodic telehealth visits where the child is at home offers an opportunity for EI team members from the center-based program to observe the parent/caregiver and child during home-based routine activities identified in the IFSP functional outcomes. This offers an opportunity for the center-based providers to better understand the child and family's natural environment, that includes their family routine activities as they address the IFSP functional outcomes. Consider the following illustrative example:
  - If a child is authorized to receive speech therapy two (2) times/week at the center-based program and the parent/caregiver wants to learn new ways to help their child, speech therapy could be provided twice/month at home via telehealth. For those weeks that include a telehealth session, the child can be authorized for speech once/week at the center-based program and once/week via telehealth.
  - Again, whatever the IFSP team agrees on regarding visit types, location, and frequency, etc., must be clearly documented in the IFSP.

## VIII. Service Provision Utilizing Telehealth

### A. Preparation to conduct telehealth services

- i. Early Intervention services rendered via telehealth must include both simultaneous audio and visual components for the entire duration of the authorized session. If this is not possible, the session must be provided in person.
- ii. EI service providers must ensure that the parent/caregiver has the necessary communication platform (a non-public facing product, which has both audio and video functionality and will allow for communication between families and provider(s) for the entire duration of the authorized EI visit) to participate in telehealth services and that the parent/caregiver understands that they must be present to engage and support the child for the entire session.
- iii. Do not initiate the delivery of early intervention service sessions utilizing telehealth until the parent/legal guardian has signed the *New York State Early Intervention Program Consent for the Use of Telehealth* and the provider has reviewed the sample checklists pertaining to telehealth, which can be found in the Appendices of this document.
- iv. If the provider plans to share information, articles, or resources with the parent/caregiver, the provider should ask how the parent/caregiver prefers to receive this information: via fax, US Postal Service, the telehealth platform (e.g., forms shared in the chat box that can be downloaded) or email. If the parent/caregiver wants to communicate via email, the provider must have the parent/caregiver sign the *Parental Consent to Use E-mail to Exchange Personally Identifiable Information*, if not already on file.

Please note, "If the provider will be using email to communicate with the parent and transfer electronic documents containing a consent signature, the provider must first have signed consent from the parent to use email for EIP purposes. All regulations pertaining to confidentiality and personally identifiable information (PII) must also be adhered to. Counties and municipalities are responsible to ensure providers adhere to requirements for documentation of EIP services and maintenance of child records and may choose to impose more stringent requirements."<sup>24</sup>

Providers should review the NYS DOH BEI memoranda on *the Use of Text Messaging in the Early Intervention Program (12.29.2020)*. Text messaging in the EIP is limited to

administrative activities only, to ensure the confidentiality of all personally identifiable information for EI families. Please remember, when drafting text messages to EI parents or custodians, that the contents of the child's EI records are shielded by the federal Family Educational Rights and Privacy Act (FERPA), and federal authorities have determined that FERPA does not allow for details from protected records to be disseminated by text message. Text messaging is limited to the confirmation/cancellation of appointments, notification of scheduling delays, or requesting a phone call. Text messages may not contain any PII about the child or family.

- v. Ensure that both the parent/legal guardian and EI provider have the appropriate equipment (e.g., smart phone, tablet, iPad, or computer) and internet connection to support simultaneous audio and video communication between the parent(s) and the early intervention provider. If the family needs a device to participate in EI telehealth sessions, they should work with their service coordinator to potentially obtain a device through their Regional TRAIID Center, if available.
    - This can be assessed by the EI provider when they schedule the session with the parent/legal guardian/caregiver.
    - During that telephone discussion, the parent/caregiver and the EI provider may want to test both the video and auditory components, prior to the scheduled session, to ensure that all required elements are functioning properly prior to the telehealth session in order for the session to occur.
    - The parent/caregiver must always be present to engage and support the child for the entire telehealth session(s).
  - vi. Ensure that the EI provider has a space that is private, quiet, and free from distractions (e.g., noises, other conversations, other people in the space) to support the remote engagement and interaction while maintaining confidentiality.
  - vii. EI providers should be clearly visible, be able to fully engage, actively listen, coach, observe, and communicate with parents and their children for the entire session. The platform the EI provider uses should include screen sharing and webcam sharing. Providers should not conceal their faces during sessions (e.g., turning off the "video" component or pointing the camera to the ceiling only). This decreases the level of engagement and rapport with parents/caregivers and diminishes the quality of telehealth sessions. Simultaneous audio and visual components are required for the full duration of all telehealth sessions in the EIP.
  - viii. Providers must have a session note for each telehealth service rendered, in addition to a service log signed by the parent. As EIPs are administered locally by the county/municipality in which the child and family reside, they may require additional documentation, such as a parent/caregiver signature on the session note, in addition to the EIP regulatory requirement of the parent/caregiver signature on the service log.
- B. Conduct a phone call with the parent/caregiver <sup>20</sup>
- i. Confirm the identity of the parent/caregiver who will be present during the telehealth session and their relationship to the child.
  - ii. It is important to discuss with the parent/caregiver what their services via telehealth will look like and set expectations.

*Sample script:*

- ✓ We are going to use technology such as a smart phone, tablet, or computer, for your EI sessions.
- ✓ We need to be able to see and hear each other at the same time.
- ✓ What do you have that allows for this? What do you think will work?
- ✓ Just like during in-person sessions, we will see how your child is doing during your family's routine activities.
  - What interests your child?
  - What is your child having a hard time doing?
- ✓ We will work together to see what strategies work best for you and your child. Children need lots of practice every day. We will see how you can support your child during routines like meal times, bath times, and play times. Because this happens during your every-day routines, you will not have to set aside special times for the child to practice between sessions.
- ✓ Sometimes, I will model and describe how to do a strategy, and then you will try the strategy with your child to see if it's easy for you to do and if it helps [child's name].
- ✓ There will be times during sessions (like when your child needs a rest break) when you and I can talk about your child's progress; and for you to share how the strategies worked since our last session.
- ✓ I encourage you to always share your ideas, feedback, and questions with me.

iii. Answer parent/caregiver questions about telehealth

*Key messages:*

- ✓ *Telehealth can be used in the Early Intervention Program across New York State.*
- ✓ *Research shows that telehealth may provide benefits including provider and family satisfaction, increased use of the parent coaching model, fewer cancellations, and increased flexibility in scheduling.*
- ✓ *Telehealth practices are recognized by professional associations across multiple disciplines, such as speech-language pathology, early childhood education, physical therapy, and occupational therapy. See the Early Childhood Technical Assistance website at <https://ectacenter.org/topics/disaster/tele-intervention.asp> for telehealth information across disciplines.*

iv. Ask about the parent concerns and what they would like to see for their child

*Sample script:*

- ✓ *Tell me more about your current concerns about your child. What would you like us to work on?*
- ✓ *Let's review all your child's IFSP outcomes.*
- ✓ *I see you're concerned about \_\_\_\_\_. Talking about specific concerns helps us figure out the best time to schedule our session.*

Note: If the parent is concerned about the child's tantrums, you may want to try to schedule the telehealth session during a time the parent/caregiver usually experiences the child's tantrums the most. Or if parents are worried about the child drinking from a bottle, the session should be scheduled during mealtimes when the child will be hungry.

v. Determine what device(s) the family has available for telehealth (e.g., smart phone, tablet, iPad, computer).

- C. Embed interventions within family routines, coaching parents/caregivers, and using family-centered best practices during telehealth sessions.<sup>20</sup>
- i. Current best practices for all children receiving early intervention services include the active involvement of parents and/or main caregivers as part of the intervention sessions.
  - ii. Research shows that effective coaching consists of five essential components: joint planning, observation, action, feedback, and reflection.<sup>25</sup> Therapists report that telehealth provides them more opportunities to observe families during their typical routine activities. During telehealth sessions, the EI providers will find they need to ask parents/caregivers more questions to gather information and to use a range of individualized coaching strategies to support parents/caregivers.
  - iii. Questions the EI provider can ask to support collaboration, coaching, and communication with families and caregivers:
    - How has the child been doing since the last session? EI professionals can observe the parent/caregiver and child in the routine activity to see what progress has been made.
    - How did the strategies work or not work from the last session? This is an example of getting feedback and reflections from the parent/caregiver about what happened between sessions (this is called joint planning).

*Examples of prompts:*

- ✓ *Is it easier to do (the activity) since the last session? Is the child functioning better?*
- ✓ *Is the child more engaged?*
- ✓ *Is the child getting bored?*
- ✓ *Do you want to try this strategy in a different routine activity?*

- iv. If a strategy did not work, the EI provider should observe the parent trying the strategy out with the child during the family routine to see how the strategy can be modified to fit the family better, based on the parent's feedback.

*Sample question:*

- ✓ *How did the strategy work since our last session? Was it easy or was it hard to do? If you want, we can change it to make it easier to do.*

- v. Review the IFSP functional outcome/objective that will be the focus during the session.

*Sample question:*

- ✓ *How do you feel [name of child] is doing on this goal? Do you want to continue working on this or would you like to work on another goal? {This is joint planning}.*

- vi. Inquire from the parent/caregiver about strategies used with the child and about additional strategies the rest of the EI team is recommending (if applicable) to support the child. The EI provider should jointly decide with the parent/caregiver what the focus of the session will be.
- vii. To create new strategies (embedded interventions within routine activities) with the parent/caregiver, the EI provider will observe the parent and child during the routine activity to gather information about the child's functioning and engagement; how the family does their routine; what are the child's strengths; and what and how materials are used.

- Every family has their individual culture. It is important to respect each family's culture, values, and the way they live. Therefore, observations are important when creating new strategies in partnership with parents/caregivers. This also helps to individualize EI services.

Sample question:

For example, explain to the parent/caregiver that it is helpful to see how they do their mealtime with the child.

✓ *Before we can figure out ways to help \_\_\_\_\_, may I watch you feed [name of child]?*

- viii. Discuss what has been tried before that worked and didn't work, as well as discuss ideas to support the child's engagement. Making observations and discussing the parent's/caregiver's concerns, feedback, and ideas helps to create new strategies and build upon their capabilities.
- ix. After the observation occurs, the EI provider should have a discussion with the parent/caregiver to gather more information.
- The EI provider may ask the parent/caregiver about the frequency, amount, type of milk/formula/food, the child consumes during a typical meal or snack time. The EI provider may ask how the parent/caregiver knows when the child is hungry and when the child is full. Is the parent/caregiver the only one who feeds the child or are there others? Have the parent/caregiver demonstrate the different ways the baby is held during feeding.
- x. Determine what strategy to try out with parent/caregiver and child during the session based on the discussion and observation.
- Decide what techniques to use to coach the parent/caregiver on how to use the strategy. Coaching helps to strengthen the parent's capacity to support their children's functioning and development. Based on the parents'/caregivers' levels of knowledge and experience and their preferred ways of learning, the EI provider may tailor the use of the different components of coaching for each functional outcome. For example, EI provider may model specific coaching techniques with a doll while explaining to the parent/caregiver what they are doing so the parent/caregiver can try the strategy with the child OR the EI provider observes the parent/caregiver trying out the strategy while the EI provider offers verbal guidance and coaching.

Sample question:

✓ *Everyone learns in different ways. How do you learn best? How would you like me to coach you so that you understand how to do this strategy with your child?*

- xi. While the parent/caregiver is trying out the new strategy with their child during the routine activity, the EI provider should encourage feedback from the parent/caregiver about whether they feel comfortable implementing the strategy between sessions. If the parent/caregiver does not, or if the strategy does not fit the family's routine, the strategy will not be useful for the family.

Sample questions:

*Ask the parent/caregiver:*

- ✓ *How do you feel that went (using the strategy we discussed)? Was it easy to do?*
- ✓ *Do you think you can try this during (the activity) between now and the next session?*
- ✓ *Would you like to change anything?*
- ✓ *Do you have any questions?*

*Provide parents/caregivers with positive feedback and share with them how much better the child is doing or how engaged the child is so that they know they are using the strategy (e.g., verbal or physical prompt; timing of the strategy) effectively during the routine activity.*

D. Determine what strategy will be used between sessions. <sup>20</sup>

- i. Toward the end of the telehealth session, the EI provider, along with the parent/caregiver:
  - Reviews the child engagement strategy
  - Discusses how to know when the child has made progress
  - Reinforces reflection, feedback, and problem solving between sessions with the parent/caregiver
  - Identifies areas for generalization of skills across other routine activities when the child has met the criteria for progress
  - Considers what functional outcome/objective they can work on during the next session so that they can schedule the next session at the actual time of the routine activity

## **IX. Claiming for Services Rendered Via Telehealth**

Telehealth visits are reimbursable under the EIP for individual EI services with parental consent and in accordance with the child's IFSP, and for which there is a service authorization. As long as services are delivered in accordance with the child's IFSP they are reimbursable, per the NYSDOH EIP Service Rates. Where necessary, EI evaluations may also be provided via telehealth. Telehealth is reimbursable under the following circumstances:

- The family expresses a need for, and agrees to, the use of telehealth EI visits.
- Prior to initiating telehealth services, the family must sign consent on the *New York State Early Intervention Program Consent for the Use of Telehealth* form.
- Providers and families must each have a device that includes all required components for a telehealth session (i.e., device has access to the internet and audio and visual components, so that the evaluator can observe/interact with the child during a variety of tasks for the duration of the session). Simultaneous video and audio components are required for the entire duration of the authorized visit. If the technology fails and the full authorized session is not delivered, it is not billable.
- Therapy services cannot exceed the visits included in the child and family's IFSP.
- Virtual therapy services must be a minimum of 30 minutes in duration.
- Only Family/Caregiver Support Groups can be conducted virtually.
- Providers should use the same CPT code they would normally use for in-person services.
- Providers must document in their session notes that the visit was delivered using telehealth.
- If the evaluation is conducted via telehealth, providers must document that in the report.
- Providers must maintain all required documentation of the therapy service and note that it was provided virtually. See additional information below:

## **Documentation**

### **Service Logs**

Early Intervention Program (EIP) regulations at 10 NYCRR section 69-4.26(c), explain that providers must maintain original signed and dated session notes and a service log signed by the parent/caregiver who documents that the service was received by the child on the date and during the period of time as recorded by the provider. Service logs are not a recommendation; they are a requirement in the EIP regulations.

In accordance with EIP regulations at 10 NYCRR section 69-4.26(c), providers must have parent signatures on a service log (not the session note). The service log must document that the service was received by the child on the date and during the period of time recorded by the provider. To obtain the necessary signature, the provider can maintain the list of sessions furnished virtually for the week and send the child-specific service log to the parent for signature via US mail. The signed service log can be returned to the provider, either via the US mail or electronically (scanned/returned via email or the parent can take a picture of the signed document and return it electronically). The session note, that documents the service(s) furnished, must be maintained by the provider.

If the provider will be using email to communicate with the parent and transfer electronic documents containing a consent signature, the provider must first have signed consent from the parent to use email for EIP purposes. All federal and state laws and regulations pertaining to the confidentiality of educational records and personally identifiable information must also be adhered to. Counties and municipalities are responsible for ensuring that providers adhere to documentation requirements for EIP services and the secure maintenance of service records and may choose to impose more stringent requirements.

Additionally, an approved provider of EIP services may accept a verified electronic or digital signature from the parent/caregiver to document date- and time-specific services received by the child as recorded by the provider. The Department cannot endorse use of or facilitate access to any particular software, application, or web-based platform for the creation of verified signatures. It is incumbent upon the provider to ensure that, once they have obtained a verified electronic signature on a service record, the electronically signed documentation is maintained as required by EIP regulations and will be available on demand for monitoring or audit.

Municipalities may have a more stringent requirement that a parent sign the service log and the session note. Therefore, it is suggested that providers contact their local EIP to determine what is being required regarding parent signatures on session notes. Both the session notes and service logs for services rendered must be maintained by the provider and are required to be furnished upon request and for audit purposes.

For questions pertaining to the provision of telehealth services in the NYS EIP, please contact BEI by email at: [beipub@health.ny.gov](mailto:beipub@health.ny.gov)

## **APPENDICES**

**A. New York State Early Intervention Program Consent for the Use of Telehealth**

**B. Sample 1- Checklist for Use of Telehealth**

**C. Sample 2- Checklist of Recommendations for Professionals for Telehealth Services**

**D. Sample Checklist for Telehealth Evaluations**

**E. Providing EI Services that are Culturally and Linguistically Competent**

**F: Use of Toys and Test Materials During Evaluations and Service Sessions**

**G. Using Materials Found in the Home and Community During Early Intervention Services**

**H. Coaching and Engaging Parents in Telehealth**

**I. Technology Related Assistance for Individuals with Disabilities Program (TRAID) Centers Information & Regional Contacts List**

**J. Resources Related to Accessing Telehealth (Devices and Connectivity)**

**K. Special Considerations for Motor Therapists**

**L. Resources**

**M. Footnotes**

**Appendix A: New York State Early Intervention Program Consent for the Use of Telehealth** <sup>26</sup>

**New York State Early Intervention Program  
Consent for the Use of Telehealth**

Child's Name:	EI #:	DOB: / /
Address:		Apt #:
City/Town:	State: New York	Zip Code:
Municipality:		

Services to Be Delivered Using Telehealth:	Service Authorization #:
Name of Therapist/Teacher:	Phone #:
Service Provider Agency:	Phone #:
Service Coordinator:	Phone #:
Service Coordinator Agency:	Phone #:

**Instructions:** This consent form, for the use of telehealth as an early intervention service delivery method, must be completed for each service type authorized for the child including evaluation services before telehealth services can be initiated. Telehealth is an early intervention service delivery method available to participant families with their express consent.

This consent form for the use of telehealth can be returned by email after the parent/legal guardian also signs and returns the Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form, available here:

[https://www.health.ny.gov/community/infants\\_children/early\\_intervention/memoranda/docs/early\\_intervention\\_parent\\_consent\\_to\\_use\\_email.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/memoranda/docs/early_intervention_parent_consent_to_use_email.pdf)

The consent form for the use of telehealth must be kept in the child's record. A separate consent form is required for **each** early intervention service.

I, (Parent/Legal Guardian's Full Name) \_\_\_\_\_, consent to have my child's (enter service type) \_\_\_\_\_ service delivered using telehealth as an early intervention service delivery method. I understand that the telehealth services that my child will be receiving will fulfill the service mandate in my child's Individualized Family Service Plan (IFSP) and are not being delivered in addition to the home/community-based services that my child is authorized to receive.

I understand that telehealth means that early intervention services will be delivered using audio and video at the same time for the duration of the session.

I understand that I am entitled to access all early intervention information resulting from provider sessions in the form of Session Notes and Progress Notes on request to my child's service coordinator.

I have received a copy of "Your Family Rights in the Early Intervention Program."

I understand that I have the right to withdraw this consent in writing at any time, for any reason. In the event that I do withdraw consent in writing, my child's service coordinator will be expected to refrain from scheduling new telehealth sessions for the service listed above, within 7 days of receipt of my notice.

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

**Appendix B: Sample 1 - Checklist for Use of Telehealth** <sup>27</sup>

Child's Name:	EI ID#:	DOB: / /
Address:	Apt #:	
City/Town:	State: New York	Zip Code:
Service to Be Delivered Using Telehealth:	Service Authorization #:	
Name of EI Provider:	Parent/Caregiver Phone #:	
Parent Email Address:	Parent has provided informed written consent to exchange emails: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<input type="checkbox"/>	Service Coordinator (SC) contacts family about their interest in using telehealth as a service delivery method for their multidisciplinary evaluation (MDE) or Individualized Family Service Plan (IFSP) services.
<input type="checkbox"/>	Determine where the service will take place.
<input type="checkbox"/>	Confirm that parent/caregiver has access to a Wi-Fi Connection.
<input type="checkbox"/>	Confirm that parent/caregiver has access to a smartphone/tablet/computer with webcam and speakers. <ul style="list-style-type: none"> <li>• Parent's/caregiver's phone/tablet/computer is a(n): <ul style="list-style-type: none"> <li>○ Apple</li> <li>○ Android</li> <li>○ Windows</li> </ul> </li> </ul>
<input type="checkbox"/>	Confirm with the family that they can access a secure platform that includes both an audio and video component for the entire duration of the evaluation or IFSP service.
<input type="checkbox"/>	Check bandwidth (at least 1.5 Mbps) at the location where the child will be receiving the telehealth evaluation or EIP services using <a href="http://www.Bandwidthplace.com">www.Bandwidthplace.com</a> or another online option.
<input type="checkbox"/>	Parent/Caregiver has used video conferencing in the past (this is not required but can help determine the parent's/caregiver's comfort level).
<input type="checkbox"/>	Parent/Caregiver understands that a responsible caregiver must be present for the entire duration of the session to help engage and support their child to actively participate throughout the session.
<input type="checkbox"/>	SC has obtained signed parental consent <i>on the New York State Early Intervention Program Consent for the Use of Telehealth</i> form from the family to initiate telehealth therapy.
<input type="checkbox"/>	If using email to communicate with the family, EI provider has obtained informed written consent from parent/caregiver on the <i>Parental Consent to Use E-mail to Exchange Personally Identifiable Information consent</i> form.
<input type="checkbox"/>	SC has uploaded the signed <i>New York State Early Intervention Program Consent for the Use of Telehealth</i> into the child's case in the current State Data System.

**Appendix C: Sample 2- Checklist of Recommendations for Professionals for Telehealth Services<sup>28</sup>**

<b>Category</b>	<b>Focus Area</b>	<b>Considerations</b>	<b>Circle Yes or No</b>	<b>Additional Comments</b>	
<b>Equipment Needs</b>	Audio and video quality for both sites	Does the remote side have the right equipment?	Y / N		
		Are Ethernet cables required?	Y / N		
		Are there webcams or cameras?	Y / N		
		What videoconferencing service is being used?	Y / N		
	Internet service plans and connection	Does each site have internet?	Y / N		
		Are bandwidth speeds an issue for the desired audio and video quality?	Y / N		
		Familiarity with the equipment and programs to troubleshoot general technology problems	Is an Information Technology (IT) support person required?	Y / N	
			Other issues related to equipment	Does the equipment and software program maintain confidentiality?	Y / N
			Is my equipment set up?	Y / N	
			Will firewall systems block the connection?	Y / N	
<b>Initial Setup of Telehealth Services</b>	Initial technology meeting	Are task analyses of how to connect with telehealth site required?	Y / N		
	Logistics	What room will be used for telehealth visits?	---		
		Does the room selected maintain safety for all individuals present?	Y / N		
		Is the room spacious enough for telehealth visits?	Y / N		

**Appendix C: Sample 2- Checklist of Recommendations for Professionals for Telehealth Services (continued)**<sup>28</sup>

Category	Focus Area	Considerations	Circle Yes or No	Additional Comments
<b>(Initial Setup of Telehealth Services (Continued))</b>		Does the room have adequate internet connection?	Y / N	
		Can the same room be used for future sessions?	Y / N	
		Does the room allow the professional to fully view the surroundings?	Y / N	
		Is a support person required to tend to other individuals (e.g., siblings)?	Y / N	
	Developing a plan for connecting	Who should initiate the telehealth contact?	---	
		What are the procedures if contact is not made?	---	
		What are the procedures if internet connection is lost during a visit?	---	
<b>Telehealth Services Procedures</b>	Preparing for a visit	What materials does the EI provider need to have available to model strategies during a telehealth session?	---	
		What data procedures need to be conducted?	---	
		What are the goals of the visit?	---	
		What materials does the practitioner need?	---	
	Starting a visit	How will EI provider check in with the family to initiate the telehealth visit?	---	
	Procedures during a visit	Describe general procedures to parents prior to the start of the session.	---	
		Protocol and/or procedures used during the session	---	

**Appendix C: Sample 2- Checklist of Recommendations for Professionals for Telehealth Services (continued)<sup>28</sup>**

<b>Category</b>	<b>Focus Area</b>	<b>Considerations</b>	---	<b>Additional Comments</b>
		Find opportunities to provide individuals with praise and feedback during the session	---	
		Feedback at the end of the session	---	
<b>Telehealth Services Procedures</b>	Conclusion of the visit	Briefly review results, describe what to expect in upcoming sessions, and describe homework (what to target between sessions otherwise known as joint planning)	---	
	Follow-up procedures	Send an email with results and reminder of upcoming visits* (*if the parent/legal guardian has provided informed written consent to use email to exchange personally identifiable information via email.)	---	

## **Appendix D: Sample Checklist for Telehealth Evaluations** <sup>29</sup>

Items 7, 8, 12, 13 may be completed by one member of the MDE team and shared with the rest of the team.

1. Date of **initial phone call** with parent/caregiver and content of discussion
2. Date of **Video Tour** and content of discussion, including:
  - a. Questions or concerns raised by parent/caregiver.
  - b. The room or space that the parent identified where the evaluation would take place. The layout of the room. What modifications were suggested, if any.
  - c. The household items or child's toys that were discussed that could be used during the evaluation
  - d. The instructions or guidance given to the parent/caregiver about their role during the evaluation
3. Description is provided of the **telehealth modalities used**; (e.g., "parent used iPad; evaluator used \_\_\_\_\_").
4. Description of **how the evaluation was carried out**: Include details about setting and location of child and how child moved about in that space during the evaluation (e.g., "Child was initially seated on parent's lap in front of the iPad but repeatedly got up and down and walked around the room. When this occurred, the parent did \_\_\_\_\_").
5. Indication is made that telehealth session was able to be **successfully completed** to gain a total picture of the child and assess the stated concerns. Did audio and video function consistently throughout the entire session? Any technological problems during the evaluation? How were they overcome?
6. **Start and end times** for each individual evaluation are included, as well as a note to indicate if the evaluation was completed in **more than one session**.
7. Details of **developmental and behavioral history** are included (6.a. in Telehealth Evaluation Guidance)
  - a. Family History, including any history of developmental delays or diagnosed conditions
  - b. Social history
    - i. For children in foster care, information about placement history: reason for placement, when child was placed in foster care, child's adjustment to placement, how long child has been in current foster care home
  - c. Child's temperament
  - d. If regression is reported, detailed descriptions of when it was first noted, child's functioning and skill level prior to regression, time period (how long) and child's current skill and functional level.
  - e. If behavioral difficulties are reported, detail onset, history, and context of specific behaviors. What does parent/caregiver do/not do? What is the impact of this on the behavior?
8. Details of **birth and past medical history** are included (6.b.)
  - a. Does child see any medical specialists or has s/he been referred to any? What was the outcome?
  - b. Results of any pending medical or hearing tests
  - c. Hospitalizations, diagnoses
  - d. Birth complications
9. Detailed observations of the **parent-child interaction** are included (6.c.) Also include any observations of child-sibling interactions or child's interactions with any other significant persons.
10. Observations of **child's performance in arranged tasks with parent and spontaneous activities**. Descriptions should include HOW child performed the task or activities.
11. Observation and description of how the child **communicated** with others during the evaluation.

**Appendix D: Sample Checklist for Telehealth Evaluations (continued)** <sup>29</sup>

<input type="checkbox"/>	<p>12. Detailed description of the <b>child and family’s routines</b> (6.d.)</p> <p>a. Ask questions about dressing, mealtime, play time, watching TV, travel, nap time, bath, and bedtime or while hanging out.</p> <p>b. Who are the important people in the child’s life? Who takes care of the child? Have there been changes in who is home and who is absent? Who engages in different activities and routines with the child?</p> <p>c. What routines/activities does child enjoy doing and what makes this routine/activity enjoyable?</p> <p>e. What routines/activities are difficult or challenging for the child?</p> <p>i. What makes it challenging or difficult? Do these challenges occur with all caregivers? Are these challenges new and, if yes, what do you think may have contributed to them? Are there better times of the day or locations that are more comfortable for these routines/activities? Are they within expectations developmentally?</p>
<input type="checkbox"/>	<p>13. Parent report of <b>child’s likes/dislikes</b> and of the <b>child’s strengths</b> and what s/he does well (6.e., f.)</p>
<input type="checkbox"/>	<p>14. Description of the <b>child’s spontaneous activity</b> as observed during the telehealth evaluation; any interventions, modifications or suggestions given by the evaluator, and if and how these contributed to success.</p>
<input type="checkbox"/>	<p>15. Detailed description of the <b>household items or toys used</b> in the evaluation, and the skills that were assessed as these items were utilized.</p>
<input type="checkbox"/>	<p>16. Detailed description of <b>how the parent and/or sibling or other caregiver was used</b> during the evaluation in order for the evaluator to “see” the child’s skills/strengths/behaviors (e.g., “the parent was told to position the child ___ in order for the evaluator to assess muscle tone and symmetry” OR “the parent was instructed to hold the ___ in an open hand in order for the evaluator to observe how the child picks it up” OR “the parent was asked to open the family photo album so the parent and child could look at it together and the child could spontaneously respond to the pictures).</p> <p>b. Evaluator should not administer or describe test items as behavioral observations.</p> <p>c. Evaluator should provide details as to how the child’s functioning was determined based on the responses that were successfully or unsuccessfully elicited.</p> <p>d. All observations should include HOW the child did an activity, not merely WHAT the child did or did not do. If the child was unable to do something, describe what the child’s attempt looked like.</p>
<input type="checkbox"/>	<p>17. Detailed description of the <b>child’s responses to the parent</b> as outlined above in 16.</p> <p>b. What were the child’s responses?</p> <p>c. What was the child able to do or not do and how does this compare to the child’s typical functioning?</p> <p>d. How did the child’s performance change with additional support or facilitation by the parent, or other parental involvement or encouragement?</p>
<input type="checkbox"/>	<p>18. Discussion of whether the child’s observed “performance” was felt to be typical and an <b>accurate picture</b> of the child (8. c. i.-ii.), and how this determination was made.</p> <p>1) What distractions may have impacted the child’s performance, including the use of video/audio as opposed to a live evaluator? What is child or family’s history with technology and video interactions? How does child typically respond to the use of technology?</p>
<input type="checkbox"/>	<p>19. <b>The MDE summary</b> includes a description of <b>how the various evaluation team members collaborated</b> to determine the child’s developmental domain statuses and eligibility status (8. c. iii.), not merely that the MDE team collaborated. If there were different levels of functioning observed, how did the MDE team determine what was most representative of the child’s abilities?</p>

**Appendix D: Sample Checklist for Telehealth Evaluations (continued)** <sup>29</sup>

<input type="checkbox"/>	20. Detailed description as to how child’s functional abilities were determined by the MDE Team and whether such determinations <b>DO or DO NOT include the use of norm-referenced instrument/s</b> . Some norm-referenced instruments have been identified that were normed on telehealth evaluations. If a norm-referenced instrument was not used, there should not be any developmental domain statuses entered into the State Data System with a 2.0 SD or 1.5 SD as the developmental domain status. (8.a.)
<input type="checkbox"/>	21. <b>Supplemental evaluations</b> must include documentation that the prior MDE, IFSP and amendments, any other supplemental evaluations, and progress notes were reviewed and incorporated into the evaluator’s informed clinical opinion. The evaluator should speak with the child’s current service providers to understand their perspective on the child’s behavior and functioning.

## **Appendix E: Providing EI Services that are Culturally and Linguistically Competent** <sup>30,31,32,33,34,35,36</sup>

Engaging in culturally competent services is an important aspect of providing services in the Early Intervention Program, whether they are effectuated through an in-person service modality or remotely via telehealth. In this section, we will further elaborate on what it means to be culturally and linguistically competent and what culturally and linguistically competent services entail.

As per Johnson and Tucker, 2008; Bronheim and Goode, 2013 and the United States Department of Health and Human Services, 2018 and outlined by the Westchester Institute of Human Development (WIHD) in their online training module, Cultural and Linguistic Competence in Early Intervention, “cultural competence” is defined as a set of values, principles, behaviors, attitudes, and practices that enable professionals to work effectively in cross cultural situations. Additionally defined in the above-referenced resources, “linguistic competence” is defined as the capacity to communicate effectively and convey information in a manner that is easily understood by diverse groups including persons of limited English proficiency, those who have low literacy skills, or are not literate, individuals with disabilities, and those who are deaf or hard of hearing. <sup>30,31,32,33</sup>

It is important that providers understand, appreciate, and adapt to the cultural and linguistic diversity of the young children and their families that they serve.

The United States is becoming an increasingly diverse, multicultural society with ethnic minority children quickly becoming the new statistical majority.

As the population diversifies, the potential disconnect between providers and the children and their families that they serve widens. This may pose challenges for families in accessing and engaging effective services from early intervention, including being more likely to be misdiagnosed, receive inappropriate treatment, drop out of treatment early, and receive fewer positive benefits overall. <sup>30,33,34,35</sup>

### **Efforts to Reduce Disparities and Ensuring Quality Improvement in Care** <sup>36</sup>

Factors that can reduce disparities in care:

- Effective communication (e.g., Does the parent understand the terminology being used? Does the provider and parent define the task at hand the same way? Is the provider using clear and understandable language?)
- Eliminating language barriers (Is the family limited English proficient and if so, does the provider have access to translation and interpretation services necessary to effectively communicate with them? Are resources being provided in print that are in the family's dominant language? Is plain language being used and has consideration been given to the audience's reading level and comprehension of the material both before and after it has been translated?)

"All quality improvement efforts should...be cognizant of cultural, health literacy, and disparities issues. Another strategy for addressing health literacy and health disparities is to integrate health literacy and disparity reduction into all quality improvement activities."

## **(Appendix E: Providing EI Services that are Culturally and Linguistically Competent (continued))**

### **Practices that Enhance Cultural and Linguistic Competency** <sup>33,37,38</sup>

- Recognizing and demonstrating an awareness that families' and institutions' practices are embedded in culture.
- Using photographs, pictures, graphics, and other visuals alongside words to support families of limited English proficiency.
- Speaking clearly, warmly, and at an appropriate speed and maintain a positive and reassuring manner while interacting with non-English speakers.
- Participating in self-reflective exercises to become more aware of your own culture, heighten your cross-cultural understanding, and develop ongoing cultural responsiveness.
- Understanding and authentically incorporating the traditions and history of families and their impacts on health, wellness, and childrearing practices.
- Completing self-assessments as part of treatment intervention planning or as a self-evaluation tool after contact with families to assess your cultural and linguistic efforts and competence.
- Participating in self-reflective exercises to become more aware of your own culture, heighten your cross-cultural understanding, and develop ongoing cultural responsiveness.
- Building on and identify the strengths and shared goals between the providers and families and recognize commonalities in order to meet these goals.
- Advocating for decisions and policies in your program that embrace and respect families' language, values, attitudes, beliefs, and approaches to learning.

## **Appendix F: Use of Toys and Test Materials During Evaluations and Service Sessions**

To provide family-centered interventions and to respect the cultural and linguistic diversity of each family that providers work with, it is always best to use the toys and materials found in the home or in the childcare program (both are examples of the natural environment). <sup>17,18,39,40,41,42,43,44,45,46</sup>

The provider practice of bringing toys and other therapy materials into multiple homes and community-based settings during in-person early intervention (EI) service delivery has the potential to spread viral or bacterial infections. Therefore, the New York State Department of Health (Department) Bureau of Early Intervention (BEI) strongly discourages this practice unless all alternatives have been exhausted and it is necessary in the provider's clinical judgment. Additionally, this practice is inconsistent with EI family-centered service delivery. Service delivery via telehealth has demonstrated that providers can use the materials, toys, and objects already in a family's home to successfully address the outcomes on the child's individualized family service plan (IFSP).

Please note, Early Intervention Programs (EIPs) are administered locally by the county/municipality in which the child and family reside. The local health department (LHD) may impose more stringent guidelines for operation of the local EIP. If you have questions about how services are being delivered in your municipality, including the practice of bringing toys and other therapy materials into homes and community-based settings while delivering EI services, please contact your local EIP.

If the local EIP permits equipment, materials, or toys, and/or a provider chooses to bring equipment, materials and toys into the home or community setting, the provider is responsible for making sure proper cleaning and sanitizing methods are adhered to as detailed in the Frequently Asked Questions Related to Service Delivery During COVID-19 State of Emergency - Cleaning, Sanitizing, and Disinfecting of Screening, Multidisciplinary, and Supplemental Evaluation Testing Materials for Re-Use (Question 62), guidance issued by BEI on December 7, 2020.

**Link between using materials found in the home and best practice**

“According to the Office of Special Education Program’s *Workgroup on the Principles and Practices in the Natural Environment* for Part C IDEA services (March 2008), early childhood therapists/teachers should use the materials that are part of the routine activities found in home/community settings when coaching caregivers on the ways they can support their children’s functioning and development. This is a *family-centered* practice and the materials commonly used in family’s routine activities are examples of the *natural environment*.

Infants and toddlers learn best through every day experiences and interactions with familiar people in familiar contexts (routine activities). Therapists/teachers should help the caregiver understand how their own toys and materials can be used or adapted to support the child’s engagement and functioning during their routine activities, since this allows for frequent practice, mastery of skills, and generalization. When toys or materials are brought to the session from outside the home, it may imply that these tools are<sup>47</sup> “magic, instrumental and necessary for the child’s progress”<sup>17,47</sup> (OSEP Workgroup, March 2008). Bringing a toy bag makes the session provider-focused and not family centered. And there is no need to replicate test items such as those used in the multidisciplinary evaluation, so there is no need for items such as a balance beam or peg board. Lastly, when therapists/teachers bring toys and then take them with them at the end of the session, the child has no opportunity to practice with them between sessions.<sup>47</sup>

This document was developed in collaboration with experts in the field of early intervention covering a range of disciplines, including physical therapy, occupational therapy, speech-language pathology, early childhood special education/ABA, clinical supervision, and developmental psychology.

Note: The term *caregiver* applies to parents, guardians and other caregivers present in the home or community setting during sessions.”<sup>47</sup>

## Appendix H: Coaching and Engaging Parents in Telehealth

### ***“10 Strategies for Engaging Parents (not Children) during Tele-Intervention”<sup>48</sup>***

- 1) “Prepare with the parent
- 2) Prepare yourself
- 3) Preparing for what you do
- 4) Take time to check in
- 5) Use your voice to join in (instead of your body)
- 6) Be descriptive and specific
- 7) Be flexible
- 8) Keep your focus on the parent, who facilitates learning for the child
- 9) Write down the joint plan
- 10) Cultivate patience for the parents and yourself”

## Appendix I: Technology Related Assistance for Individuals with Disabilities Program (TRAID) Centers Information & Regional Contacts List <sup>49</sup>



Justice Center for the  
Protection of People  
with Special Needs

TRAID PROGRAM

### What is TRAIID?

The Technology Related Assistance for Individuals with Disabilities Program, or TRAIID, is a federally funded program administered by the NYS Justice Center for the Protection of People with Special Needs (Justice Center.) Twelve Regional TRAIID Centers are located throughout the state.

TRAID's goal is to promote greater independence in the lives of people with disabilities of all ages by using Assistive Technology (AT) devices to improve an individual's everyday functional abilities in education, employment and community living. TRAIID serves individuals of all ages and disabilities across the state.

### What is Assistive Technology?

An assistive technology (AT) device is any item, product or piece of equipment that can be used to increase, maintain or improve the functional capabilities of individuals with disabilities. Devices can be as simple and low-tech as a modified toothbrush handle to something as complex and high-tech as a voice-activated computer system and software.

### Who can benefit from TRAIID services?

Individuals with Disabilities  
Family Members  
Disability Service Providers  
Educators  
Employers

### What can TRAIID do for you?

Assistive Technology Device Loans  
Device Demonstrations  
Training on Assistive Technologies  
Technical Assistance for Accessibility and Transition  
Information and Referral Services

### For more information:

- Contact your nearest TRAIID Center (locations are listed on the reverse side of this information sheet)
- Email the Justice Center at [infoassistance@justicecenter.ny.gov](mailto:infoassistance@justicecenter.ny.gov)
- Call the Justice Center at 1-800-624-4143

<https://www.justicecenter.ny.gov/system/files/documents/2023/04/what-is-traid-2023.pdf>

**Appendix I: Technology Related Assistance for Individuals with Disabilities Program (TRAID) Centers Information & Regional Contacts List (continued)** <sup>49</sup>

**Regional TRAIID Centers**

**North Country**

Adirondack Regional Technology Center  
SUNY Plattsburgh  
101 Broad Street, Sibley 323  
Plattsburgh, NY 12901  
(800) 388-0199 (voice/TTY)  
(518) 564-3366 (voice) Counties served: Clinton, Essex, Franklin, St. Lawrence

**Southwestern Region**

AIM Independent Living Center  
27 East First Street  
Coming, NY 14830  
(607) 962-8225 x133 (voice/TTY)  
Counties served: Allegany, Cattaraugus, Chautauqua, Chemung, Schuyler, Steuben

**Capital Region**

Southern Adirondack Independent Living Center (SAIL)  
71 Glenwood Avenue  
Queensbury, NY 12804  
(518) 792-3537 (voice)  
(518) 792-0505 (TTY)  
Counties served: Albany, Columbia, Greene, Rensselaer, Saratoga, Schoenectady, Schoharie, Warren, Washington

**Western Region**

Center for Assistive Technology  
University of Buffalo  
315 Alberta Drive, Suite 102  
Amherst, NY 14226  
(716) 836-1168 (voice/TTY)  
Counties served: Erie, Genesee, Niagara, Orleans, Wyoming

**Central New York Region**

ACCESS CNY  
1603 Court Street  
Syracuse, NY 13208  
(315) 410-3335 (voice)  
(315) 218-0879 (TTY)  
Counties served: Cayuga, Cortland, Madison, Oswego, Onondaga, Tompkins

**Genesee/Finger Lakes Region**

Regional Center for Independent Living  
497 State Street  
Rochester, NY 14608  
(585) 442-6470 (voice/TTY)  
Counties served: Livingston, Monroe, Ontario, Seneca, Wayne, Yates

**Hudson Valley Region**

Wraparound Services of the Hudson Valley  
250 Tuytenbridge Road  
Lake Katrine, NY 12449  
(845) 336-7235 (voice) (845) 336-4055 (TTY)  
Counties served: Orange, Sullivan, Ulster, Rockland

**Lower Hudson Valley Region**

Westchester Institute for Human Development  
Cedarwood Hall  
20 Hospital Oval W  
Valhalla, NY 10595-1689  
(914) 493-1317 (voice)  
(914) 493-1204 (TTY)  
Counties served: Putnam, Dutchess, Westchester

**Long Island Region**

Suffolk Independent Living Organization  
3253 Route 112  
Building 10  
Medford, NY 11763  
(631) 880-7929 (voice)  
(631) 730-3737 (voice/TTY)  
Counties served: Nassau, Suffolk

**Southern Tier Region**

Southern Tier Independence Center (STIC)  
135 East Frederick St.  
Binghamton, NY 13904  
(607) 724-2111 (voice/TTY)  
Counties served: Broome, Chenango, Delaware, Otsego, Tioga

**New York City Region**

Adapt Community Network  
175 Lawrence Ave.  
Brooklyn, NY 11230  
(718) 436-7979 x 711 (voice)  
Counties served: Bronx, Kings, Manhattan, Queens, Richmond

**Mohawk Valley/Leatherstocking Region**

Upstate Cerebral Palsy  
675 Catherine St.  
Utica, NY 13501  
(315) 292-1968 (voice/TTY)  
Counties served: Fulton, Montgomery, Hamilton, Herkimer, Jefferson, Lewis, Oneida

Effective: February 2023

## Appendix J. Resources Related to Accessing Telehealth (Devices and Connectivity)

### The Affordable Connectivity Program<sup>50</sup>

There are many households in the state of New York which do not have access to broadband services. For households which meet eligibility requirements, there are some options available for low-cost broadband services.

“The Affordable Connectivity Program is an FCC benefit program that helps ensure that households can afford the broadband they need for work, school, healthcare and more. The benefit provides a discount of up to \$30 per month toward internet service for eligible households and up to \$75 per month for households on qualifying Tribal lands.

Eligible households can also receive a one-time discount of up to \$100 to purchase a laptop, desktop computer, or tablet from participating providers if they contribute more than \$10 and less than \$50 toward the purchase price.

The Affordable Connectivity Program is limited to one monthly service discount and one device discount per household.”

To enroll, you may:

- Go to <https://acpbenefit.org/> and submit an application or print out and mail in the submitted application;
- Or contact a preferred participating provider to select a plan and have the discount applied to the bill.

To find a participating broadband provider, you may visit: <https://www.fcc.gov/affordable-connectivity-program-providers#New%20York>

Additionally, for helpful handouts and free materials online about this program, including infographics, flyers, in English and Spanish, as well as consumer handouts and fact sheets in 11 different languages or to request a speaker to discuss the ACP at an event, you may visit: <https://www.fcc.gov/acp-consumer-outreach-toolkit>

For more information about the Affordable Connectivity Program, please visit the Federal Communications Commission website at: <https://www.fcc.gov/acp>

## Appendix J. Resources Related to Accessing Telehealth (Devices and Connectivity) (continued)

### Life Wireless Lifeline Services<sup>51</sup>

- Government assisted wireless services for low-income families and individuals through the federal Lifeline program and Affordable Connectivity Program (ACP).
- Qualified customers receive free cell phone service with plans varying by state.
- Some applicants may be eligible for a free cell phone.
- Offers discounts to qualified subscribers who meet eligibility requirements (i.e., applicants in receipt of government assistance or those with a household income at or below the Federal Poverty Guidelines as dictated by each state).
- Benefit limited to one per household and cannot be combined with any other Lifeline offer.

For Lifeline eligibility criteria and applicable terms and conditions, visit [www.lifewireless.com/tac](http://www.lifewireless.com/tac) or call us at 1-888-543-3620. Life Wireless is a service of Telrite.” (<https://www.lifewireless.com/plans>)

### Safelink Wireless Lifeline Services<sup>52</sup>

- Participating Lifeline service provider.
- Federally-sponsored program that provides a discount on communication services to eligible individuals and families.
- Eligibility based on income and/or participation in state or Federal support programs.
- Eligible participants receive smartphone (or a SIM card if opting to keep their own smartphone and it is compatible) and monthly discount on service.
- Benefits are limited to one line per household.

To enroll, call 1-800-SafeLink (723-3546) or go to: <https://www.safelinkwireless.com/en/#!/aboutUs>

## Appendix K: Special Considerations for Motor Therapists <sup>20</sup>

### Physical set-up of the home

- Area child is usually in – when awake, when asleep
- Furniture/positioning of child (e.g., bouncy seat, highchair, child-size furniture, bed, playpen)

### How the child will be positioned during the telehealth evaluation

- For a child who is younger than 6 months old: padded hard surface (coffee table, bed, floor), seating (infant seat), caregiver lap
- For a child who has begun to creep or crawl/change positions: a larger padded area and seating is needed (baby seat/highchair, if child has attained sufficient trunk control)
- For a child who has begun to attain upright positioning, look for space such as a couch (to assess pulling up to stand, standing with back supported, cruising, etc.) and seating (highchair or child-sized chair)
- For a child who has acquired walking without support (typically  $\geq 18$  months), use stairs (if available) or a low stool (to assess how child negotiates elevated surface) and seating (child-size chair)

Usual materials the child handles/plays with that are in the home (may need to improvise or adjust based on items available in the home and on family culture and child's experience, to assess functional abilities).

Suggestions include:

- For infants: rattles, sound-making or light-producing objects
- For older infants: containers/ boxes/ cans/ large blocks
- For toddlers: shape sorter, big shape puzzles, markers, blocks that are in the home environment. For toddlers older than 2 years: books, stacking rings, stacking cups, puzzles, threading toys

### Key components of motor evaluation for a younger infant (which demands more physical handling)

- Observe child's presentation when they are placed in a position (ideally, child will have on only a diaper if situation (such as cleanliness or ambient temperature) allows
- Instruct the parent/caregiver/legal guardian to put child into various positions (may be demonstrated with a doll) such as supine, prone, supported sitting, supported standing
  - Instruct how to provide positional support for the child in each position, as needed
  - Instruct how to provide the facilitation needed for the child to transition between positions, including hand placement and positioning of stimulus, such as an interesting object to get the child to turn/reach/cruise/etc.
  - Have caregiver move the child through range of motion of arms and legs
- For older infants/toddlers, parent/caregiver/legal guardian can be instructed how to position the child, how to set up and present a task, as well as how to facilitate/modify as needed.

## Appendix L: Resources

### Telehealth Resources for Early Intervention Services Across Disciplines:

AFIRM. Autism Focused Intervention Resources and Modules. *Supporting Individuals with Autism through Uncertain Times*. <https://afirm.fpg.unc.edu/node/2549>

American Occupational Therapy Association *Telehealth Resources*  
<https://www.aota.org/Practice/Manage/telehealth.aspx>

American Physical Therapy Association *Telehealth* <http://www.apta.org/Telehealth/>

American Speech-Language-Hearing Association *Telepractice Resources During COVID -19*  
<https://www.asha.org/About/Telepractice-Resources-During-COVID-19/> and at  
<https://www.asha.org/Events/COVID-19-ASHA-Web-Event-Series-on-Early-Intervention/>

Applied Behaviors Analysis Edu.org. *How Applied Behavior Analysts Can Use Technology to Provide Therapy Remotely* <https://www.appliedbehavioranalysisedu.org/telebehavioral-health/>

ASHAWire: LeaderLive. *Using Telepractice to Provide Early Intervention Services to Families*  
<https://leader.pubs.asha.org/doi/10.1044/how-our-early-intervention-practice-serves-families-through-telepractice/full/>

Division for Early Childhood of the Council for Exceptional Children *Resources to Support Early Intervention and Early Childhood Special Education During the COVID-19 Outbreak*  
<https://www.dec-sped.org/covid-19>

Early Childhood Technical Assistance Center. *Remote Service Delivery and Distance Learning*  
<https://ectacenter.org/topics/disaster/tele-intervention.asp>

Early Childhood Technical Assistance Center Video. *Supporting Families During the Pandemic: Four therapists share their wisdom*. <https://www.youtube.com/watch?v=QIWjLbINI-I> ECTA Equitably Serving Children with Disabilities and their Families during COVID-19 [https://ectacenter.org/enotes/enotes\\_day.asp?enoteid=880](https://ectacenter.org/enotes/enotes_day.asp?enoteid=880)

Edelman, Larry. *Planning for the Use of Video Conferencing for Early Intervention Home Visit during the COVID-19 Pandemic*  
[https://ectacenter.org/~pdfs/topics/disaster/Planning for the Use of Video Conferencing in EI during COVID-19 Pandemic.pdf](https://ectacenter.org/~pdfs/topics/disaster/Planning_for_the_Use_of_Video_Conferencing_in_EI_during_COVID-19_Pandemic.pdf)

Early Childhood Technical Assistance Center. *Determining a Child's Eligibility for Early Intervention Services Remotely*; March 8, 2021. This document and additional resources on remote screening, evaluation and assessment can be found at: <https://ectacenter.org/topics/earlyid/remote.asp>

EI Excellence. Resources on coaching. <http://www.eiexcellence.org/resources/video-library/>

FIPP: A National Center of Excellence. Early Childhood Intervention Tele-Practice.  
<https://www.assurethefuture.org/tele-intervention.html>

FIPP: A National Center of Excellence: Providing EI services through Distance Technology.  
<https://www.youtube.com/watch?v=kWtJgLgpuc4>

## Appendix L: Resources (continued)

### Telehealth Resources for Early Intervention Services Across Disciplines (continued)

The Hanen Center. *The Case for Telepractice: Should Hanen programs be offered to families online?* <https://www.hanen.org/SiteAssets/Articles---Printer-Friendly/Clinical---Program-Support/The-Case-for-Telepractice-Should-Hanen-programs-be.aspx>

Illinois Early Intervention Clearinghouse. (2021, February). *Technology for live video visits*. EIClearinghouse. Retrieved March, 3, 2023, from <https://eiclearinghouse.org/einotes/telehealth-technology/>

National Center for Hearing Assessment and Management *Professional Development trainings on telehealth services* at <https://infanthearing.org/ti101/index.html>

Public Consulting Group. *Use of telehealth in early intervention (IDEA Part C): Resources to consider during the COVID-19 public health emergency*. [https://www.publicconsultinggroup.com/media/2432/telehealth-in-early-intervention\\_covid19.pdf](https://www.publicconsultinggroup.com/media/2432/telehealth-in-early-intervention_covid19.pdf)

Teletherapy with Ares and his parents and interventionist video: [https://www.youtube.com/watch?time\\_continue=342&v=pz\\_81OFGWxc&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=342&v=pz_81OFGWxc&feature=emb_logo)

Teletherapy with Sam and his parents and interventionist video: [https://www.youtube.com/watch?v=Oog-0\\_BclWw](https://www.youtube.com/watch?v=Oog-0_BclWw)

Teletherapy with Zander and his parents and interventionist video. [https://www.youtube.com/watch?time\\_continue=4&v=gXkHD71g-Hc&feature=emb\\_logo](https://www.youtube.com/watch?time_continue=4&v=gXkHD71g-Hc&feature=emb_logo)

University of Connecticut Center for Excellence in Developmental Disabilities. *The Early Childhood Personnel Center Resources* <https://ecpcta.org/video-library/interactions-interventions-instruction/>

### Service Provision – Section VI.

Please note that the resources below are separated into various categories. Each resource has a link so that you can access it easily. (\*Recommended)

\*Be up-to-date on the most current telehealth guidance and FAQs by checking the New York State Department of Health Bureau of Early Intervention Programs webpage regularly at: [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/memoranda.htm](https://www.health.ny.gov/community/infants_children/early_intervention/memoranda.htm)

American Speech-Language Hearing Association (ASHA) Best Practices and Resources for Telehealth at <https://www.asha.org/About/Telepractice-Resources-During-COVID-19/> and <https://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934956&section=Resources>

American Physical Therapy Association at <https://pediatricapta.org/COVID-19/telehealth/interventions.cfm>

American Occupational Therapy Association at <https://www.aota.org/Practice/Manage/telehealth.aspx>

## Appendix L: Resources (continued)

\*ECTA resources for Tele-intervention across disciplines at <https://ectacenter.org/topics/disaster/tele-intervention.asp>

Resources for teaching remotely from the Council of Exceptional Children: <https://www.cec.sped.org/Tools-and-Resources/Resources-for-Teaching-Remotely>

\*See what the **HIPAA-compliant telehealth platforms** are at <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

### Research on Telehealth Early Intervention Services:

*Use of telehealth in early intervention (IDEA Part C): Resources to consider during the COVID-19 public health emergency.* (2020) Public Health Consulting Group at [https://publicconsultinggroup.com/media/2429/telehealth-in-early-intervention\\_covid19.pdf](https://publicconsultinggroup.com/media/2429/telehealth-in-early-intervention_covid19.pdf)

Behl, D., Blaiser, K., Cook, G., Barrett, T., Callow-Heusser, C. Brooks, B., Dawson, P., Quigley, S., and White, K. (2017). *A Multisite Study Evaluating the Benefits of Early Intervention via Telepractice. Infants & Young Children*, Vol. 30, No. 2, pp. 147-161

at [https://journals.lww.com/iycjournal/Fulltext/2017/04000/A\\_Multisite\\_Study\\_Evaluating\\_the\\_Benefits\\_of\\_Early\\_5.aspx](https://journals.lww.com/iycjournal/Fulltext/2017/04000/A_Multisite_Study_Evaluating_the_Benefits_of_Early_5.aspx)

Kelso, G., Fiechtl, B.J., Olsen, S., and Rule, S. (2009). *The Feasibility of Virtual Home Visits to Provide Early Intervention: A Pilot Study. Infants & Young Children*. Vol.22, No. 4, pp. 332-340  
[https://journals.lww.com/iycjournal/Fulltext/2009/10000/The\\_Feasibility\\_of\\_Virtual\\_Home\\_Visits\\_to\\_Provide\\_9.aspx](https://journals.lww.com/iycjournal/Fulltext/2009/10000/The_Feasibility_of_Virtual_Home_Visits_to_Provide_9.aspx)

### Research on Telehealth Early Intervention Services:

Lindgren, S., Wacker, D., Suess, A., Schieltz, K. Pelzel, K., Kopelman, T. Lee, J. Romani, P. and Waldron, D. (Feb. 2016). *Telehealth and Autism: Treating Challenging Behavior at Lower Cost. Pediatrics*, 137 (Suppl 2): S167-S175 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4727312/>

## Appendix L: Resources (continued)

**Early Intervention Best Practices** – Includes family-centered best practices; respect for

the parents' culture, information, history, priorities, feedback, and style; embedded interventions within routines; collaborative coaching with parents; and consistent communication and collaboration with parents and the other interventionists.

\*Review family-centered best practices by completing the 5 on-line modules of the NYC Early Intervention Program's "**Implementing Family-Centered Best Practices**" training  
<https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page>

Click on the blue **NYC Early Intervention On-line Trainings** title in the gray box.

\*Division of Early Childhood (DEC) *Recommended Best Practices* at

<https://www.dec-spced.org/dec-recommended-practices>

\*DEC Early Intervention/Childhood Recommended Best Practices *Professional Checklists*. Division of Early Childhood at <https://ectacenter.org/decpr/arpv.asp>

Early Childhood Personnel Center: Cross-Disciplinary Personnel Competencies Alignment (2019):

<https://ecpcta.org/cross-disciplinary-competencies/> and at <https://ecpcta.org/wp-content/uploads/sites/2810/2019/04/ECPC-Alignment.pdf>

Embedded Coaching Video and five other NYC BEI videos at NYC DOHMH BEI Action Kit Page at

<https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-early-intervention.page>

\*Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). Seven key principles: Looks like / doesn't look like. Retrieved from

[https://ectacenter.org/~pdfs/topics/families/Principles\\_LooksLike\\_DoesntLookLike3\\_11\\_08.pdf](https://ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike3_11_08.pdf)

\*The Center for the Developing Child at Harvard University. *Best Practices to Breakthrough Impact* at

<https://developingchild.harvard.edu/resources/from-best-practices-to-breakthrough-impacts/>

\*The Center for the Developing Child at Harvard University. *How Serve and Return Builds Brain Circuitry* at

<https://developingchild.harvard.edu/resources/serve-return-interaction-shapes-brain-circuitry/>

**The Early Intervention Guidebook for Families and Professionals**: Partnering for Success, 2<sup>nd</sup> Edition (2016). Author: Dr. Bonnie Keilty, Teacher's College Press. Early Childhood Education Series #5773-4

Zero to Three: What you can do to support brain development at

<https://www.zerotothree.org/resources/series/what-you-can-do-to-support-brain-development>

This includes age-based handouts that can be shared with parents/caregivers.

Zero to Three: Early Intervention: A Critical Support for Infants, Toddlers, and Families at

<https://www.zerotothree.org/resources/2067-early-intervention-a-critical-support-for-infants-toddlers-and-families>

## Appendix L: Resources (continued)

Authentic Assessments are essential during evaluations and during sessions with families. Learn more at [http://www.cde.state.co.us/resultsmatter/rm\\_system](http://www.cde.state.co.us/resultsmatter/rm_system) and to see videos at [http://www.cde.state.co.us/resultsmatter/RMVideoSeries\\_EarlyIntervention.htm](http://www.cde.state.co.us/resultsmatter/RMVideoSeries_EarlyIntervention.htm)

Using Technology for Authentic Assessments at [http://www.cde.state.co.us/resultsmatter/rmvideoserries\\_usingtechnology](http://www.cde.state.co.us/resultsmatter/rmvideoserries_usingtechnology)

**Embedded Interventions** – The importance of the natural environment for meaningful learning opportunities for children with the most important people in their lives through everyday family routines. The natural environment is a key component of Part C services and creating strategies with parents/caregivers ensures that they make sense for the family’s routines and will be used between sessions. Children get greater opportunities to practice and parents/caregivers learn different ways that they can use to support their children’s learning and functioning.

EI Excellence: Links to articles, briefs, & tools for family-centered best practices at <http://www.eiexcellence.org/evidence-based-practices/natural-environments/>

\*Everyday Activities at [http://ectacenter.org/~pdfs/decrp/PG\\_Asm\\_EverydayChild-and-FamilyActivities\\_family\\_print\\_2017.pdf](http://ectacenter.org/~pdfs/decrp/PG_Asm_EverydayChild-and-FamilyActivities_family_print_2017.pdf)

FACETS Training Modules at <https://facets.ku.edu/training-modules>

- **Module 1: Routines Based Assessment in Natural Environments**
- **Module 2: Linking Assessment to Intervention through Team Planning**
- **Module 3: Using Daily Routines as a Context for Intervention**
- **Module 4: Involving Care Providers in Teaching/Learning**

*Early Intervention Every Day! Embedding Activities in Daily Routines for Young Children and Their Families* (2014) Authors: Merle J. Crawford, Barbara Weber

*Family-Centered Early Intervention Supporting Infants and Toddlers in Natural Environments* (2015) Authors: Sharon A. Raver Ph.D., Dana C. Childress M.Ed.

**Coaching Resources** – Review the essential components of effective coaching.

*Coaching in Early Intervention*, EI Excellence at <http://www.eiexcellence.org/evidence-based-practices/coaching-interaction-style/>

\*Rush, D.D., (Oct. 2018). *From Couching to Coaching: How do we get families engaged in early intervention?* ASHA <https://leader.pubs.asha.org/article.aspx?articleid=2705736>

## Appendix L: Resources (continued)

***The Early Childhood Coaching Handbook-Second Edition*** (2020) Dathan D. Rush, Ed.D., CCC-SLP and M'Lisa Shelden, P.T., Ph.D., Paul Brookes Publishing Co., Baltimore Maryland

Rush, D.D., (Oct. 2016) *Using Coaching Strategies to Engage with Families in an EI Context*. Case Studies by ASHA Professional Development <https://www.youtube.com/watch?v=dJvriZEZfkl>

\*Rush, D.D. & Shelden, M.L., (2011). *The Early Childhood Coaching Handbook*. Paul H. Brookes Publishers, Inc.

Rush, D.D., Shelden, M.L., & Rabb, M. (Sept. 2008) *Framework for Reflective Questioning when using a Coaching Interactive Style*. Advanced Study of Excellence in Early Childhood and Family Support Practices

\*Rush, D.D. & Shelden, M.L., (2011). *The Early Childhood Coaching Handbook*. Paul H. Brookes Publishers, Inc.

\*Rush, D.D. & Shelden, M.L. (2013) *Framework for coaching questions*. Excerpt from the Early Childhood Coaching Handbook. Paul H. Brookes Publishing Co., Inc. at [https://www.veipd.org/main/pdf/quik\\_ref\\_coaching\\_guide\\_june202013.pdf](https://www.veipd.org/main/pdf/quik_ref_coaching_guide_june202013.pdf)

ASHA Professional Development with Dathan Rush, Ed.D, CCC-SLP - Using Coaching Strategies to Engage with Families in an Early Intervention Context video at <https://www.youtube.com/watch?v=dJvriZEZfkl>

### **Telehealth Resources for Families and Providers – tips to help parents and providers prepare for remote sessions**

Telehealth Tips for Providers PDF at <https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/Tips-for-Providers-Flyers-final-page-1-1.pdf>

FIPP Tele-Intervention Tip Sheets at <https://www.assurethefuture.org/tele-intervention.html>

Telehealth Tips for Providers: Coordinating EI Services through the Phone, Tablet and computer <https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/Tips-for-Providers-Flyers-final-page-2-1.pdf>

Telehealth Tips for Parents: *Receiving* EI services using a phone, tablet, and computer in English <https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/Tips-for-Families-Flyer-pg1-1.pdf>  
In Spanish: <https://ecpcta.org/wp-content/uploads/sites/2810/2020/03/TipsforFamiliesFlyerSPAg1.pdf>

Zero to Three: Why Tele-intervention Is A Great Idea for your Family <https://www.zerotothree.org/resources/3450-why-tele-early-intervention-is-a-great-idea-for-your-family>

Early Intervention Telehealth Prep Checklist for Parents and Providers [https://veipd.org/main/downloads/covid\\_updates/telehealth\\_prep\\_checklist\\_final\\_new.pdf](https://veipd.org/main/downloads/covid_updates/telehealth_prep_checklist_final_new.pdf)

## Appendix L: Resources (continued)

Tips for Families on Tele-intervention <https://ectacenter.org/topics/disaster/ti-service.asp#familyprep>

10 Strategies for Engaging Parents (not Children?) during Tele-intervention  
<https://www.veipd.org/earlyintervention/2020/04/14/10-strategies-for-engaging-parents-not-children-during-tele-intervention/>

### Professional Blogs

Childress, D. (March 10, 2016) *But Everyone Else Still Brings Toys...*, Early Intervention Strategies for Success. Virginia Early Intervention Professional Development at  
<https://veipd.org/earlyintervention/2016/03/10/but-everyone-else-still-brings-toys/>

Williams, C. and Ostrosky, M.M. (Sept. 12, 2018) *A Bagless Approach in Early Intervention? What is that?* Military Families Learning Network. \*See under *Papers* for their published article.  
<https://militaryfamilieslearningnetwork.org/2018/09/12/a-bagless-approach-in-early-intervention-what-is-that/>

### Early Intervention Best Practices

Division for Early Childhood. (2014). *DEC recommended practices in early intervention/early childhood special education 2014*. Retrieved from <http://www.dec-spед.org/recommendedpractices>

Workgroup on Principles and Practices in Natural Environments, OSEP TA Community of Practice: Part C Settings. (2008, March). *Agreed upon mission and key principles for providing early intervention services in natural environments*. Retrieved from  
[http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3\\_11\\_08.pdf](http://ectacenter.org/~pdfs/topics/families/Finalmissionandprinciples3_11_08.pdf)

### Papers

Dunst, C. J. (2006). *Parent-mediated everyday child learning opportunities: I. Foundations and operationalization*. CASEinPoint, Vol. 2, Number 2  
[https://fipp.org/static/media/uploads/caseinpoint/caseinpoint\\_vol2\\_no2.pdf](https://fipp.org/static/media/uploads/caseinpoint/caseinpoint_vol2_no2.pdf)

Dunst, C.J. (2006). *Parent-mediated Everyday Child Learning Opportunities: II. Methods and Procedures*. CASEinPoint, Vol. 2, Number 11  
<https://www.semanticscholar.org/paper/Parent-Mediated-Everyday-Child-Learning-%3A-I.-and-Dunst/173ad21211c1a3f0a37f9a15a1322bc47b54da87>

Swanson, J., Raab, Melinda, Roper, N. and Dunst, C.J. (2006). *Promoting Young Children's Participation in Interest-Based Everyday Learning Activities*, FIPP CASEtools: Instruments and Procedures for Implementing Early Childhood and Family Support Practices. <https://des.az.gov/sites/default/files/media/Promoting-Young-Childrens-Participation-in-Interest-Based-Everyday-Learning-Activities.pdf>

## Appendix L: Resources (continued)

The paper includes checklists of activities for identifying interest-based everyday learning opportunities for infants (birth to 15 months) and toddlers (15 months to 36 months).

The Center for the Developing Child at Harvard University. *How Serve and Return Builds Brain Circuitry* at <https://developingchild.harvard.edu/resources/serve-return-interaction-shapes-brain-circuitry/> and <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

Williams, C. and Ostrosky, M.M. (Feb. 14, 2019). *What about MY TOYS? Common Questions About Using a Bagless Approach in Early Intervention*. *Young Exceptional Children*. Vol.23, Issue 2  
<https://journals.sagepub.com/doi/10.1177/1096250619829739>

### Tools to Promote Natural Environments and Best Practices

Early Childhood Technical Assistance Center: Improving Systems, Practices, and Outcomes. *Using the DEC Recommended Practices* <https://ectacenter.org/decrp/> Professional checklists based on the **DEC Recommended Practices** that early interventionists may use to reflect on their integration of best practices in their work with EI children and families.

TEIS Calendar of Daily Activities for Infants and Toddlers <https://teisinc.com/30-days-activities-infants-toddlers/> This resource provides activities by age-group and uses materials found in the family home.

Woods, J. (2009). *Family-guided approaches to collaborative early-intervention training and services: 12 step program to decrease toy bag dependence*. Retrieved from <http://www.eiexcellence.org/wp-content/uploads/2021/08/Decreasing-Toy-Bag-Dependence.pdf>

### New York State Department of Health Bureau of Early Intervention Guidance

New York State Department of Health Bureau of Early Intervention. *Clinical Practice Guideline on Assessment and Intervention Services for Young Children (Age 0-3) with Autism Spectrum Disorders (ASD): 2017 Update Report of the Recommendations*. New York State Department of Health Bureau of Early Intervention at <https://www.health.ny.gov/publications/20168.pdf>

New York State Department of Health Bureau of Early Intervention, *Health and Safety Standards for the Early Intervention Program* (2010)  
[https://www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_providers/health\\_and\\_safety\\_standards.htm#home\\_standards](https://www.health.ny.gov/community/infants_children/early_intervention/service_providers/health_and_safety_standards.htm#home_standards)

### Books

Crawford, M. J., & Weber, B. (2014). *Early intervention every day! Embedding activities in daily routines for young children and their families*. Baltimore, MD: Brookes Publishing.

Rush, D.D. & Shelden, M.L, (2011). *The Early Childhood Coaching Handbook*. Paul H. Brookes Publishers, Inc.

## M. Footnotes

1. The Center for Connected Health Policy (as cited in Early Childhood Technical Assistance Center (ECTA). (2023, April 11). *Remote service delivery and distance learning*. ECTA. Retrieved June 30, 2022, from <https://ectacenter.org/topics/disaster/tele-intervention.asp>
2. New York State Department of Education Office of the Professions. (n.d.). Telepractice guidance. Retrieved July 18, 2023, from <https://www.op.nysed.gov/about/covid-19/telepractice-guidance>
3. New York State Public Health Law, Telehealth Delivery of Services § 2999-cc (2022). <https://www.nysenate.gov/legislation/laws/PBH/2999-CC>
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6. Cason, J. (2011, May 24). Telerehabilitation: An adjunct service delivery model for early intervention services. *International Journal of Telerehabilitation*, 3(1), 19-28. <https://doi.org/10.5195/ijt.2011.6071>
7. Cole, B., Pickard, K., and Stredler-Brown, A. (2019, June 12). Report on the use of telehealth in early intervention in Colorado: Strengths and challenges with telehealth as a service delivery method. *International Journal of Telerehabilitation*. 11(1). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6597149/pdf/ijt-11-33.pdf>
8. Wainer, A. L., & Ingersoll, B. R. (2015, December). Increasing access to an ASD imitation intervention via a telehealth parent training program. *Journal of Autism and Developmental Disorders*, 45, 3877-3890. <https://doi.org/10.1007/s10803-014-2186-7>
9. Baggett, K. M., Davis, B., Feil, E. G., Sheeber, L. L., Landry, S. H., Carta, J. J., & Leve, C. (2010). Technologies for expanding the reach of evidence-based interventions: Preliminary results for promoting social-emotional development in early childhood. *Topics in Early Childhood Special Education*, 29(4), 226-238. <https://doi.org/10.1177%2F0271121409354782>
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