



# Early Intervention Program

## PROTOCOL MANUAL

Revised April 20, 2022

DEPARTMENT OF HEALTH  
Sherlita Amler, M.D., Commissioner

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# Chapter 1: Referral

**Westchester County Department of Health**  
**Early Intervention Program**  
**Referral Procedure**

**I. POLICY DESCRIPTION**

The earliest possible identification of infants and toddlers with disabilities is a primary Early Intervention Program objective. This procedure correlates to the Public Health Law §2542.3 and EIP regulations 10 NYCRR 69-4.3(c) for referral to Early Intervention Program. The WCDH Referral Form can be found on the Department of Health website at: <http://health.westchestergov.com/information-for-providers>

**II. PROCEDURE:**

<b>Responsible Party</b>	<b>Action</b>
<b>Primary Referral Source</b>	<p>1. Primary referral sources shall, within two working days of identifying an infant or toddler who is less than 3 years old and suspected of having a disability or at risk for a developmental delay, refer the infant or toddler to the municipality, unless the child has already been referred or the parent objects. (10 NYCRR 69-4.3(a))</p> <p><b>Primary referral sources include:</b></p> <ul style="list-style-type: none"> <li>• Early Intervention provider agencies;</li> <li>• Hospitals;</li> <li>• Pediatric and/or primary healthcare providers;</li> <li>• Day care programs;</li> <li>• Local health units;</li> <li>• Local school districts;</li> <li>• Department of Social Services (DSS);</li> <li>• Public health facilities;</li> <li>• Early Childhood Direction Centers;</li> <li>• Operators of any clinic approved under Article 28 of Public Health Law, Article 16 or 31 of the Mental Hygiene Law.</li> </ul> <p><b>Note:</b> Parents may refer their children to EIP at any time. (see number 4)</p> <p>2. Referral to the EIP should be based on two categories.</p> <p style="margin-left: 20px;">a. Suspected of having a delay</p> <ul style="list-style-type: none"> <li>▪ The child has a condition with a known likelihood of leading to a developmental delay such as Down Syndrome, a birth weight of less than 1,000 grams (2.2 pound), failure of two hearing screenings or a confirmed hearing or vision loss;</li> <li>▪ Additional conditions provided at 10 NYCRR 69-4.3 (e);</li> <li>▪ The results of a developmental screening or diagnostic procedure(s), directed experience, observation or impression of the child’s developmental progress that suggest a possible delay;</li> <li>▪ Parent/caregiver is requesting an evaluation, or has provided information indicating the possibility of delay or disability.</li> </ul> <p style="margin-left: 20px;">* Children who meet the above criterion will be referred to the Early Intervention Program where they will receive:</p> <ul style="list-style-type: none"> <li>▪ Initial Service Coordination (ISC),</li> <li>▪ A Multidisciplinary Evaluation (MDE), if found eligible, an</li> <li>▪ Individualized Family Service Plan (IFSP).</li> </ul>

	<p>b. At risk for delay:</p> <ul style="list-style-type: none"> <li>▪ Children who are not suspected of having a disability and do not have a diagnosed condition with a high probability of delay, but are at increased risk for developmental delay because of specific biomedical risk factors or other risk criteria (PHL §2541 (1), 10 NYCRR 69-4.3 (f));</li> <li>▪ Children with suspected abuse or neglect, in the DSS system;</li> <li>▪ Children evaluated and found not eligible for the Early Intervention Program.</li> </ul> <p>* Children who meet the above criterion will be referred to the public health nurse for developmental monitoring/surveillance.</p> <p>3. The primary referral source does not need written consent from the parent to make a referral to the EIP. However, a referral cannot be made if the parent objects.</p> <p>a. If a parent objects to the referral, a referral source should:</p> <ul style="list-style-type: none"> <li>▪ Maintain written documentation of the parent’s objection and follow-up actions;</li> <li>▪ Provide the parent with the name of the EIP and information on how to make a referral if parent wishes to contact the program in the future;</li> <li>▪ Make reasonable efforts to follow-up with the parent <b>within two (2) months</b> and, if appropriate, refer the child at that time unless the parent objects.</li> </ul> <p>4. Referrals by non Early Intervention provider referral sources are made to the Westchester County EIP by:</p> <p>a. Faxing the <b>Early Intervention Program Referral Form</b> directly to the Children With Special Needs Unit (914) 813-5093; or</p> <p>b. Calling the WCDH CSN Unit (914) 813-5094</p> <p><b>Note: A child’s referral should be submitted via only one method, fax or phone, not both.</b></p> <p>5. If the <b>Early Intervention Program Referral Form</b> is faxed, the primary referral sources should keep a copy of the faxed transmittal of the <b>Referral Form</b>.</p> <p>a. Primary referral sources are responsible for ensuring the confidentiality of all information transmitted at the time of the referral.</p> <p>6. <b>Referrals made by New York State Department of Health Early Intervention providers must be made via the New York Early Intervention System (NYEIS). (See Unit 2 Referral and Intake of the NYEIS user manual)</b></p>
<p><b>Early Intervention Support Unit</b></p>	<p>1. Referrals will be processed within <b>forty eight (48) hours of receipt</b>.</p> <p>a. Any referral made 45 days or less before the child turns three years old is automatically closed in NYEIS (if submitted electronically). Or, will not be entered into NYEIS (if called or faxed).</p> <p>2. Once the referral is processed, Early Intervention will:</p> <p>a. <i>Assign an ISC Agency in NYEIS</i></p> <p>b. <i>Assign an EIOD in NYEIS</i></p>

<b>Initial Service Coordination Agency Supervisor</b>	<ol style="list-style-type: none"> <li>1. Required to check NYEIS for new requests for ISC every business day. (See Unit 2 of the NYEIS User Manual).</li> <li>2. ISC agencies are required to accept or reject ISC assignment within one business day of receiving the request.</li> </ol>
<b>Initial Service Coordinator</b>	<ol style="list-style-type: none"> <li>1. Send a letter of introduction and welcome packet to the parent welcoming the family to the Westchester County Early Intervention Program, giving the name and telephone number of the ISC and basic information about the EI process, and include a copy of <i>Westchester County Early Intervention Program Notice of Child and Family Rights</i>.</li> </ol>



Approved By:

Date: 11/16/2021

Assistant Commissioner, Early Intervention

# Early Intervention Program Referral Form

**Fax: (914) 813-4452**  
**Phone: (914) 813-5094**

## Section 1. REQUIRED INFORMATION

CHILD'S NAME: (Last, First, Middle)		DATE OF BIRTH: MM/DD/YYYY / /	
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	CHILD'S ADDRESS: (Street, Apt #)	CITY:	Zip Code:
RACE (may select more than one if applicable) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native American or Alaskan <input type="checkbox"/> Hawaiian or Pacific Islander		ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	
Parent/Guardian: _____		TELEPHONE: Home: ( ) Cell: ( ) Work: ( )	
Relation to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other, Specify			
Alternate Contact: _____		DOES FAMILY NEED INFORMATION IN ANOTHER LANGUAGE: [ ] NO [ ] YES, IDENTIFY:	
Telephone: ( ) _____			
Relation to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other, Specify			

<b>Person Presenting Referral to Early Intervention</b>		<b>DATE:</b>	
NAME:		AGENCY or FACILITY, if any:	
ADDRESS: (Street, Apt #)	CITY:	STATE:	Zip Code:
TELEPHONE: ( ) _____		FAX: ( ) _____	
Referral Source: <input type="checkbox"/> Community Program or EI Agency <input type="checkbox"/> Parent/Family <input type="checkbox"/> Foster Care <input type="checkbox"/> Primary Health Care Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Other, Specify _____			

**Reason for Referral (Check Only One)**

**EARLY INTERVENTION: Child with a suspected or known developmental delay or disability OR Child who missed or failed Newborn Hearing Screening.**

**DEVELOPMENTAL MONITORING/SURVEILLANCE by Developmental Monitoring Specialist: Child is developing typically but may be "at risk" for atypical development.**

Comments: \_\_\_\_\_

## Section 2. WITH INFORMED PARENTAL CONSENT

PRIMARY CARE PHYSICIAN:		PHONE:
BIRTH HOSPITAL:	LOCATION:	
BIRTH WEIGHT: Pounds: _____ Ounces: _____ OR Grams: _____	Gestational Age: _____ weeks	DIAGNOSIS if known:

*FOR USE BY WCDH STAFF ONLY:*

COMMENT: \_\_\_\_\_

**Instructions for Completing the Early Intervention Program Referral Form**  
(Please do not fax with the referral form)

Write legibly or type all referral information. The referral form is divided into two sections.

**Section 1** – Contains information fields that **must** be included when making a referral to the Westchester County Early Intervention Program (EIP). Section 1 does not require parental consent to submit this information. **This section should be filled out completely for the referral to be accepted.**

**Note: Family has the right to refuse to have their child referred to EIP.**

**Section 2** – Contains information that should be transmitted only with informed parental consent. Consent can be verbal or taken from another consent form used by the referring agency.

*Although Section 2 requires parental consent, the information contained in these sections is important for appropriate routing of the referred and assignment of Initial Service Coordinator (ISC). Therefore, it is recommended that all sections be completed if possible.*

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**Information on this form must be typed or printed legibly.**

**Section 1**

1. Write the child's full name, last name first. Write the child's date of birth in two (2) digit month, day and four digit year (e.g. 03/25/2009).
2. Check the box indicating the child's gender and write the full address where the child resides, including the city and the zip code.
3. **Race and Ethnicity.** Check the appropriate box for each section. *More than one racial designation for a child can be selected.*
4. Write the name of the child's parent/guardian, last name first. On the right side, write the telephone numbers where the parent/guardian can be contacted.
5. Write the name of an alternative caregiver (such as the foster parent) or contact person and that person's telephone number. Check the appropriate box to indicate the relationship to the child and specify what that is if "other" is checked.
6. Indicate if the family needs information in another language. If yes, write the language needed, this information will assist in determining whether a bilingual ISC needs to be assigned.
7. **Person Presenting Referral to Early Intervention.** Write the name, agency of facility (if any), address telephone and fax numbers of the person referring the child to WCDH EIP and completing this form. Check the appropriate box for *Referral Source* reflecting the person who is actually making the referral. Additional information can be added in the *Comments* box.
8. **Reason for Referral.** Check Early Intervention or Developmental Monitoring. If the child is being referred because there is a particular concern, write that information in the *Comments* box (See Appendix A).

**Section 2**

9. Write the name of the child's primary health care provider and his/her telephone number.
10. Write the name of the hospital in which the child was born and the location, e.g., address, city and state/country.
11. Write the child's birth weight in pounds and ounces or grams. Include the gestational age in weeks, if known.
12. If the child has a known diagnosis, write that here (e.g., Down syndrome, cerebral palsy, etc.). General concerns can be written in the *Comments* box.

**NOTE:** If there are questions about completing the form or making the referral, call WCDOH EIP at (914) 813-5061 or (914) 813-5094.

**Appendix A – Reason for Referral Clarification**



**Section 1** contains the **REASON FOR REFERRAL BLOCK**. The individual referring the child must indicate whether the child is being referred to EIP or Child Find **Developmental Monitoring**. The following indicators should assist with deciding which **REASON FOR REFERRAL BOX TO CHECK**.

**EARLY INTERVENTION: Child with a suspected or known developmental delay or disability.**

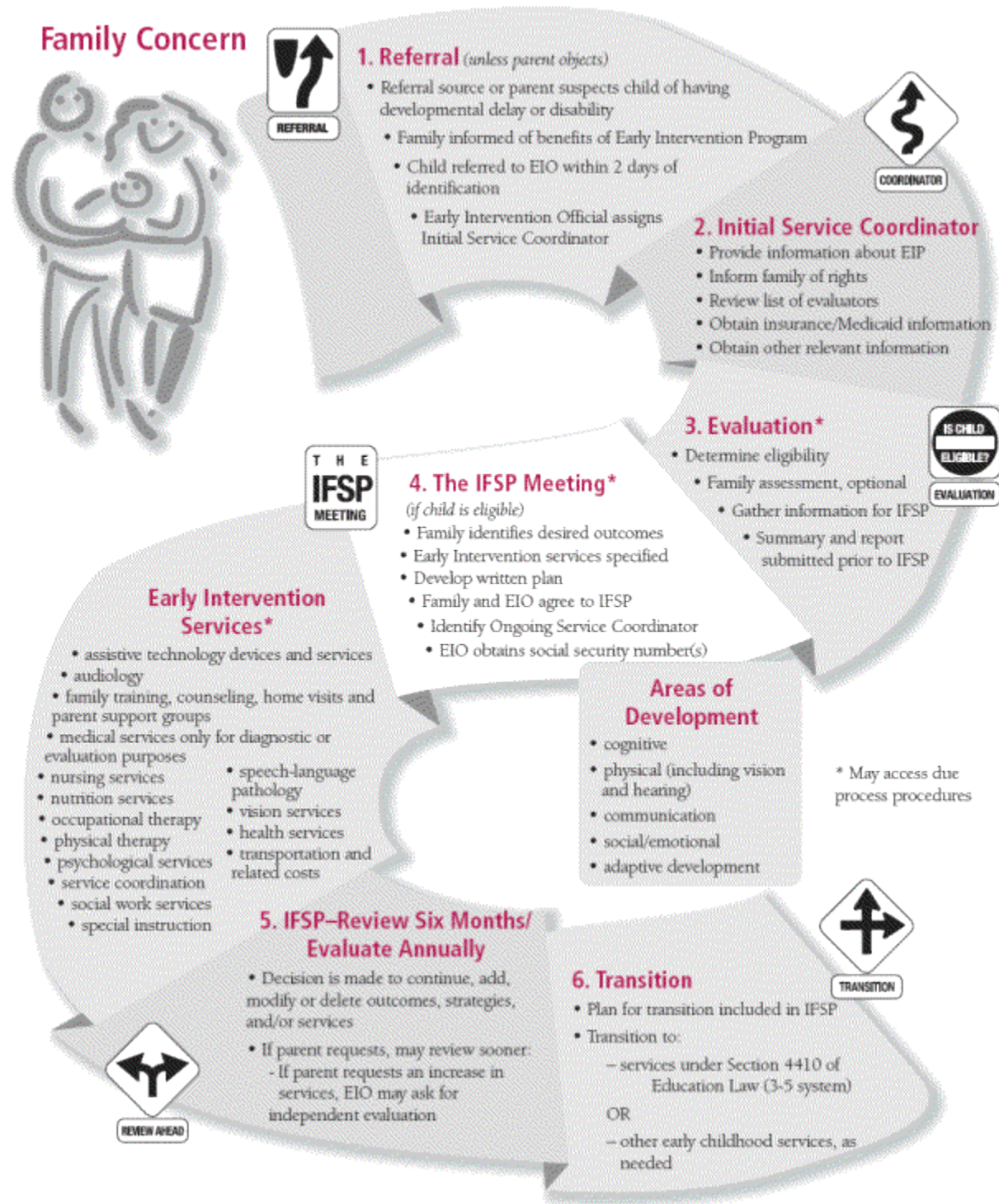
This referral is sent to the Westchester County EIP for a Multidisciplinary Evaluation (MDE). Check this box for a child with developmental delay(s) and/or a diagnosed physical or mental condition with a high probability of a future developmental delay. The child should meet one or more of the following criteria:

- The child has a condition with a known likelihood of leading to a developmental delay such as Down Syndrome, a birth weight of less than 1,000 grams (2.2 pounds), failure of two (2) hearing screenings or has a confirmed hearing or vision loss;
- The results of a developmental screening or diagnostic procedure, direct experience, observation, and perception of the child’s developmental process indicate that he or she is not developing similarly to same age peers; or
- Parent or caregiver is requesting an evaluation or has provided information that indicated the possibility of a developmental delay or disability;
- **Child missed or a failed newborn hearing screening or re-screening (not rescreened within seventy-five (75) days).**

**DEVELOPMENTAL MONITORING BY THE PUBLIC HEALTH NURSE: Child is developing typically but may be “at risk” for atypical development.** Check this box for a child who meets one more of the risk criteria listed below:

Neonatal Risk Criteria	Post-Neonatal Risk Criteria	Other Risk Criteria
<ul style="list-style-type: none"> <li>• Birth Weight 1,000 – 1,500 grams</li> <li>• Gestational age less than 33 weeks</li> <li>• NICU stay of (10) days or more CNS insult/abnormality</li> <li>• Asphyxia (5 min APGAR less than 4)</li> <li>• Growth deficiency/nutrition problems (e.g., SGA)</li> <li>• Presence of Inborn Metabolic Disorder</li> <li>• Maternal prenatal alcohol abuse</li> <li>• Congenital malformations</li> <li>• Hyper- or hypotonicity</li> <li>• Hyperbilirubinemia (above 15 mg/d)</li> <li>• Hypoglycemia (serum glucose less than 20 mg)</li> <li>• Maternal prenatal abuse of illicit substances</li> <li>• Prenatal exposure to therapeutic drugs with known risk</li> <li>• Venous lead level more than 19 mcg/dl</li> <li>• HIV infection</li> <li>• Maternal PKU</li> </ul>	<ul style="list-style-type: none"> <li>• Parental developmental disability or mental illness</li> <li>• Suspected/family history of hearing impairment</li> <li>• Suspected/family history of vision impairment</li> <li>• Other risk criteria identified by referral source (describe)</li> <li>• Parental concern re: development</li> <li>• Questionable score on Developmental/sensory screen</li> <li>• Illness/trauma with CNS Implications and ICU more than ten (10) days</li> <li>• Serous Otitis Media within three (3) months</li> <li>• Growth deficiency/nutritional problems, F.T.T, iron deficiency</li> </ul>	<ul style="list-style-type: none"> <li>• No prenatal care</li> <li>• Homelessness</li> <li>• Questionable score on Developmental/Sensory screen</li> <li>• History of child abuse or neglect</li> <li>• No well child care by six (6 months)</li> <li>• Concern re: parenting due to poor bonding, impairment in psychological/interpersonal functioning</li> <li>• Significant immunization delay</li> <li>• Parental drug or alcohol abuse</li> <li>• Perinatally/congenitally transmitted Infection (e.g., HIV, hepatitis b, syphilis)</li> <li>• Parental developmental disability or mental illness</li> <li>• Other risk criteria identified by referral source (describe)</li> </ul>

# Early Intervention Steps



Parent/guardian consent is required for evaluation, IFSP, provision of services in IFSP, and transition.

## Family Resources

Service Coordinators should review these resources with families and assist families in identifying the resources that could benefit them. This is not an exhaustive list and it's the service coordinators responsibility to explore and link families with additional resources when appropriate. Documentation of this activity should be maintained in the IFSP and service coordinators billing notes.

COMMUNITY RESOURCE	PHONE NUMBER
<p><b><u>Westchester County Department of Health (WCDH) – Early Intervention Program Developmental Monitoring Unit -</u></b>            Developmental Monitoring Specialist assists families in tracking their child's development from birth to 3 for children (At Risk) for developmental delays and disabilities.</p>	(914) 813-5094 Contact: Referral Unit
<p><b><u>Speech Therapy – Low Cost Speech Clinics –</u></b></p> <ol style="list-style-type: none"> <li>1) Iona College              Contact Person: Maria Armiento-DeMaria</li> <li>2) Mercy College              Contact Person: Marilyn Oxenberg</li> <li>3) New York Medical College              Contact Person: Kathleen Kaiser</li> </ol>	(914) 633-2149  (914) 674-7742  (914) 594-4912
<p><b><u>Early Head Start</u></b> – A community based program for low income families with infants and toddlers and pregnant women. It seeks to enhance the development of very young children.</p>	(914) 592-5600 Ext. 115, 165
<p><b><u>Parent to Parent NYS – Family Support Services</u></b> – Meeting with other families to share information, to learn about a child like mine, information on child's disability, what it means, working with specialty providers/physicians.</p>	(631) 434-6196 Ext:12 Valerie Colavecchio vcolavecchio@ptopnys.org
<p><b><u>New York State of Health Marketplace – WCDH Navigators</u></b> Find out if you qualify for affordable health care, Medicaid, Child Health Plus or obtaining tax credits for buying health insurance through the New York State of Health Marketplace.</p>	(914) 995-6350
<p><b><u>United Way</u></b> – Get Help! We are here for you no matter what the circumstance. The 211 number is free and confidential multilingual information and referral help line for such things as food assistance, housing assistance, mental health services, and services for people with disabilities.</p>	211
<p><b><u>Child Care Council</u></b> – Connect parents to child care providers, help to obtain child care subsidies for housing, Child Health Plus resources to help pay for health care.</p>	(914) 761-3456
<p><b><u>Assistive Technology Loan Program</u></b> – Families and providers can call or visit to see if Assistive Technology devices, supplies and equipment are available for loan.</p>	(914) 493-7364 Contact: Beth Heyd
<p><b><u>Cabrini Immigrant Services</u></b> – Provides free immigration legal services as well as providing case management, advocacy and educational workshops.</p>	(914) 674-1937
<p><b><u>Family Ties</u></b> – Provides support services to families of children with social, emotional and behavioral challenges. Offers a wide range of support groups, advocacy services, parent coaching and connections to community resources. All services are free.</p>	White Plains (914) 995-5238 Yonkers Office (914) 964-2063
<p><b><u>WCDH Children and Youth with Special Health Care Needs -</u></b>            CYSHCN is an information and referral service for families with special needs from birth through 21 years of age. Advocates for families in an effort to assure that children in need of special services are able to receive them without undue financial hardship.</p>	(914) 813-5076
<p><b><u>New York State Early Intervention Program</u></b> – A Parent's Guide  <a href="http://www.health.ny.gov/publications/0532">http://www.health.ny.gov/publications/0532</a></p>	
<p><b><u>Westchester County Early Intervention Program</u></b> – Information and Parent Satisfaction Survey  <a href="http://health.westchestergov.com/eip-early-intervention-program-sp-267">http://health.westchestergov.com/eip-early-intervention-program-sp-267</a></p>	

**Westchester County Department of Health  
Children with Special Needs**

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**Patient Bill of Rights/Notice of Privacy Practices**

I have been provided the opportunity to review the Westchester County Department of Health's Notice of Privacy Practices and Patient Bill of Rights prior to signing this document. The Notice of Privacy Practices for the Westchester County Department of Health is also provided on the Westchester County Department of Health's website at <http://health.westchestergov.com/>.

**Record Retention Policy**

In accordance with the State Archives and Records Administration, Early Intervention records are maintained by Westchester County until the child turns 21 years old, at which time the record will be destroyed. The county may however maintain a permanent record of the child and family's name and address, and the types and dates of services received without time limitation.

I acknowledge that Westchester County's Notice of Privacy Practices and Record Retention Policy have been reviewed with me.

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Signature of Parent/Guardian

Relationship to Child

Date

## Westchester County Department of Health

### NOTICE OF PRIVACY PRACTICES

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**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

**If you have any questions about this Notice, please contact our Privacy Office at (914) 995-7499 or access our website at**

<http://health.westchestergov.com/comments>

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. You may receive a revised Notice of Privacy Practices by accessing our website at <http://health.westchestergov.com/>, calling the office to request a revised copy be sent to you or asking for one at your next appointment.

#### **I. Uses and Disclosures of Protected Health Information**

- **Uses and Disclosures of Protected Health Information Based Upon Your Written Consent**

Your protected health information may be used and disclosed by WCHD staff and others outside of the WCHD that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to obtain payment for your health care services and as required in the conduct of daily operations of the WCHD.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with third party with which the WCHD has contracted for this purpose and/or a provider that has already obtained your permission to have access to your protected health information.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan or third

party payer may undertake before it approves or pays for the health care services we recommend for you.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of the WCHD. These activities include, but are not limited to, quality assessment activities, employee review activities, training of professional students, and conducting or arranging for other business activities. In addition, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name in the waiting room when your provider is ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

- **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization or Opportunity to Object**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described in the next section. You may revoke this authorization, at any time, in writing, except to the extent that the WCHD has taken an action in reliance on the use or disclosure indicated in the authorization.

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

- **Permitted and Required Uses and Disclosures That May Be Made Without Your Consent, Authorization or Opportunity to Object**

We may use or disclose your protected health information in the following situations without your consent or written authorization. These situations include:

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. This may include judicial or administrative proceedings, in response to a subpoena, discovery request or other lawful process.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability to: a health oversight agency for activities authorized by law to perform audits, investigations or inspections; a public health authority that is authorized by law to receive reports of abuse or neglect; a person or company required by the Food and Drug Administration to report adverse events, defects or problems; a coroner or medical examiner for identification purposes, determining cause of death or for the coroner or medical examiner to perform other duties authorized by law.

Disclosure may also be made to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of Section 164.500 et.seq.

## **II. Your Rights**

Unless otherwise required by law, your health record is the physical property of the WCHD, but the information in it belongs to you and you have the right to have your health information kept confidential. You, or a person legally authorized to act for you have the right to:

- Inspect and copy your protected health information for a reasonable fee; if denied, you have the right to seek a review of the denial.
- Request a restriction of your protected health information, but the WCHD is not required to agree to a restriction that you may request.
- Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests.
- Have your provider amend your protected health information.
- Receive an accounting of certain disclosures we have made, if any, of your protected health information. This right applies to disclosures for the purpose other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices.

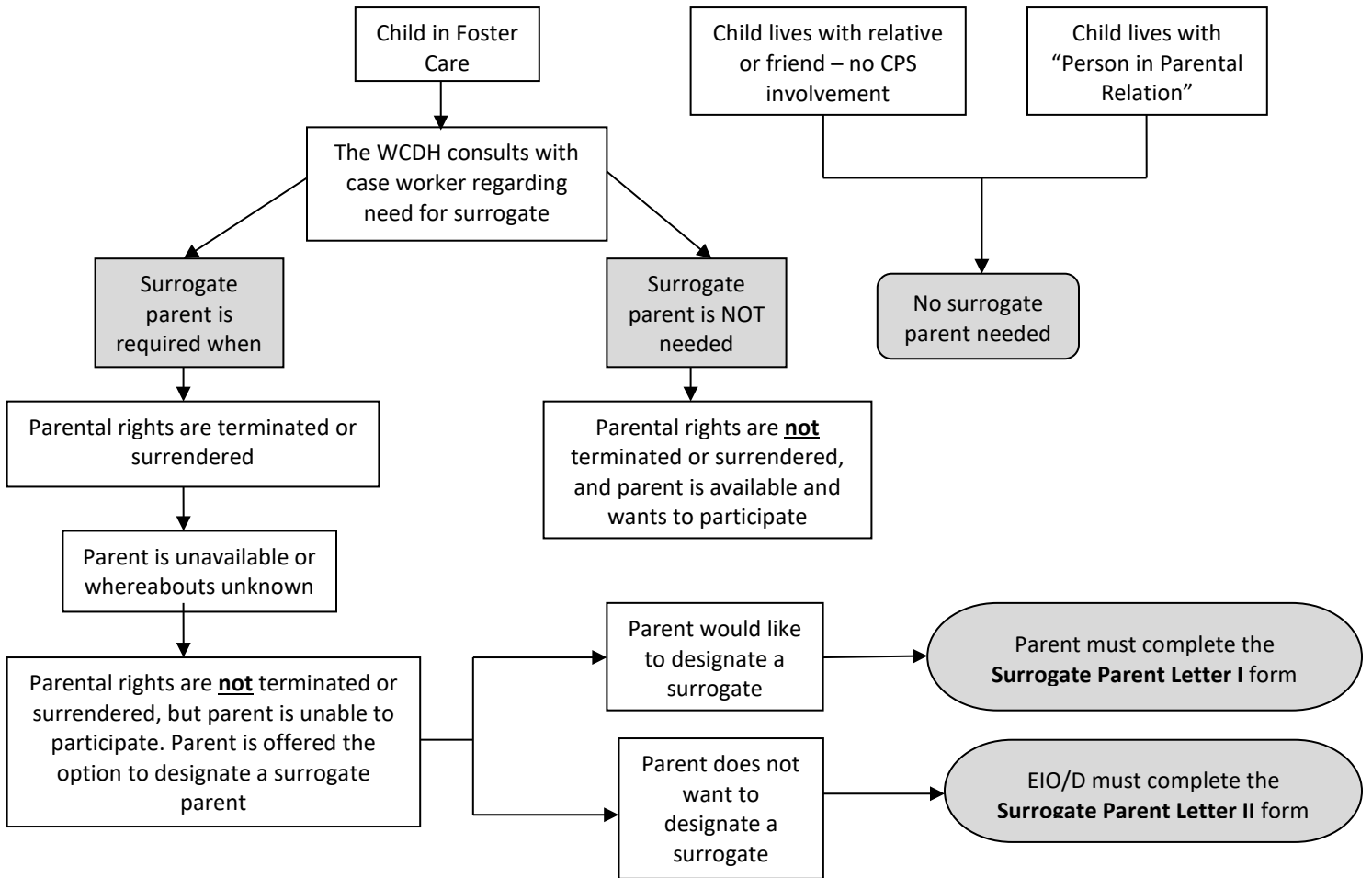
You have the right to file a complaint if you believe your privacy rights have been violated. You may file a complaint with WCHD by notifying our Privacy Officer or the Secretary of the Department of Health and Human Services of your complaint. We will not retaliate against you for filing a complaint.

This notice was published and becomes effective in April 14, 2003.

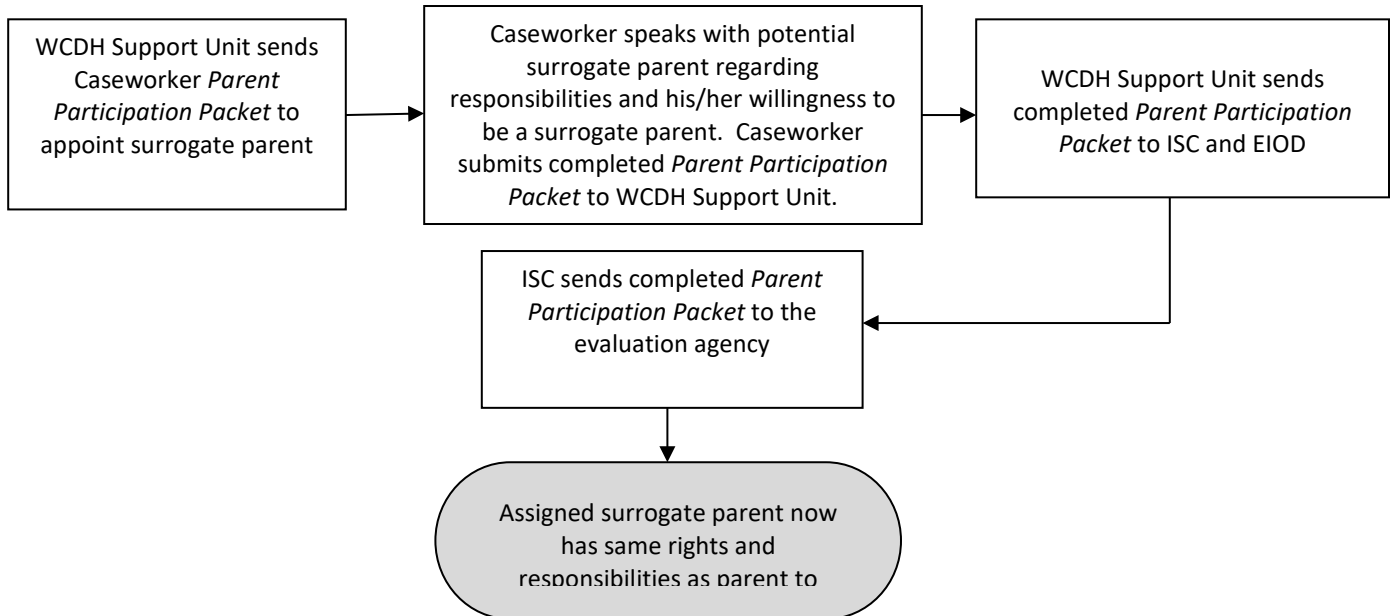
# Chapter 2: Foster Care and Surrogacy



**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM  
 DETERMINING NEED FOR A SURROGATE PARENT & ASSIGNMENT  
 OF SURROGATE PARENT IN EARLY INTERVENTION**



**IF THE APPOINTMENT OF A SURROGATE PARENT IS REQUIRED**



**Westchester County Department of Health**  
**Early Intervention Program**  
**Protocol for Surrogate Parent Assignment**

**I. Policy Description**

When the child's parents are unavailable to participate in the IFSP process due to life circumstances, which may include the child's placement in foster care, the Department of Social Services (DSS) representative or caseworker works in consultation with Westchester County Department Health's (WCDH) Early Intervention Official (EIO) or Designee (EIOD) to assess whether a surrogate parent is needed. If a surrogate parent needs to be appointed, the assignment must be made before a Multidisciplinary Evaluation (MDE) is conducted or there are any modifications made to Individualized Family Service Plan (IFSP). The surrogate parent becomes the only person authorized to sign the **Parental Consents for Evaluations and IFSP Services**.

A surrogate parent is appointed when:

- A child has no available parent or person acting in place of a parent that can be identified.
- The whereabouts of the parent is unknown
- The child is a Ward of the State, (a foster care child in the custody and guardianship of the local Commissioner of Social Services).

The surrogate parent has the same rights and responsibilities as the parent in the Early Intervention Program and represents the child in all matters related to:

- Screening, evaluation, and assessment of the child;
- Development and implementation of the IFSP, including 6 Month and Annual Reviews;
- The ongoing provision of Early Intervention services;
- The right to request mediation or an impartial hearing in the event of a dispute;
- Any other rights established in the Early Intervention Program.

**If the child is not in foster care and there is a "person in parental relation,"** that person may sign all consents including the Parental Consent for Evaluation, and a surrogate parent does not need to be assigned. According to the Early Intervention Regulation (10 NYCRR 69-4.16), a person in parental relation means:

- 1) The child's legal guardian;
- 2) The child's standby guardian after their authority becomes effective pursuant to Section 1726 of the Surrogate's Court Procedure Act;
- 3) The child's custodian; a person shall be regarded as the custodian of a child if he or she has assumed the charge and care of the child because the parents or legally appointed guardian of the minor have died, are imprisoned, are mentally ill, or have been committed to an institution, or because they have abandoned or deserted the child, are living outside the state, or their whereabouts are unknown;
- 4) Persons acting in the place of a parent such as a grandparent or stepparent with whom the child lives, as well as persons who are legally responsible for the child's welfare;
- 5) Exception this term does not apply to children who are a "ward of the state" and does not include a foster parent.

**If the child is in foster care, and the parental rights have not been terminated or voluntarily surrendered, the service coordinator must ensure that the caseworker has made a good faith effort to contact the parents in order to determine whether or not a surrogate parent is needed.**

## II. Procedure

Responsible Party	Action
Caseworker (DSS or Private Agency) EIOD ISC	<p><b>For children in foster care, or where a parent wishes to designate a surrogate parent, the steps below should be followed in a timely manner so that an IFSP meeting can be convened within 45 days of the initial referral.</b></p> <p>All steps must be thoroughly documented to ensure that all necessary activities have been carried out expeditiously.</p> <ol style="list-style-type: none"> <li>I. Referral Process             <ol style="list-style-type: none"> <li>A. When DSS or the caseworker from a private agency (i.e. Leake &amp; Watts) refers a child to WCDH-EIP, the caseworker will use the following procedure:                 <ol style="list-style-type: none"> <li>1. When the caseworker identifies the child as having a possible developmental delay, s/he must make a referral to WCDH within 2 business days.</li> <li>2. Upon receipt of the referral of a child in foster care, WCDH/EIP sends out to the caseworker the <b>Parent Participation Packet</b>.</li> </ol> </li> <li>B. When someone other than the caseworker makes the referral (such as the foster parent or child’s doctor), the EIP Support Unit sends the child’s caseworker notification of the referral and the <b>Parent Participation Packet</b>. Caseworker must complete the appropriate forms in the <b>Parent Participation Packet</b> and fax it to the attention of the EIP Support Unit at 914-813-5093.</li> <li>C. The caseworker should make a good faith effort to contact the biological parent(s) in the most expedient way possible to:                 <ol style="list-style-type: none"> <li>1. Explain the reasons for wanting to refer the child;</li> <li>2. Ask whether they have any objections to the referral;</li> <li>3. Determine their availability to participate in the IFSP process.</li> </ol> </li> </ol> </li> </ol> <p><u>Confidentiality of Foster Care Family and Surrogate Parent</u></p> <p>It is important when communicating with the Early Intervention child’s biological or non custodial parent that confidentiality of the foster care parent and surrogate parent is maintained. The Service Coordinator must consult with DSS, or the foster care agency, where appropriate, to document in writing, if information sent to the biological parent may contain information regarding foster and surrogate parent.</p> <p>If the biological parent is <b>not</b> to receive information as to the foster and surrogate parent, all references, including location, name and telephone numbers, must be redacted (inked out) in any documents sent to the biological parent. This is the responsibility of the Service Coordinator or foster care caseworker when sending out information to the biological parent.</p>

- I. Different Scenarios Involving the Parents and How to Proceed
  - A. Parent agrees to the referral and wishes to participate in the process, the Initial Service Coordinator mails the WCDH/EIP Welcome Packet. *If the parent is unresponsive, the ISC should call the foster care caseworker to discuss whether the assignment of a surrogate parent has become necessary, and if so, who should be assigned.*
  - B. Parent refuses referral, caseworker must notify the service coordinator in writing and the service coordinator will then close the case in EIP.
  - C. If the parent wishes for their child to participate in EIP but the parent wishes to have a surrogate parent, the caseworker completes the appropriate forms in the **Parent Participation Packet**.
  - D. When the child is in foster care, the parent is unavailable, and the child has no person in parental relationship the EIO/D assigns a surrogate parent.
  
- II. Selection of Surrogate Parent in accordance with EIP regulation 10 NYCRR 69-4.16 (f)
  - A. The early intervention official shall select a surrogate parent who is qualified and willing to serve in such capacity and who:
    - has no interest that conflicts with the interests of the child;
    - has knowledge and skills that ensure adequate representation of the child;
    - if available and appropriate, is a relative who has an ongoing relationship with the child or a foster parent with whom the child resides;
    - is not an employee of any agency involved in the provision of early intervention or other services to the child, provided however that a person who otherwise qualifies to be a surrogate parent is not considered an employee solely because he or she is paid by a public agency to serve as a surrogate parent; and
    - has been selected, for any child who is a ward of the state or for any child whose parent is unavailable and who is in the care and custody of the local social services commissioner, in consultation with the local commissioner of social services or designee.
  - B. The Service Coordinator shall inform the surrogate parent all the rights and responsibilities in participating in the EI process.
  - C. The Service coordinator shall inform EI providers of the designation of the surrogate parent. The surrogate parent maintains the same rights and responsibilities as the parent and represents the child in all matters related to the provision of early intervention services.

	<p>III. When the Child is Found Eligible for the EIP</p> <p>A. The service coordinator should ensure all EI providers have the approved Surrogate Parent Assignment Forms and that they are aware of any communication restrictions.</p> <ul style="list-style-type: none"><li>- For children in KIDS the Surrogate Parent Assignment forms should be faxed to all EI providers working with the family.</li><li>- For children in NYEIS the Surrogate Assignment Forms should be attached in IFSP section.</li></ul> <p>B. When reviewing the IFSP, the EIOD will in consultation with the service coordinator and foster care caseworker, determine whether there have been any changes in circumstances that warrant a review of the appointment of the surrogate parent.</p> <p>C. If a change in surrogate parent is found to be necessary, the EIOD will appoint a new surrogate.</p>
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*Marina Yoegel*

Approved By:

Date: 11/16/2021

Assistant Commissioner, Early Intervention

# Parent Participation Packet

INTRODUCTION LETTER

Date:

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Social Service Agency

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State Zip Code

Dear:

RE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name of Foster Child Date of Birth EI Referral Date

The child listed above has been referred to Early Intervention for service coordination, evaluation and possible therapeutic services. The Early Intervention law requires:

- Reasonable effort be made to include parents, if available, in the decision process. If the biological parents are not available EIO is to appoint a surrogate parent who is not an employee of an agency involved in the provision of services to the child;

*And*

- The parent or surrogate parent chooses the evaluator, and if the child is eligible, an Individualized Family Service Plan (IFSP) meeting will be held 45 calendar days of referral to determine services.

**Please complete the Parent Choice/Participation Letter and return it as soon as possible.**

- If, when you contacted the birth parent(s) to inform him/her of the plan to refer the child to Early Intervention, he/she indicated a desire to participate in the IFSP process, please check the appropriate items in section A of this form.
- If the birth parent whose parental rights have not been terminated or voluntarily surrendered objects to the referral, please check the box in section B and return it to me immediately so that we can withdraw the referral.
- If the parent is unable to participate in the IFSP process but would like to designate someone to be a surrogate parent, please check the box in section E. The parent should call the ISC to discuss the surrogate choice. If the parent does not designate someone, the Early Intervention Program will assign a surrogate as provided for NYS Regulation 69-4.16.

If you have any questions please call the Initial/Ongoing Service Coordinator \_\_\_\_\_ at \_\_\_\_\_ and leave a telephone number and times when he/she may reach you.

If you have additional concerns you may call \_\_\_\_\_, the EIOD at \_\_\_\_\_

Please complete the information listed on the attached form and either fax or send it within 2 days of the above date.

Yours truly,

WCDH Community Health Worker, or  
Initial Service Coordinator

CC: Child's File  
EIOD  
ISC

**PARENT CHOICE/PARTICIPATION LETTER**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_  
Service Coordinator

FROM: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Agency Telephone Number

RE: \_\_\_\_\_  
Name of Foster Child Date of Birth

---

Complete either A, B, C, D, or E

**A. Parent Wishes to Participate**

- We have been able to reach the biological parent and she/he wishes their child participate in the Early Intervention Evaluation process. You may reach \_\_\_\_\_ at the following address and telephone number: \_\_\_\_\_

**OR**

- We have reached the biological parent. They have been informed this is a voluntary process and consent may be withdrawn at any time. She/he has signed the consents (attached) for this child to participate in the Early Intervention evaluation process.
- Parent Consent to Release and Receive Information (Required)
  - Assignment of Benefits and Medical Information Release Form (Required)
  - Parent Selection of an Evaluator (Required)
- They wish to be informed when the IFSP is held. You may reach \_\_\_\_\_ at the following address and telephone number: \_\_\_\_\_

**B. Parent Refuses to Participate**

- Parent refuses the referral. Please withdraw the referral and close EI case. We have explained to the parent that she/he may be reconsidered and participate until the child is three.

**C. If, at a Later Date, the Parent Objects to the Referral**

- The Initial Service Coordinator is notified in writing and the case will be closed.

**D. Parent Cannot be Reached and Caseworker Requests Appointment of Surrogate**

- We have tried to reach the biological parent through telephone and letter and have not received a response. We therefore agree that a surrogate needs to be appointed.

**OR**

**E. Parent Requests Appointment of Surrogate Parent**

- She/he/they has (have) been informed of their rights and agree(s) to have a surrogate act on their behalf of their child. They are aware that this permission may be withdrawn at any time. Their written request for a surrogate parent is attached (Surrogate Parent Letter I). However, the parent can also contact the ISC and complete the Surrogate Parent Letter I over the phone.

**IMPORTANT NOTE:** The Westchester County Department of Social Services or \_\_\_\_\_ (name of Foster Care Agency) is requesting that any written information sent to non Early Intervention providers and/or the biological/non-custodian family regarding this child:

- May contain the reference/information regarding the surrogate and foster care parents

**OR**

- Shall not contain any reference/information of the surrogate and foster care parents. In this case all information must be sent to WCDSS or foster care agency, if appropriate. WCDSS or the foster care agency is responsible for reviewing and redacting all information regarding the surrogate parent and/or foster care parent in order to protect the confidentiality of the surrogate/foster care parent. In addition, WCDSS or the foster care agency is responsible for ensuring the appropriate signature for release and consents and transmittal of information regarding transition to the Committee on Preschool Special Education process.

Please call me at (\_\_\_\_\_) \_\_\_\_\_ if you have any questions.

Name of Social Service Contact: \_\_\_\_\_

Address: \_\_\_\_\_



**SURROGATE PARENT DESIGNATION BY PARENT  
SURROGATE PARENT LETTER I**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Also known as: \_\_\_\_\_

I, \_\_\_\_\_, am the biological/adoptive and  
Print Full Name

legal parent of the above-named child. I acknowledge that I am unable to participate in the Early Intervention evaluation and treatment process.

It has been fully explained to me that I may voluntarily designate another suitable person to act for me as my child's surrogate (substitute) parent, that is, someone who may make decisions regarding Early Intervention services, while I am unable to do so and that this person may not be an employee of any agency which provides services to my child. I understand that I can withdraw or change this designation at any time. I am aware that the foster care parent is not considered an employee of the foster care agency, and therefore may be appointed as a Surrogate Parent.

- I hereby request the Westchester County Department of Health Early Intervention Official Designee (EIOD) appoint a surrogate parent to act on the behalf of my child.

**OR**

- I hereby designate \_\_\_\_\_,  
Surrogate's Full Name

Relationship \_\_\_\_\_

Surrogate's Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Surrogate's Telephone Number: \_\_\_\_\_  
Home Work

Date: \_\_\_\_\_

\_\_\_\_\_  
\*\*Signature of Parent

**\*\*Check if applicable:**

- This form was completed by \_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Agency Address Telephone #

The name of the surrogate parent was provided by the parent during a telephone conversation with an Early Intervention staff member or with the caseworker. Therefore, no parental signature could be obtained.

**SURROGATE PARENT ASSIGNMENT BY EIOD  
SURROGATE PARENT LETTER II**

RE: Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Foster Care Agency: \_\_\_\_\_ Caseworker's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Dear: \_\_\_\_\_ / \_\_\_\_\_  
Service Coordinator Agency

After consulting with my supervisor, it has been agreed that

\_\_\_\_\_ Relationship to the Child (i.e. foster care parent)  
Print Full Name of Surrogate Parent

\_\_\_\_\_ Telephone  
Address

may be assigned as the surrogate parent for the above-named child. The Early Intervention Program has been discussed with her/him, and s/he is willing to be the child's surrogate parent. I have explained to the above person her/his rights and responsibilities in Early Intervention. Please review and approve this form and return it to me at the address below at your earliest convenience.

**IMPORTANT NOTE:** The Westchester County Department of Social Services or \_\_\_\_\_ (name of Foster Care Agency) is requesting that any written information sent to non Early Intervention providers and/or the biological/non-custodian family regarding this child:

May contain the reference/information regarding the surrogate and foster care parents

**OR**

Shall not contain any reference/information of the surrogate and foster care parents. In this case all information must be sent to WCDSS or foster care agency, if appropriate. WCDSS or the foster care agency is responsible for reviewing and redacting all information regarding the surrogate parent and/or foster care parent in order to protect the confidentiality of the surrogate/foster care parent. In addition, WCDSS or the foster care agency is responsible for ensuring the appropriate signature for release and consents and transmittal of information regarding transition to the Committee on Preschool Special Education process.

Yours truly,

\_\_\_\_\_ Printed Name  
Signature of Casework

\_\_\_\_\_ Address  
Agency

\_\_\_\_\_ Fax Number  
Telephone Number

WCDH OFFICE USE ONLY

Approved

Denied

\_\_\_\_\_ Date  
Signature of EIO

*Copy of approval/denial is to be sent to the Service Coordinator and the child's caseworker. The service Coordinator is to send a copy to the surrogate parent when approved.*

# Chapter 3: Service Coordination Responsibilities

New York State Department of Health  
Early Intervention Program  
Guidance Document

**Billing for Initial and Ongoing Service Coordination  
Activities in the Early Intervention Program  
Revised December 2020**

<http://tinyurl.com/kcju8z4>

Click on- *Clarification: Billing for Initial and Ongoing Service Coordination*

**Westchester County Department of Health**  
**Early Intervention Program**  
**Initial Service Coordination Responsibilities**

**I. POLICY DESCRIPTION:**

Upon referral to the Early Intervention Official of a child thought to be an eligible child, the Early Intervention Official shall promptly designate an Initial Service Coordinator. The Initial Service Coordinator shall promptly arrange a contact with the parent in a time, place and manner reasonably convenient for the parent and consistent with applicable timeliness requirements. NYS Regs 69-4.7 (a)(b).

**II. PROCEDURE:**

Responsible Party	Action
Initial Service Coordinator (ISC)	<p>Contact the parent/caregiver within <b>two (2) days of the child’s referral to the Early Intervention Program</b> in order to set up an intake by phone or in a meeting at a time and place of convenience to the family within seven (7) business days.</p> <p><b><u>Initial Meeting with the Parent(s)/Caregiver(s):</u></b></p> <ol style="list-style-type: none"> <li>1. Introduce the role of the Service Coordinator (SC) to the parent /caregiver</li> <li>2. Give a brief overview of the New York State Early Intervention Program (EIP)               <ol style="list-style-type: none"> <li>a. Inform parent of their rights and responsibilities in the EIP</li> </ol> </li> <li>3. Review the contents of the Welcome Packet including:               <ol style="list-style-type: none"> <li>a. The Early Intervention Program <i>A Parent’s Guide</i></li> <li>b. Westchester County Department of Health <i>Notice of Child and Family Rights</i></li> <li>c. NYSDOH EIP Insurance Requirements</li> </ol> </li> <li>4. If the child is in Foster Care:               <ol style="list-style-type: none"> <li>a. Refer to the <i>WCDH EIP Procedure Manual, Chapter 2- Foster Care and Surrogacy</i></li> </ol> </li> <li>5. Obtain the parent’s signature on:               <ol style="list-style-type: none"> <li>a. <i>Parental Consent to Initiate Service Coordination</i></li> <li>b. <i>Notice of Privacy Practices/Record Retention Policy</i></li> <li>c. <i>Parent Selection of Evaluation Agency</i></li> <li>d. <i>Parental Consent to Obtain/Release Information (if applicable)</i></li> </ol> </li> <li>6. Explain to the family that services are at no cost to parents and the use of Medicaid and/or third party insurance for payment of services is required under the EIP:               <ol style="list-style-type: none"> <li>a. Collect insurance policy information from parent, and obtain appropriate insurance consents (refer to the <i>NYSDOH Insurance Toolkit, Revised 5/17</i>).</li> </ol> </li> <li>7. Inform parents that they will be asked to provide the Social Security numbers for their child and themselves at the IFSP meeting, if their child is found eligible for EI services:               <ol style="list-style-type: none"> <li>a. Only the EIOD is authorized to collect Social Security information.</li> </ol> </li> <li>8. Ensure the accuracy of the following information on the child’s home page:               <ol style="list-style-type: none"> <li>a. <i>Childs Information</i></li> <li>b. <i>Family Information</i></li> <li>c. <i>Primary Care Physician</i></li> <li>d. <i>If parent has communication exceptions ensure it is documented</i></li> </ol> </li> <li>9. If the child does not have health insurance assist the parent in identifying and applying for benefit programs (i.e. New York State of Health Marketplace- WCDH Navigators at (914) 995-6350).</li> </ol>

10. Ask the parent(s) if he/she would like assistance in identifying and applying for other benefit programs for which the family may be eligible, such as WIC, SSI, etc.
11. Explain the evaluation and screening process to the family, including location, types of evaluations performed, and setting for evaluations.
  - a. Provide the parent with a list of evaluation agencies approved by NYSDOH.
12. If the child was previously receiving EI services in another NYS county:
  - a. Refer to the NYEIS user manual *Unit 7 Transfer Transition*.

**After the Initial Meeting with Parent/Caregiver:**

1. Contact the selected evaluation agency to arrange for the child's evaluation.
2. Assign the evaluation agency in NYEIS.
3. Attach the following documents to the Child's Integrated Case in NYEIS:
  - a. Foster Care and Surrogacy Forms when applicable (refer to *Chapter 2- Foster Care and Surrogacy*)
  - b. Parental Consent to Initiate Service Coordination
  - c. Parent Selection of Evaluation Agency
  - e. Parental Consent to Obtain/Release Information (if applicable)
  - d. Notice of Privacy Practices/Record Retention, Signed Acknowledgement
  - e. Applicable Insurance Consents
4. Enter insurance information into the NYEIS insurance section and fax insurance collection form and consents to the WCDH insurance collection unit at 914-813-4194. For further guidance refer to:
  - a. The NYEIS user manual, *Unit 10 Municipal Administration*
  - b. The *NYSDOH Insurance Toolkit (Revised 5/17)*
5. Follow-up with the evaluator and parents to ensure that the evaluations are proceeding in a timely manner.

**After the Evaluation:**

1. Ensure that the family understands the results of the evaluation, and assist them in obtaining clarification from the evaluation team, if needed.
2. If the child is found ineligible for the EIP, discuss the following options with the parent:
  - a. The case can be closed
  - b. The parents can request a re-evaluation
  - c. The parents can exercise their due process rights
  - d. The child can be referred to their primary care physician or a WCDH Public Health Nurse for Developmental Monitoring/ Surveillance (see [Family Resources](#))
  - e. Review [Family Resource](#) page with parents.
3. If the child is found eligible for EIP:
  - a. Discuss the Individualized Family Service Plan (IFSP) meeting with the family, including:
    - i. The composition of the IFSP team
    - ii. Parental right to invite participants of their choice
    - iii. Importance of parent/caregiver involvement in the IFSP process
    - iv. Right to select an Ongoing Service Coordinator (OSC)
    - v. The range of options for service delivery
    - vi. The IFSP team will make the final decisions about the services
    - vii. Remind the parent/caregiver that their participation on the EIP is voluntary
  - b. Stress to the family that their priorities, concerns and resources shall play a major role in the establishment of outcomes and strategies among the parent, evaluator, service coordinator and the EI/OD.

	<ul style="list-style-type: none"><li>i. Assist the family in identifying their concerns, priorities, and resources.</li><li>ii. With parent's verbal consent complete this section of the IFSP document.</li></ul> <p>4. Arrange for an IFSP meeting.</p> <hr/> <p><b>Note:</b></p> <ul style="list-style-type: none"><li>• Ensure that the Evaluation Agency forwards the results of the evaluation to the parent(s) in sufficient time for review prior to the IFSP meeting.</li><li>• Ensure that the Evaluation Agency completes and submits the MDE packet in NYEIS.</li></ul> <hr/> <p><b><u>After the IFSP Meeting:</u></b></p> <ul style="list-style-type: none"><li>1. ISC is responsible to ensure that all required documents have been collected.</li><li>2. ISC submits the completed child's record to the EIOD.</li></ul>
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*Marina Yoegel*

Approved By:

Date: 11/16/2021

Assistant Commissioner, Early Intervention

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH**  
**EARLY INTERVENTION PROGRAM**  
**PARENTAL CONSENT TO INITIATE SERVICE COORDINATION**

Child's Name: \_\_\_\_\_  
Last First

Child's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have been informed by the Early Intervention Initial Service Coordinator (ISC) of the various programs and services the Early Intervention Program (EIP) can provide to my child. I have also been informed that in order to provide such services it will be necessary for the Program to coordinate and exchange information with appropriate service providers.

I consent to the planning and coordination of services for my child.

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature of Initial Service Coordinator

***Service Coordinator Must Complete:***

Date ISC agency received assignment from WCDOH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISC provided parent(s) the EIP Parent's Guide: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISC reviewed, *Westchester County EIP Notice of Child and Family Rights*: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date ISC reviewed list of evaluation sites and discussed choice of evaluation site with parent: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of evaluation site selected by parent: \_\_\_\_\_

Date referral made to evaluation site: \_\_\_\_/\_\_\_\_/\_\_\_\_



Department of Health  
Sherlita Amler, M.D.  
Commissioner of Health

WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM  
INSTRUCTIONS FOR COMPLETION  
PARENTAL CONSENT TO INITIATE SERVICE COORDINATION

All fields on this form must be completed at the initial meeting with the family. At this meeting, the parent confirms that s/he gives permission to initiate service coordination. If the Initial Service Coordinator (ISC) is not able to meet with the parent, s/he should mail this consent form to the parent, preferably with a self-addressed, stamped envelope. **This action should be documented in the service coordination activity notes.**

For a child in foster care, the assigned surrogate parent or the biological parent would be the appropriate person to sign this form.

A copy of this form remains with the ISC and must be placed in the child's service coordination case record.

This form is attached to the child's Integrated Case Home Page" in NYEIS. Refer to the **ISC Responsibilities Policy.**

**WESTCHESTER COUNTY DEPARTMENT OF HEALTH**  
**EARLY INTERVENTION PROGRAM**  
**PARENT SELECTION OF EVALUATION AGENCY**

Child's Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

My initial service coordinator has reviewed all options for evaluations and provided me with a list of NYSDOH approved evaluation agencies in Westchester County.

I have been informed that I will be involved in my child's evaluation, I will receive the results of all evaluations, and that a copy of all evaluations will be forwarded to \_\_\_\_\_, my assigned Early Intervention Official Designee (EIOD). If my child is eligible for the Early Intervention Program, the evaluations will assist in developing my child's Individualized Family Service Plan (IFSP).

I choose \_\_\_\_\_ as the evaluation agency that will determine my child's eligibility for the Early Intervention Program. In the event that this evaluation agency does not have availability I choose \_\_\_\_\_, \_\_\_\_\_.  
(Evaluation Agency 2<sup>nd</sup> choice) (Evaluation Agency 3<sup>rd</sup> Choice)

\_\_\_\_\_  
Signature of Parent/ Surrogate Parent Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Insurance

New York State Department of Health  
Early Intervention Program

**Service Coordination Transition Toolkit**

**Tool Kit for Service Coordinators**

<https://tinyurl.com/kcju8z4>

Office for People with  
Developmental  
Disabilities (OPWDD)  
Notification

New York State Department of Health  
Early Intervention Program

**Notification to the Office for People with Developmental Disabilities  
Tool Kit for Service Coordinators**

<http://tinyurl.com/kcju8z4>

# Transition

New York State Department of Health  
Early Intervention Program

**Service Coordination IFSP Implementation**  
**Tool Kit for Service Coordinators**

<http://tinyurl.com/kcju8z4>



Westchester County Department of Health Children with Special Needs  
Early Intervention Program

**CPSE CHECKLIST FOR EARLY INTERVENTION TRANSITIONING PACKET**

<b>School District:</b>	<b>Date:</b>
<b>Child's Name:</b>	<b>DOB:</b>
<b>EIOD Name:</b>	<b>Phone #: 914 813-</b>
<b>Ongoing Service Coordinator:</b>	<b>Agency</b>
	<b>Agency #:</b>

Service	Frequency/Duration	Agency

The following evaluations were completed for the above named child while in the Early Intervention Program.  
*Evaluations one year or older are not included.*

Type of Evaluation	Date of Evaluation

Other documents included:

- \_\_\_\_ Notification to CPSE  
 \_\_\_\_ Evaluation/Record Transmittal consent

**Please Note:** The most recent progress reports from each provider of service will be provided by your service coordinator.

Office use only <b>Date Mailed</b> _____	<b>Mailed by:</b> _____ <span style="font-size: small; text-align: center;">Initials</span>
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## CPSE MEETING REPORT

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School District: \_\_\_\_\_ Chairperson \_\_\_\_\_

EI Representative Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Type of Meeting: CPSE \_\_\_\_\_ Combination CPSE/Transition \_\_\_\_\_

EI History Provided:  Yes  No Transition/ EI Progress Notes Provided: \_\_\_\_\_

Child Found Eligible for CPSE  Yes  No Projected Start Date of CPSE Services \_\_\_\_\_

CPSE Services \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

Anticipated Review Prior to Initiation of CPSE Services  Yes **Date** \_\_\_\_\_  No

Final Date of Services in Early Intervention \_\_\_\_\_

### Notification of End Date of EI Services

PROVIDER	AGENCY	DATE NOTIFIED

If Child Found Not Eligible Were Resources Provided to Family  Yes  No

If Yes, By Whom \_\_\_\_\_

**CPSE DID NOT CONVENE**

**REASON/FOLLOW-UP** \_\_\_\_\_

Additional Comments: \_\_\_\_\_



# Individualized Family Service Plan (IFSP)

New York State Department of Health  
Early Intervention Program

**Service Coordination IFSP Implementation  
Tool Kit for Service Coordinators**

<http://tinyurl.com/kcju8z4>

**Westchester County Early Intervention Program  
ONGOING SERVICE COORDINATOR SUMMARY REPORT  
(6 Month /Annual Review)**

<b>Child's Name:</b>	<b>DOB:</b>	
<b>OSC Name:</b>	<b>Agency Name:</b>	
<b>IFSP Start/End Date:</b>	<b>IFSP Type:</b>	<b>Date of Report:</b>

**SUMMARY REPORT: Specify Service Coordination Activities for Monitoring Services as per IFSP, Family Feedback on Service Delivery, EI & Non-EI Issues Effecting Service Delivery, Changes in Family Dynamics/Situation Effecting Services, General Statement of Progress. (If more space needed, attach another copy of this form)**

**SERVICE STATUS REPORT (List services for which providers have not been found and efforts made to fill service mandates.)**

I certify that the above services were provided in accordance with the child's IFSP.

Ongoing Service Coordinator's Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Circle One) 6 month 12 month

Child's Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>(Last)</span> <span>(First)</span> </div>	D.O.B.: ____/____/____
---	------------------------

**For Parent/Caregiver to Complete with Service Coordinator:**

Service: \_\_\_\_\_

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Have you seen changes in your child's skills - Development as a result of EI services?<br>_____<br>_____<br>_____  | No<br>Progress           | Little<br>Progress       | Moderate<br>Progress     | Great<br>Progress        | Reached<br>Goal          |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been given an opportunity to participate in your child's IFSP? Have you been taught skills, or given ways to help support your child's growth?<br>_____<br>_____<br>_____   | Never                    | A Few Times              | Half the Time            | Most of<br>the Time      | Every Week               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you and the therapist/teacher review which activities are working well and which are not working well? Do you and the therapist/teacher review the IFSP outcomes?<br>_____<br>_____<br>_____  | Never                    | A Few Times              | Half the Time            | Most of<br>the Time      | Every Week               |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <u>For home/community based services:</u><br>Were the therapists or teachers flexible about scheduling services for you and your child? If you were not routinely available during your child's session, did the therapist arrange a time to enable you to participate in a session?<br><br><u>For facility toddler groups:</u><br>Did the teacher or therapist keep in touch with you? How did the teacher/therapist communicate with you? (e.g. communication book, your visit to center, phone call)<br>_____<br>_____<br>_____ | No                       | Little                   | Some                     | Great Deal               |                          |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 5. What are your current concerns/priorities about your child? Are there new skills you would like to learn?<br>_____<br>_____<br>_____   |                          |                          |                          |                          |                          |

Comments:

\_\_\_\_\_

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **INSTRUCTIONS FOR COMPLETING OSC PARENT PROGRESS REPORT**

Parents and caregivers are important members of the Early Intervention team. The Early Intervention Program wants to know how you view your child's progress and the services that he/she is receiving. We appreciate your feedback and we value your input.

1. Your Service Coordinator will complete this form with you (the Parent, Guardian or Surrogate) every six months after your child's IFSP, for each therapist or teacher working with your family.
2. For each question, put a check in the box below the statement that is closest to your opinion. Feel free to add any additional comments under the questions or at the bottom of the form.
3. Answer as completely as possible.
4. You (the Parent, Guardian or Surrogate) and your Service Coordinator should sign and date the form(s). If completed over the phone, the Service Coordinator should sign and provide the date and time of the phone conference.
5. When completed, give the form(s) to your Service Coordinator. The Service Coordinator will keep them with your child's file and submit them to the Early Intervention Official Designee (EIOD).

# Chapter 4: Evaluation



### Multidisciplinary Evaluation (MDE) vs Screenings

	<b>Screening</b>	<b>Multidisciplinary Evaluation (MDE)</b>
<b>Description</b>	<ul style="list-style-type: none"> <li>• A brief overview of child's functioning to identify areas of concern</li> </ul>	<ul style="list-style-type: none"> <li>• A comprehensive look at child's developmental and health history</li> <li>• Assessment of current functioning in the 5 developmental domains</li> </ul>
<b>Purpose</b>	<ul style="list-style-type: none"> <li>• To determine whether a child is functioning within acceptable limits or needs further evaluation</li> <li>• To identify specific areas that may need to be addressed by in-depth evaluation</li> <li>• To identify or rule out a very specific concern (e.g. hearing loss)</li> </ul>	<ul style="list-style-type: none"> <li>• To obtain information about a child's functioning across 5 developmental domains</li> <li>• To determine if there is a significant delay/disorder, and if intervention is warranted</li> <li>• To establish initial and ongoing eligibility for Early Intervention services</li> <li>• To provide developmental and other information necessary to help shape recommendations for intervention</li> <li>• To learn and understand parent's resources, priorities and concerns</li> </ul>
<b>Domains</b>	<ul style="list-style-type: none"> <li>• A domain of specific concern <u>or</u></li> <li>• Several domains</li> </ul>	<ul style="list-style-type: none"> <li>• Must include all 5 domains – Cognitive, Physical, Communication, Social/Emotional and Adaptive</li> </ul>
<b>Evaluation Personnel</b>	<ul style="list-style-type: none"> <li>• Must be conducted by a qualified personnel</li> </ul>	<ul style="list-style-type: none"> <li>• Must be conducted by qualified personnel from at least two different disciplines, one of whom shall be a specialist in the area of the child's suspected delay or disability</li> <li>• Evaluators must have sufficient expertise to assess all five domains, and have expertise to evaluate a particular domain in depth, as needed</li> <li>• Any member of the MDE team can perform parent interview</li> </ul>
<b>Documents Required (procedure related)</b>	<ul style="list-style-type: none"> <li>• Parental Consent(s) for evaluation(s)</li> <li>• Associated MDE NYEIS pages</li> <li>• Summary of MDE/Screening</li> <li>• Screening report</li> </ul>	<ul style="list-style-type: none"> <li>• Parental Consents for evaluations</li> <li>• Associated NYEIS pages</li> <li>• Evaluation reports</li> <li>• Parent Interview and optional Family Assessment</li> <li>• Summary of MDE/Screening</li> <li>• Health assessment</li> <li>• Other sources of information (w/ parent consent; e.g., medical records)</li> </ul>

## Westchester County Department of Health Early Intervention Program Medical Form

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Immunization History:**

	Birth – 2 Months	4 Months	6 Months	12-18 Months	18-24 Months	24-30 Months	30-36 Months
(DtaP) Diphtheria, Tetanus, Pertussis							
(IPV) Polio							
(Hib) Haemophilus Influenzae type b							
(Hep B) Hepatitis B							
(MMR) Measles, Mumps, Rubella							
(PCV) Pneumococcal Conjugate							
Chickenpox (Varicella)							

**Testing: Lead:** \_\_\_\_\_ **Results:** \_\_\_\_\_ **TB:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Date of Last Physical Exam:** \_\_\_\_\_ (Ht.) \_\_\_\_\_ inches \_\_\_\_\_ % (Wt.) \_\_\_\_\_ lbs. \_\_\_\_\_ %

**Ophthalmology:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Audiology:** \_\_\_\_\_ **Results:** \_\_\_\_\_

**Referrals to other physicians:** \_\_\_\_\_

Please describe below or attach description of child's medical history that has an identified or potential impact upon his developmental growth: Birth defects, prematurity, addiction, respiratory/cardiac compromise, seizure activity, feeding difficulties, other pre-natal or neo-natal difficulties or history of accidents, injuries, hospitalization, etc.

Please describe child's current medications, medical needs or concerns including allergies, if any:

Please describe any emotional, social or behavioral problems of which you are aware:

I hereby recommend that this child receive services from Early Intervention that may include occupational therapy, physical therapy, speech, social work, and/or assistive technology services; if found eligible as per EI NY State Regs. and as per the IFSP.

**Physician's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# INTEGRATED EVALUATION SUMMARY FOR CORE EVALUATION (ONLY)

(Please Type)

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ C.A. \_\_\_\_\_

CHILD RESIDES WITH: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

WCDH EIOD: \_\_\_\_\_

INITIAL / ONGOING SERVICE COORDINATOR: \_\_\_\_\_

Circle One

AGENCY: \_\_\_\_\_

AREAS OF CONCERN: \_\_\_\_\_

HEALTH STATUS: \_\_\_\_\_

<u>EVALUATION TYPE</u>	<u>DATE</u>	<u>LOCATION</u>	<u>EVALUATOR NAME/AGENCY</u>	<u>ASSESSMENT INSTRUMENTS</u>
------------------------	-------------	-----------------	------------------------------	-------------------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**SUMMARY OF RESULTS** – To include information on prior outside evaluations that is appropriate to eligibility.

COGNITIVE (*curiosity and interest, early objective use, imitation, play schemes, problem solving, early concepts*)

COMMUNICATION (*expressive and receptive language levels, oral motor functioning*)

ADAPTIVE (*attachment status, self-help skills*)

SOCIAL-EMOTIONAL (relatedness, regulation of attention, behavior, and emotion)

PHYSICAL (fine and gross motor, motor planning, regulation of sensory input)

**MUST BE COMPLETED BY EVALUATION AGENCY**

THE RESULT OF THIS EVALUATION (CORE AND SUPPLEMENTAL) INDICATE THAT THIS CHILD  <b>IS</b> (Circle one) <b>IS NOT</b>  ELIGIBLE TO RECEIVE SERVICES UNDER THE WCDH EARLY INTERVENTION PROGRAM BASED ON SDOH ELIGIBILITY CRITERIA AS PER THE ATTACHED EVALUATION DATA SHEET
--

FUNCTIONAL OUTCOMES ARE SKILLS THE CHILD NEEDS TO MASTER IN ORDER TO FUNCTION DURING FAMILY/COMMUNITY ROUTINES AND ACTIVITIES (PLAY, MEAL TIMES, BED TIMES, SOCIAL RELATIONSHIPS) *(NOTE: According to NYS Reg. Sec.69-4.8(a)(4)(iv) evaluators should avoid making recommendations for frequency and duration of specific services.)*

COGNITIVE:

- 1.
- 2.
- 3.
- 4.

COMMUNICATION:

- 1.
- 2.
- 3.
- 4.

ADAPTIVE:

- 1.
- 2.
- 3.
- 4.

SOCIAL-EMOTIONAL:

- 1.
- 2.
- 3.
- 4.

PHYSICAL/HEALTH STATUS:

- 1.
- 2.
- 3.
- 4.

THE FOLLOWING COMMUNITY RESOURCES AND/OR SUPPORTS WOULD BENEFIT THIS CHILD AND FAMILY:

- 1.
- 2.
- 3.
- 4.

COMPLETED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ AGENCY: \_\_\_\_\_ DATE: \_\_\_\_\_

# Chapter 5: Individualized Family Service Plan (IFSP)

# PROCEDURE FOR CHILDREN IN NYEIS COMPLETING THE IFSP & CREATING SERVICE AUTHORIZATIONS

## Individualized Family Service Plan

### ➤ IFSP Details

- Meeting (Yes/No) - *Must be Yes for initial and annual IFSP, which must be conducted in person.*
- Enter IFSP Meeting Date – *Actual date of meeting*
- Other (Click if yes)
- Parental Consent Obtained
  - *Yes must be entered to indicate that the parental/surrogate consent to release information to EI providers has been obtained on the **IFSP Meeting Consent for Services**. Consent with original signatures must be maintained by EIOD in the child's paper record.*
- Signed Copy of IFSP on file
  - *Yes must be entered to indicate that the **IFSP Meeting Consent for Services** form has been signed by the parent/surrogate and attached in the IFSP attachment section of the IFSP*
- Reason for IFSP Delay
  - *Must be completed if IFSP was convened more than 45 days from date of referral. Choose the appropriate reason from the drop-down list.*
- Clinically Appropriate Visits Per Day Must Not Exceed
  - *The daily visit limitation should equal the number of services authorized per child including service coordination. For example if PT, OT and SI are authorized it would be 4, to include SC.*

### ➤ Child's Level of Functioning

*The SC should pre-populate these domains using the information from evaluations/progress notes and discussion with the family. The EIOD is responsible to ensure all domains are discussed at the IFSP and the SC is responsible, at the time of the meeting to enter any additional information that is discussed, in the appropriate domain.*

- Physical Development, including vision and hearing
- Cognitive Development
- Communication Development
- Social or Emotional Development
- Adaptive Development

### ➤ Child's Current Setting

*This section should be completed by the SC prior to the IFSP meeting*

- Describe where the child spends most of his or her time during a typical day.

- Document where the child spends most of his/her time during a typical day
- Indicate if the child is in foster care and whether he/she has visits with the birth parent at the foster care agency
- Indicate the languages that the child hears most of the day
- Indicate if the child is in Daycare/Childcare Program or if another party assists with childcare i.e. babysitter, grandparent.

➤ Family Strengths

*Prior to the IFSP meeting the SC shall inform the parent that their priorities, concerns and resources shall play a major role in the establishment of outcomes and strategies.*

- Parental Consent Obtained
  - Choose Yes or No
- Describe the family’s strengths, priorities, concerns and resources that will enhance the child’s development.
  - Information may be obtained from family assessment or discussion with family either prior to or during the IFSP meeting.
  - Discussion with parent should include child’s daily routines and activities such as meal time, bath time, nap time, family outings, transitioning from one activity to another, sleeping, etc.
  - Which routines/activities are enjoyable or difficult for the child or family?
  - Which activity(ies) do they want to focus on in EI?
  - What is the most important to family (priority)?
  - Help identify strengths the family already has and identify additional resources needed by the family.

➤ Outcomes

- List desired outcomes of the early intervention services to include criteria and procedures that will be used to determine progress.
  - Functional outcomes are statements of the changes or results that are expected to happen for the child and family as a result of EI services. The outcomes should relate to the child’s developmental needs, the family’s concern and geared toward the child’s ability to function during everyday activities.
  - EIOD will discuss that outcomes are:
    - Related to everyday routines, activities and priorities identified while discussing family strengths;
    - Designed to help the parent/surrogate encourage the child’s development;
  - All team members at the IFSP meeting should collaborate in developing these outcomes.

➤ ABA Services

- Will any services provided to the child use ABA methodology?



- Choose yes or no
- If yes , who will provide ABA services
  - Currently no agencies are approved to use ABA aides, select “Qualified Personnel Only”
- Comments:
  - Ensure that this section documents that the parent has been given the **NYSDOH EIP Clinical Practice Guideline, Autism/Pervasive Developmental Disorders** and that the IFSP team discussed with the parent that based on the clinical guideline, “It is recommended that intensive behavioral programs include a minimum of approximately 20 hours per week of individualized behavioral intervention using ABA techniques (not including time spent by parents).” This guidance remains in place until further guidance is issued by NYSDOH.
- Natural Environment – NYSDOH EI regulations Sec. 69-4.1(af), defines natural environment as settings that are natural or normal for the child’s age peers who have no disability, including the home, a relative’s home when care is delivered by the relative, child care setting, or other community setting in which children without disabilities participate.
  - Are all services being provided in the child’s natural environment?
    - Choose yes or no
  - If No, explain
    - Explain why the service(s) cannot be delivered where the child spends most of his/her time
    - The rationale needs to be specific, detailed and developmentally sound
    - This information is required by the Individuals with Disabilities Education Act (IDEA).
  - If any service is being provided in group setting without typically developing peers, explain why the IFSP agrees this is appropriate.
    - Explain why the IFSP team agrees that this is the appropriate plan for this child. For example, does the child have special needs that can best be met in a structured group developmental setting?
  - If child is in daycare, list ways the qualified professionals will train daycare providers to accommodate the needs of the child.
    - For example the interventionist will communicate with the daycare staff...
- Transportation Needs
  - Transportation Needed?
    - Choose yes or no
      - Transportation should only be considered when services are not provided in the home

- Caregiver able to provide transportation?
  - Choose one of the following options:
    - *No Transportation needed* - e.g. family lives close to location of services and says they will walk there.
    - *Caregiver - Public transportation* - Parent/Guardian will receive one free unlimited-use Metro Card each month during the authorized service period to transport their child to and from the program/service.
    - *Caregiver – Private Car* - Parent/Guardian will be reimbursed for driving their child to and from their approved program/service provided the correct documentation is provided.
    - *Caregiver cannot provide* - IFSP team should determine whether a school bus or taxi fare reimbursement is an appropriate option.
      - If a taxi fare reimbursement is authorized, a responsible adult must accompany the child and the parent/guardian will be reimbursed for the cost to transport their child to and from his/her program or service.
      - If a school bus is approved the Bus Transportation Authorization Form must be completed and submitted to WCDH transportation unit.

The transportation method selected must be consistent for each day the child is scheduled to attend the program/service. For example you cannot receive a Metro Card and parent mileage reimbursement. Whichever option is selected at the IFSP it must be written in the comments section of the IFSP.

- Unable to provide transportation reason:
  - *If the caregiver cannot provide transportation, a detailed response must be documented. For example, family does not have a car or other means to transport child.*
- Non-EI Services Needed
  - Enter any Non-EI Services needed by Child/Family
    - *List other services that may be needed to support the child and family outcomes*
    - ***Specifically indicate if this will be an OSC follow-up activity.***
- Public Programs
  - Enter any public programs the child/family may be eligible for such as:
    - *Child Health Plus A or B, WIC, Waiver Programs, Section 8 Housing...*
    - ***Specifically indicate if this will be an OSC follow-up activity.***
- Meeting Attendees
  - Enter all EI participants that attended EI meeting such as Parents, EIOD, Service Coordinator and Evaluator

- For each list the participant’s Name, Role and Agency Name
- All meeting attendees must sign the NYEIS attendance sheet, please note if anyone attend by phone.

➤ Other Meeting Participants

- Enter any other IFSP meeting participant including name and agency/organization
  - Individuals invited by the parent(s)/surrogate(s)
  - CPSE Administrator
  - Foster Care Case Worker
    - For each list the Role and Agency Name
    - All meeting attendees must sign the NYEIS attendance sheet, please note if anyone attend by phone.

➤ Parent Resources

- Is parent eligible for other sources of respite?
  - Choose yes or no
- If Yes, what sources?
  - Enter the sources
  - Indicate if family expressed need for EI respite services or if the family is eligible or has applied for other sources of respite, such as through OPWDD. (Respite is only temporary relief, if the family needs long-term services the OSC should assist them in accessing other supports in the community.)
- Has the family applied for this Respite?
  - Choose yes or no
- If Yes, date of application
- Respite Status
  - Select the status of the application from the drop down list.
- If No, Explain
  - If family is not eligible for sources of respite outside of EIP, explain why and document the attempts made to obtain respite.

➤ Transition Services

**This section needs to be completed if the IFSP is the IFSP closest to the child’s second birthday. All children exiting the EIP are required to have a transition plan. The service coordinator is responsible to upload all completed transition documents (Transition Plan A or B, Notification to CPSE...) to the child’s integrated case in NYEIS.**

Identify services/activities necessary to support the child’s transition to CPSE or other community services.

- Transition to CPSE discussed?
  - Choose yes or no
    - If IFSP is the IFSP closest to the child’s second birthday, Transition must be discussed and the **NYEIS Transition Section** must be completed.

- *Explain to the parent the steps to a smooth CPSE transition including dates for Notification, Transition Conference and Referral. It is important that the parent understand that it is the parent's responsibility to refer their child to CPSE to be evaluated. The OSC will assist with the follow-up. Parent must be informed that services will end the day before the child's third birthday, unless the child is found eligible for services under section 4410 prior to his/her third birthday*
- Transition to other Early Childhood and Support Services discussed
  - *Choose yes or no*
    - *List the options that have been discussed with the parent in which the parent shows interest. This may include Head Start, Preschool, play groups and/or childcare.*
- Date Transition discussed with parents
  - *Enter the date of the discussion (this date can be before the IFSP meeting)*
- Procedures to prepare child for changes in service delivery, including steps to help the child adjust to and function in a new setting.
  - *If yes is selected, what steps can be taken to assist in the child's transition.*
  - *For example, SC and interventionist(s) may begin talking to the child and family about changes in services and settings; provide referrals or literature to the family; suggest visiting possible sites or contacting community agencies.*
- Did parent consent to allow communication with personnel who will be providing services to the child to facilitate a smooth transition?
  - *Choose yes or no*
- If Yes, enter steps to prepare personnel for the child's transition
  - *Include activities such as contacting new teachers/therapists by phone, sending reports, etc.*
- Other activities that the IFSP participants determined necessary to support the transition of the child.
  - *Include information such as names of those who might assist, such as current interventionists, community agencies...*

➤ Transfer

*Complete this section only if family will be moving to another NYS municipality in the coming IFSP period.*

- Expected Transfer Date
  - *Enter the anticipated move date*
- Receiving Municipality
  - *Select the NYS county from the drop down list*
- Transfer Comments

- Enter any information about the parents' expected move such as address, phone number, whether parent has contacted EI or CPSE in the new municipality.

➤ Late Services

*The Delay status must be completed when the IFSP team is aware that some or all services will be delayed beyond 30 days after the start date of the IFSP.*

- Delay Status
  - Choose All Services will be delayed or Some services will be delayed
- Delay Reason
  - Use the drop down list to pick the most appropriate reason.

If an individual service is delayed unexpectedly after the IFSP is authorized, a task will be generated to the rendering provider's Service Authorization Work Queue to provide the reason for Delay.

➤ IFSP Comments

*This section should be used by EIODs or service coordinators to enter any items discussed at the IFSP meeting that may not have been written in other sections such as:*

- *The parent's choice of service coordination agency*
- *Approved services and including type/method/frequency/location...e.g. Speech Therapy 2xweek for 45 at child's home.*
- *Approved supplemental evaluations.*
- *Services offered and discussed by the EIOD that the parent turned down and the reason.*
- *For children receiving ABA services be sure to document the IFSP team's discussion with the parent that the IFSP can be amended to increase or decrease the amount of ABA therapy hours based on the child's and family's individual needs. Document the discussion about the minimum recommended 20 hours per week of ABA and that the parent has received the **NYSDOH EIP Clinical Practice Guideline, Autism/Pervasive Developmental Disorders.***
- *If the child is in foster care, how the birth parent will be involved in EI services (if applicable).*
- *Indicate anything that requires the OSC's immediate follow-up, such as obtaining prescriptions.*

**Click SAVE**

After saving IFSP the system will bring you to *Individualized Family Service Plan Home* page.

**Creating Service Authorizations**

- Create Ongoing Service Coordination Authorization in NYEIS
- On *IFSP home page*, Under Manage, Click, *Add Service Authorization*

- Category
  - Use the drop down menu to select *Service Coordination*
  - **Click Search**
- Select *Service Coordination*
- Enter the *Provider Agency Name* **or** enter % *Wildcard* to get a list of providers. **Click Search**
  - Search results will be listed
  - Select the *Provider agency based on the family's choice*
- *Service Coordination Details* skip this section unless you know the name of the service coordinator
- *Start Date* and *End Date* will be pre-populated, for *Units* enter 120.
- In the *Comments* section document the specific areas where the OSC will assist the family such as:
  - *Applying for Public Program*
  - *Applying for other non-EI services needed by child/family*
  - *Monitoring all services, including co-visit*
  - *Locating bilingual services, if needed*
  - *Assisting family with Transition*
- **Click *Create Service Authorization***

**IFSP Team discusses types of services which could best achieve the outcomes developed and the discussion regarding family strengths and natural environments.**

- EIOD and Parent agree on the service plan to be authorized
- A Service Authorization is created for a maximum period of six (6) months
- Service Coordinator Creates the Service Authorization(s) in NYEIS for each service type agreed on by the IFSP team
- On *IFSP home page*, under *Manage*, click *Add Service Authorization*
  - Category
    - Use the drop down list to select the appropriate category. Select *General* for OT, PT, Special Instruction...
    - **Click Search**
  - Select Service Type & Method
    - *Select correct service type & method, e.g. ST - Basic*
  - Qualified Personnel
    - *Select Qualified Personnel*
    - *Some EI services can be delivered by different Qualified Personnel (e.g. special instruction). To select more than one Qualified Personnel, hold the **Ctrl** key and click each Qualified Personnel role to add to record.*
  - Location Type
    - *Use drop down menu to select the location where the service will be delivered.*
    - *If other than child's home or provider location, address must be entered.*
  - Group Type
    - *If the service will be provided in a group setting, this must be completed.*
  - Service Intervention Methodology

- Choose ABA, when applicable
- When creating authorizations in which the methodology is ABA please refer to the **WCDH Sample for Creating ABA Service Authorizations Grid**. This is only a sample. The configuration of the weekly schedule is at the discretion of the ABA team and family.
- If other than home or provider location please enter address
  - If other than child’s home or provider location, address must be entered.
  - **Click Next button**
- Select Provider & Location
  - If the provider is not yet identified, **Click Continue** without selecting a provider agency. The status will display as **Awaiting Provider/Vendor Assignment**, when submitted.

**OR**

  - If provider has been identified, enter the Provider Agency or enter % Wildcard to get a list of providers. Click **Search**
  - Select the Provider Agency, **Click Continue**
- Script Recommendation Provided By
  - Select the appropriate profession if the service requires a script
  - Before EI services begin a script is required for OT, PT, nursing and health related services.
  - An order or Referral from a licensed speech pathologist is required for ST.
- **Script recommendation on file; Start Date; End Date**
  - **DO NOT** complete until the script, order or referral has been obtained.
  - The information must be entered when it is received. The information is then recorded by creating a SA amendment and selecting the **Data Entry Error** reason.
- Start Date and End Date
  - Are automatically populated by the system, but can be modified
- Number of Visits; Per
  - Indicate the number of visits; Day, Week, Month or IFSP period
- Number of Minutes Per Visit
- **Click Next button**
- Visits per day clinically appropriate for this SA must not exceed
  - In most cases **1** will be indicated to comply with billing rules
  - For children authorized for ABA services, indicate **4** to account for waiver considerations
- Make-Up Visits Allowed; Click on the checkbox
  - A total of 10 make-up visits **per** IFSP period will be authorized as a starting point.
  - If additional make-up visits are needed they may be requested as an Amendment
- Co-Visits- For group or team meetings where multiple Interventionists will meet at the same time, complete this section.
  - Co-Visits allowed- Click checkbox
  - Enter Number of co-visits

- From the drop down menu, select the *Per Period (day, week, month, IFSP)*
- Select *Qualified Personnel* who will participate. Press the **Ctrl** key for multiple entries.

- **Click *Create Service Authorization***

- Once Service Authorizations are created for all approved services, **Check Upfront Waiver Rules** to ensure all waivers appropriate for the service plan are approved. This is an EIOD function.
  - On *IFSP home page*, under *Manage*, click *Check Upfront Waivers Rules*
  - EIOD will be presented with, *Select Yes to run Upfront Waiver Rules on this IFSP*. Select *Yes*. The system will run Billing Violations and determine if any violations could potentially occur.
  - If any potential Billing Violations were found they will be listed.
  - EIOD will choose to *Manage* each billing violation to review details and approve or reject Upfront Waiver. EIOD must include a comment when **Approving** or **Rejecting** a Billing Rule Violation.
  - To view information about any waivers on an IFSP, a User can access the *Waiver* button from the *Navigation Bar* on the *IFSP Homepage*.
  - **Upfront Waiver Rules must run prior to having the EIOD, Submit the IFSP and associated SAs.**

**NYEIS Transition Section** (Found on the Navigation Pane of the Child’s Integrated Case)

- **Complete the transition section only if the IFSP is the IFSP closest to the child’s second birthday.**
- **NYEIS will only allow for a case to stay open after a child turns three (3) years old if the *Transitions* section has been completed and the child has been found eligible for CPSE.**
- On the Child’s *Integrated Home Page*, in the *Navigation Bar*, click *Transitions*
- Click on the *New* button
  - Select ***Transition to CPSE***
  - Under *Child Details* CPSE transition dates are prefilled by NYEIS
  - Is child potentially eligible for CPSE services?
    - *If No, no further information is required.*
    - *If Yes, continue with the questions below. Complete all questions that can be answered and enter applicable dates.*
  - **Click Save once the section is complete.**
- On the Child’s *Integrated Home Page*, in the *Navigation Bar*, click *Transitions*
- Click on the *New* button
  - Select ***Other Transition***
    - This section is to be completed for children who are not transitioning to CPSE, including children who have been found ineligible for CPSE.
  - Last Date for EI Services
    - *Enter date of the child’s last day in EI, due to aging out, moving, condition resolved...*
  - Complete the rest of the transition plan and any comments in box provided.



- **Click *Save* once the section is complete.**

## **Consents**

EIOD/SC reviews all consents with parent and obtains required signatures. Following the IFSP meeting, attach the completed consents to the child's IFSP in the NYEIS system. The consents are also maintained in the child's paper file.

- *Individualized Family Service Plan (IFSP) Consent for Services*
  - *Instructions for Completion* of this form have been provided for any needed clarification.
- *NYEIS Individualized Family Service Plan (IFSP) Attendance Sheet*
  - All people who attended the IFSP sign this form.
    - If anyone participated by phone, print their name and indicate that they participated by phone.
- *Westchester County EIP Parental Consent to Obtain/Release Information (Selective Consent)*
  - To be used if the parent would like to send the IFSP or other EI documents to non-EI providers, such as the child's a Primary Care Provider or Childcare Provider.
  - If a parent does not want to sign the general *Consent to Release Information to EI Providers of Service* (part of *IFSP Meeting Consent for Services*) in order to limit the information EI providers can share with each other, then this selective consent must be completed.
    - This consent must be completed for each provider and the parent must specify the information that may be shared with and between interventionist(s).
    - In this instance in the NYEIS IFSP document under *IFSP Details*, when asked if, *Parental Consent Obtained*, the answer must be NO. This will limit EI Interventionist access to the child's record and the OSC must ensure to disseminate information to providers in paper format based on the parent's consent.

## **Final Review**

Prior to EIOD approving the IFSP, EIOD is responsible to ensure that all necessary information is documented in the IFSP and Service Authorizations have been completed for all services agreed upon, including supplemental evaluations. EIOD is responsible to approve the IFSP in a timely manner.

**Click *Approve* on IFSP home page**



Approved By:

Date: 11/16/2021

Assistant Commissioner, Early Intervention



**Westchester County Department of Health Sample for  
Creating ABA Service Authorizations Grid  
Up to 20 hrs ABA Service Per Week**

MON	TUES	WED	THUR	FRI	Total Hours	Authorization #
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	7 hrs 30 min	1 Ext /Home 5XW
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	7 hrs 30 min	1 Ext /Home 5XW
1 ext(1hr 30 min)	1 ext(1hr 30 min)				3 hrs	1 Ext /Home 2XW
		1 basic (45min)	1 basic (45min)	1 basic (45min)	2hrs 15min	1 basic/Home 3XW
<b>4 hrs 30 min</b>	<b>4 hrs 30 min</b>	<b>3 hrs 45min</b>	<b>3 hrs 45min</b>	<b>3 hrs 45min</b>	<b>20 hrs 15 min</b>	

**Up to 20 hrs ABA Service Per Week**

MON	TUES	WED	THUR	FRI	Total Hours	Authorization #
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	7 hrs 30 min	1 Ext /Home 5XW
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	7 hrs 30 min	1 Ext /Home 5XW
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)			4hrs 30 min	1 Ext /Home 3XW
<b>4 hrs 30 min</b>	<b>4 hrs 30 min</b>	<b>4 hrs 30 min</b>	<b>3hrs</b>	<b>3hrs</b>	<b>19 hrs 30 min</b>	

**Up to 15 hrs ABA Service Per Week**

MON	TUES	WED	THUR	FRI	Total Hours	Total
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	7 hrs 30 min	1 Ext /Home 5XW
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	7 hrs 30 min	1 Ext /Home 5XW
<b>3hrs</b>	<b>3hrs</b>	<b>3hrs</b>	<b>3hrs</b>	<b>3hrs</b>	<b>15 hrs</b>	

**Up to 10 hrs ABA Service Per Week**

MON	TUES	WED	THUR	FRI	Total Hours	Total
1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	1 ext(1hr 30 min)	7 hrs 30 min	1 Ext /Home 5XW
1 basic (45min)	1 basic (45min)	1 basic (45min)	1 basic (45min)		3hrs	1 basic /Home 4XW
<b>2hrs 15min</b>	<b>2hrs 15min</b>	<b>2hrs 15min</b>	<b>2hrs 15min</b>	<b>1hrs 30min</b>	<b>10 hrs 30 min</b>	

\*\* This is only a sample. Discussion on the number of ABA hours approved must meet the individual needs of child and family as per the IFSP.

\*\* The configuration of the weekly schedule is at the discretion of the ABA team and family.

**Guidance on the use of the  
DRAFT New York State Early Intervention Program  
Individualized Family Service Plan (IFSP)**

Westchester County requires all information for children referred to the Early Intervention Program be entered electronically into NYEIS including all IFSP's. The **Draft IFSP** is a representation of data that is required in NYEIS. This document is to be used only in situations when a service coordinator is attempting to create an IFSP document and for unforeseen reasons is unable to access NYEIS.

When it becomes necessary to conduct an IFSP meeting using the **Draft IFSP** it is mandatory that the information from the meeting be entered into NYEIS as soon as the NYEIS problem is resolved. The **Draft IFSP** is **not** an official document and should therefore not be attached in NYEIS, stored in the child's record or shared with providers. Once the information has been entered into NYEIS, the **Draft IFSP** must be shredded.

## New York State Early Intervention Program Individualized Family Service Plan

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

EIO/D: \_\_\_\_\_ Currently Assigned SC: \_\_\_\_\_

IFSP Type (circle one):    Initial      6 Month      12 Month (Annual)      18 Month      24 Month (Annual)      30 Month

Meeting: \_\_\_\_\_ Yes \_\_\_\_\_ No

IFSP Meeting Date: \_\_\_\_\_

Other: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parental Consent Obtained:** \_\_\_\_\_ Yes \_\_\_\_\_ No    **Signed IFSP on File:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Reason for IFSP Delay:

<input type="checkbox"/>	Natural Disaster	<input type="checkbox"/>	Evaluator sent report late
<input type="checkbox"/>	Child Eligible through Mediation/Impartial Hearing	<input type="checkbox"/>	Family – missed/canceled evaluation or IFSP meeting
<input type="checkbox"/>	Converted Record	<input type="checkbox"/>	Family – problem scheduling evaluation
<input type="checkbox"/>	Due Process	<input type="checkbox"/>	ISC high case load
<input type="checkbox"/>	EIO/D encountered foster care system problem	<input type="checkbox"/>	Family – unresponsive/moved
<input type="checkbox"/>	EIO/D referred child late to ISC	<input type="checkbox"/>	ISC unable to facilitate transportation to evaluation and/or IFSP
<input type="checkbox"/>	EIO/D scheduling problem	<input type="checkbox"/>	Translation difficulty
<input type="checkbox"/>	Evaluator conducted late evaluation	<input type="checkbox"/>	Weather emergency declared

**Clinically Appropriate Visits Per Day Must Not Exceed:** \_\_\_\_\_

### **Child's Present Level of Functioning/What My Child Can Do**

Provide a statement, based on objective criteria, of the child's present level of functioning in each of the following domains

❖ Physical Development, including vision and hearing:

❖ Cognitive Development:

### **Child's Present Level of Functioning/What My Child Can Do (continued)**

Provide a statement, based on objective criteria, of the child's present level of functioning in each of the following domains

❖ Communication Development:

❖ Social or Emotional Development:

❖ Adaptive Development:

**Child's Current Setting:**

❖ Describe where the child spends most of his or her time during a typical day.

**Family Strengths:**

❖ Family strengths may only be entered if Parental Consent is obtained.

**Parental Consent Obtained:** \_\_\_\_\_ Yes \_\_\_\_\_ No

❖ Describe the family's strengths, priorities, concerns and resources that will enhance the child's development.

**Outcomes:**

List desired outcomes of the early intervention services to include criteria and procedures that will be used to determine progress.

[Empty box for listing desired outcomes of early intervention services]

**ABA Services:**

If any services will be provided to the child using ABA methodology, an ABA Plan must be included in this IFSP.

Will any services provided to the child use ABA methodology: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, who will provide ABA Services: \_\_\_\_\_

Comments:

**Natural Environment:**

Are all services being provided in child's Natural environment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, explain:

If any service is being provided in group setting without typically developing peers, explain why IFSP team agrees this is appropriate.

If child in daycare, list ways the qualified professionals will train daycare providers to accommodate the needs of the child.

**Transportation Needs:**

Transportation needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Caregiver Able to Provide Transportation?

	No Transportation Needed		Caregiver-Private Car
	Caregiver-Public Transport		Caregiver cannot provide

Unable to Provide Transport Reason:

**Non-EI Services Needed:**

❖ Enter any Non-EI Services needed by Child/Family



**Public Programs:**

❖ Enter any public programs the child/family may be eligible for such as (Child Health Plus A and B, Medicaid (Adult), WIC, Lead Program, TANF, Section 8 Housing, Waiver Programs, CSHCN, OMH Services, OMRDD Services, Commission for the Blind & Visually Handicapped or Other).

**Meeting Attendees:**

Enter all EI Participants that attended EI Meeting such as Parents, EIO/D, SC, Evaluator or Service Provider.

**Other Meeting Participants:**

Enter any other IFSP Meeting participants including name and agency/organization.

**Parent Resources:**

Is the family eligible for other sources of Respite? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes**, what sources: \_\_\_\_\_

Has the family applied for this Respite? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes**, date of application: \_\_\_\_\_

Respite Status: \_\_\_\_\_ Respite Application Pending

\_\_\_\_\_ Respite Application Approved

\_\_\_\_\_ Respite Application Rejected

**If No**, explain: \_\_\_\_\_

**Transition Services:**

Identify services/activities necessary to support the child's transition to CPSE or other community services

Transition to CPSE Discussed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Transition to Other Early Childhood and Support Services Discussed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Date transition discussed with Parents: \_\_\_\_\_

Procedures to prepare child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting.

Did parent consent to allow communication with personnel who will be providing services to the child, to facilitate a smooth transition? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, enter steps to prepare personnel for the child's transition

Other activities that the IFSP participants determined necessary to support the transition of the child.

**Transfer:**

Transfer to another municipality

Expected Transfer Date: \_\_\_\_\_ Receiving Municipality: \_\_\_\_\_

Transfer Comments:

**Late Services:**

Delay Status: \_\_\_\_\_ All services will be delayed \_\_\_\_\_ Some services will be delayed

Delay Reason:

<input type="checkbox"/>	Natural Disaster	<input type="checkbox"/>	Intermittent Service and/or frequency per IFSP team...
<input type="checkbox"/>	Family – delayed response/consent for appointment	<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Family – missed/canceled appointment	<input type="checkbox"/>	Provider scheduling problem/wait list
<input type="checkbox"/>	Family – problem scheduling appointment	<input type="checkbox"/>	Weather/Other emergency declared

**IFSP Comments:** (include approved services; type/method/frequency/location...service coordinator chosen)

- ❖ Indicates sections of the IFSP that the ISC is required to pre-populate in the NYEIS system based on the child's evaluations and the discussion with the family in preparation for the IFSP meeting. Following the IFSP meeting any additional information added to these sections will be entered into NYEIS by the EIOD.

## Family Resources

Service Coordinators should review these resources with families and assist families in identifying the resources that could benefit them. This is not an exhaustive list and it's the service coordinators responsibility to explore and link families with additional resources when appropriate. Documentation of this activity should be maintained in the IFSP and service coordinators billing notes.

COMMUNITY RESOURCE	PHONE NUMBER
<p><b><u>Westchester County Department of Health (WCDH) – Early Intervention Program Developmental Monitoring Unit -</u></b>            Developmental Monitoring Specialist assists families in tracking their child's development from birth to 3 for children (At Risk) for developmental delays and disabilities.</p>	(914) 813-5094 Contact: Referral Unit
<p><b><u>Speech Therapy – Low Cost Speech Clinics –</u></b></p> <ol style="list-style-type: none"> <li>1) Iona College              Contact Person: Maria Armiento-DeMaria</li> <li>2) Mercy College              Contact Person: Marilyn Oxenberg</li> <li>3) New York Medical College              Contact Person: Kathleen Kaiser</li> </ol>	(914) 633-2149  (914) 674-7742  (914) 594-4912
<p><b><u>Early Head Start</u></b> – A community based program for low income families with infants and toddlers and pregnant women. It seeks to enhance the development of very young children.</p>	(914) 592-5600 Ext. 115, 165
<p><b><u>Parent to Parent NYS – Family Support Services</u></b> – Meeting with other families to share information, to learn about a child like mine, information on child's disability, what it means, working with specialty providers/physicians.</p>	(631) 434-6196 Ext:12 Valerie Colavecchio vcolavecchio@ptopnys.org
<p><b><u>New York State of Health Marketplace – WCDH Navigators</u></b> Find out if you qualify for affordable health care, Medicaid, Child Health Plus or obtaining tax credits for buying health insurance through the New York State of Health Marketplace.</p>	(914) 995-6350
<p><b><u>United Way</u></b> – Get Help! We are here for you no matter what the circumstance. The 211 number is free and confidential multilingual information and referral help line for such things as food assistance, housing assistance, mental health services, and services for people with disabilities.</p>	211
<p><b><u>Child Care Council</u></b> – Connect parents to child care providers, help to obtain child care subsidies for housing, Child Health Plus resources to help pay for health care.</p>	(914) 761-3456
<p><b><u>Assistive Technology Loan Program</u></b> – Families and providers can call or visit to see if Assistive Technology devices, supplies and equipment are available for loan.</p>	(914) 493-7364 Contact: Beth Heyd
<p><b><u>Cabrini Immigrant Services</u></b> – Provides free immigration legal services as well as providing case management, advocacy and educational workshops.</p>	(914) 674-1937
<p><b><u>Family Ties</u></b> – Provides support services to families of children with social, emotional and behavioral challenges. Offers a wide range of support groups, advocacy services, parent coaching and connections to community resources. All services are free.</p>	White Plains (914) 995-5238 Yonkers Office (914) 964-2063
<p><b><u>WCDH Children and Youth with Special Health Care Needs -</u></b>            CYSHCN is an information and referral service for families with special needs from birth through 21 years of age. Advocates for families in an effort to assure that children in need of special services are able to receive them without undue financial hardship.</p>	(914) 813-5076
<p><b><u>New York State Early Intervention Program</u></b> – A Parent's Guide  <a href="http://www.health.ny.gov/publications/0532">http://www.health.ny.gov/publications/0532</a></p>	
<p><b><u>Westchester County Early Intervention Program</u></b> – Information and Parent Satisfaction Survey  <a href="http://health.westchestergov.com/eip-early-intervention-program-sp-267">http://health.westchestergov.com/eip-early-intervention-program-sp-267</a></p>	

# IFSP Consents

## Attendance Sheet

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Last

IFSP Meeting Date: \_\_\_\_\_

### People who participated in this IFSP (Meeting Attendees):

\_\_\_\_\_ I give consent to share information in this IFSP with all IFSP members

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Early Intervention Official/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

## Individualized Family Service Plan (IFSP) Consent for Services

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Last

IFSP Start/End Date: \_\_\_\_\_ IFSP Type: \_\_\_\_\_ Amendment:   
(Check Box)

**IFSP Attestations and Consents:**

- I received a copy of A Parent's Guide when my child was referred to Early Intervention (EI). I understand my rights and I have received a verbal and written description of, *Notice of Child and Family Rights* at this IFSP meeting. I understand that:
  - I or an authorized representative can ask to read my child's file or request a change to the file.
  - I may refuse one or more services and continue to receive other EI services for my child or family.
  - I can contact my Service Coordinator or EIOD any time I have questions or concerns about this IFSP.
  - My child's services will be based on his or her continuing needs and eligibility. I will be notified if the EIOD makes any change to the IFSP. I have the right to mediation or impartial hearing if I disagree with any part of my child's IFSP.
- My family and I can use the services of the Early Intervention Program (EIP) to help my child achieve our IFSP outcomes.
- I understand I can arrange for additional services outside of this plan but that these services will not be paid for by the EI program.
- I understand that I have the right to select an ongoing service coordinator at the IFSP meeting or at any other time after the IFSP. I have chosen \_\_\_\_\_ as my Ongoing Service Coordinator.  
Name Agency

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

- I have participated in the development of this IFSP and agree to all parts of the plan. I give permission to the Westchester County Early intervention Program to implement this plan with my family. **If consent to amend IFSP please indicate change:** \_\_\_\_\_
- I do not agree with some aspects of this plan. I understand that I have due process rights that are described in the Parent's Guide and that have been explained to me at this meeting. I understand that disagreeing will not affect the other EI services. This is what I do not agree with: \_\_\_\_\_
- I do not agree with the results of the initial evaluation and request another multidisciplinary evaluation to determine eligibility.
- The Early Intervention Program completed another multidisciplinary evaluation to determine eligibility and I agree with the results.
- I am in agreement with my EI providers' progress note(s) and agree that the provider(s) has addressed the functional outcomes outlined in my child's IFSP and agree to close my child's case.
- I have reviewed the EIP services offered to my child and choose NOT to participate in the EIP at this time. My rights to due process have been reviewed. I know that I can reconsider this decision until my child's third (3<sup>rd</sup>) birthday.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Consent to Release Information to Early Intervention Providers of Service**

- I understand that providers (including evaluators, service providers and service coordination) offering services to my child may need to exchange information to facilitate the development and implementation of my child's IFSP.
- I grant my consent for release of the EI Medical Form, Evaluations, IFSP's and Progress Notes to those providers as specified in the IFSP.
- I further understand that this release can be withdrawn at any time upon written notice to my Ongoing Service Coordinator. This release ends on the date of my next scheduled IFSP (or if sooner specify date \_\_\_\_/\_\_\_\_/\_\_\_\_).

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: If Parent would like to send the IFSP to others working with their child, such as a Primary Care Provider or Child Care Provider complete the *Parental Consent to Obtain/Release Information* form. If a parent wants to sign a selective consent limiting the information EI service providers may share with each other do not complete the above box complete the *Parental Consent to Obtain/Release Information*.**

## INSTRUCTIONS FOR COMPLETION

### INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) CONSENT FOR SERVICES FORM

This form is used at the conclusion of all IFSP meetings or when the IFSP is amended prior to the six month review period, to obtain the Parent's consent for services. This form allows all EI municipal staff, service providers and service coordinators to share information about the eligible child. Families may also indicate whether they have concerns with the IFSP.

#### **IFSP Attestations and Consents**

1. First Parent Signature box, Agreement with Plan- Signature of the Parent(s) indicating that s/he has read the bulleted points and understands his/her rights and responsibilities. The EI/OD must ensure that the Parent understands his/her rights in the Early Intervention Program (EIP) and has received a copy of the *Notice of Child and Family Rights*. Also must indicate the name and agency of the service coordinator the Parent has chosen.
2. Second Parent Signature box, Agreement with Plan- Signature of the parent(s) indicating agreement/disagreement with the plan outlined on the previous pages. Check the appropriate box and record any disagreement the parent(s) has with the recommended services on this page. The parent(s) must sign and date this form.

**If the Parent(s) and the IFSP Team do not agree on any part of the IFSP, the sections of the proposed IFSP that are not in dispute should be implemented. The Parent(s) may exercise their due process rights to resolve the disputed areas. The EI/OD and SC must ensure that the Parent(s) understand(s) their due process rights to request mediation or an impartial hearing. The Parent should be referred to the EIP's *A Parent's Guide* for information on the mediation/due process forms and procedures.**

**Consent to Release Information to Early Intervention Providers of Service**- the Parent(s) signature here authorizes exchange of information regarding the child's EI records and service plan between all EI providers, service coordinators, evaluators and municipal staff. If a Parent(s) chooses to sign a limited release, the *Consent to Release/Obtain Information* must be used.

**Westchester County Early Intervention Program**  
**Parental Consent to Obtain/Release Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: New York Zip Code: \_\_\_\_\_

I, (Parent/Guardian's Full Name) \_\_\_\_\_, seek services for my child from the Westchester County Early Intervention Program. I understand that the providers (including evaluators, service providers and service coordinators) offering Early Intervention (EI) services to my child and family may need to exchange information to develop and carry out the Individualized Family Service Plan (IFSP).

(Check one)

I authorize for the information below to be released  I authorize for the information below to be obtained

Specific Information to be released/obtained:

EI Medical Form  Multidisciplinary Evaluation  Supplemental Evaluation(s) Specify: \_\_\_\_\_  
\_\_\_\_\_  
 Individualized Family Service Plan  Provider Progress Notes  
 Session Notes  Other: \_\_\_\_\_

I authorize for the information to be (check/complete either A or B):

**A. Released to the Individual/Agency below:**

_____ (Name/Organization)	_____ (Street Address/Apt #)	
_____ (Telephone Number)	_____ (Fax Number)	_____ (City, State, Zip Code)

**B. Obtained from the Individual /Agency below:**

_____ (Name/Organization)	_____ (Street Address/Apt #)	
_____ (Telephone Number)	_____ (Fax Number)	_____ (City, State, Zip Code)

**The information will be sent to:**

_____ (Name/Organization)	_____ (Street Address/Apt #)	
_____ (Telephone Number)	_____ (Fax Number)	_____ (City, State, Zip Code)

**C. The purpose of the requested information is to: (check all that apply)**

- Establish Early Intervention eligibility
- Develop an Individualized Family Service Plan
- Start, coordinate and monitor Early Intervention services
- Inform the child's physician about my child's services
- Other: \_\_\_\_\_

I understand that this release can be withdrawn at any time upon written notice to my Service Coordinator. This release ends on the date of my next scheduled IFSP (or, if sooner, specify date \_\_\_\_/\_\_\_\_/\_\_\_\_).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. A new Consent to Release Information form must be signed at the initial IFSP meeting and at each IFSP review and annual meeting. BLANK CONSENT FORMS SHOULD NEVER BE SIGNED BY THE PARENT.**



INSTRUCTIONS FOR COMPLETION  
PARENTAL CONSENT TO OBTAIN/RELEASE INFORMATION

This form may be used to release Early Intervention (EI) information about the child, or to obtain information from agencies/individual outside the Early Intervention Program (EIP), (for example, physicians, hospitals, private therapists).

**Note:** A parent must **never** be asked to sign a blank *Parental Consent to Release/Obtain Information* form.

1. Complete the demographic information about the child at the top of the page.
2. Check whether this form is being used to either release information **or** obtain information.

**Consent to Release Information** must be completed at the following times:

- When a parent does not want to sign a general consent to release information for communication between EI service providers (*Consent to Release Information to Early Intervention Providers of Service*). This allows the parent to select which information can be shared between specific EI agencies/providers.
- Whenever a parent agrees to release information to a specific person, such as the child's healthcare provider.
- At each IFSP meeting, if applicable.

When a parent(s) decides to sign a selective release, each provider or individual must be specified on a separate form.

1. Check the appropriate box(s) to indicate the specific information to be released.
2. Complete "A" to indicate the name and contact information of the individual/agency that the information is being released to.
3. Check the appropriate box(s) at "C" to detail **the purpose of the requested information.**
4. If parental consent is for a limited period of time, specify the date by which the consents ends. If no date is specified, the consent will be valid until the next scheduled IFSP.
5. The parent/guardian/surrogate parent must sign and date this document and indicate his/her relationship to the child.

**Consent to Obtain Information** must be completed at any time in order to obtain information from the individual(s)/agency(ies) outside the EIP such as:

- To request an evaluation report conducted by a non-EI provider; or
- To request medical reports.

1. Check the appropriate box(s) to indicate the **specific information to be obtained.**
2. Complete "B" to indicate the name and contact information of the individual/agency that the information is being obtained from and the name and contact information of the individual/agency that the information is being sent to.
3. Check the appropriate box(s) listed under "C" to detail **the purpose of the requested information.**
4. If the parental consent is for a limited period of time, specify the date by which the consent ends. If no date is specified the consent will be valid until the next scheduled IFSP.
5. The parent/guardian/surrogate parent must sign and date this document and indicate his/her relationship to the child.

**NOTE: A reproduced copy of this signed form is deemed to have the same force and effect as the original. The Consent to Release Information form must be signed at the initial IFSP meeting and at each Review and Annual IFSP meeting, if applicable.**

## Parental Consent to Use E-mail and/or Texting to Exchange Personally Identifiable Information

Parent's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

At your request, you have chosen to communicate personally identifiable information concerning your child's early intervention treatment by e-mail without the use of encryption. Sending personally identifiable information by e-mail has a number of risks that you should be aware of prior to giving your permission. These risks include, but are not limited to, the following:

- E-mail can be forwarded and stored in electronic and paper format easily without prior knowledge of the parent.
- E-mail senders can misaddress an e-mail and personally identifiable information can be sent to incorrect recipients by mistake.
- E-mail sent over the Internet without encryption is not secure and can be intercepted by unknown third parties.
- E-mail content can be changed without the knowledge of the sender or receiver.
- Backup copies of e-mail may still exist even after the sender and receiver have deleted the messages.
- Employers and online service providers have a right to check e-mail sent through their systems.
- E-mail can contain harmful viruses and other programs.

### Parental Acknowledgement and Agreement

I acknowledge that I have read and understand the items above which describe the inherent risks of using **e-mail** to communicate personally identifiable information. Nevertheless, I, \_\_\_\_\_, authorize \_\_\_\_\_ whose e-mail address is \_\_\_\_\_ to communicate with me at my e-mail address, \_\_\_\_\_, or via texting to my cell phone concerning my child's, \_\_\_\_\_, participation in the Early Intervention Program (EIP), including but not limited to communication regarding service delivery, his/her progress in the EIP and any other related matters. I understand that use of e-mail without encryption presents the risks noted above and may result in an unintended disclosure of such information.

(Optional) In addition, I give permission for members of my child's treatment team to communicate personally identifiable information concerning my child with each other using **unencrypted e-mail or texting**. Early intervention team members who I give permission to use **unencrypted e-mail or to text** to communicate with each other about my child include:

- (1) \_\_\_\_\_ at the e-mail address \_\_\_\_\_ Phone to text \_\_\_\_\_
- (2) \_\_\_\_\_ at the e-mail address \_\_\_\_\_ Phone to text \_\_\_\_\_
- (3) \_\_\_\_\_ at the e-mail address \_\_\_\_\_ Phone to text \_\_\_\_\_
- (4) \_\_\_\_\_ at the e-mail address \_\_\_\_\_ Phone to text \_\_\_\_\_
- (5) \_\_\_\_\_ at the e-mail address \_\_\_\_\_ Phone to text \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Consentimiento de los padres para el uso de correo electrónico o de mensajes de texto para intercambiar información de identificación personal**

Nombre del padre o de la madre: \_\_\_\_\_

Dirección de correo electrónico: \_\_\_\_\_ Teléfono celular: \_\_\_\_\_

Nombre del menor: \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

Usted ha solicitado usar el correo electrónico sin encriptación para comunicar información de identificación personal relacionada con el tratamiento de intervención temprana de su hijo. Enviar por correo electrónico información de identificación personal tiene varios riesgos que usted debe conocer antes de dar su permiso. Esos riesgos incluyen, entre otros:

- Los mensajes de correo electrónico pueden reenviarse y guardarse en formato electrónico e impreso fácilmente, sin conocimiento previo de los padres.
- Los remitentes de mensajes de correo electrónico pueden equivocarse con la dirección y enviar por error información de identificación personal a destinatarios incorrectos.
- Los mensajes de correo electrónico sin encriptar que se envían por Internet no son seguros y pueden ser interceptados por terceros desconocidos.
- El contenido del mensaje de correo electrónico puede ser modificado sin el conocimiento del remitente ni del destinatario.
- Es posible que queden copias de respaldo de los mensajes de correo electrónico aun después de que el remitente y el destinatario los hayan eliminado.
- Los empleadores y los proveedores de servicios en línea tienen derecho a controlar los mensajes de correo electrónico enviados a través de sus sistemas.
- Los mensajes de correo electrónico pueden contener virus y otros programas perjudiciales.

**Confirmación y consentimiento de los padres**

Confirmando que he leído y entiendo la información indicada arriba, que describe los riesgos inherentes de usar el **correo electrónico** para comunicar información de identificación personal. Sin embargo, yo, \_\_\_\_\_, autorizo a \_\_\_\_\_, cuya dirección de correo electrónico es \_\_\_\_\_, a comunicarse conmigo a mi dirección de correo electrónico, \_\_\_\_\_, o por mensajes de texto a mi teléfono celular, por la participación de mi hijo en el programa de Intervención Temprana (Early Intervention, EI)/Sistema de Información de Educación Especial (Special Education Information System, SEIS), que incluye comunicación sobre la prestación de servicios, su progreso en el programa y cualquier otro asunto relacionado. Entiendo que el uso del correo electrónico sin encriptar presenta los riesgos indicados arriba y puede ocasionar una revelación no intencional de dicha información.

(Opcional) Además, doy permiso para que los miembros del equipo de tratamiento de mi hijo compartan entre ellos información de identificación personal sobre mi hijo mediante el uso de correo electrónico no encriptado o mensajes de texto. Los miembros del equipo a quienes autorizo a usar mensajes de correo electrónico o de texto no encriptados para comunicarse entre ellos en relación con mi hijo son:

- (1) \_\_\_\_\_ a la dirección de correo electrónico \_\_\_\_\_ Teléfono para enviar mensajes de texto \_\_\_\_\_
- (2) \_\_\_\_\_ a la dirección de correo electrónico \_\_\_\_\_ Teléfono para enviar mensajes de texto \_\_\_\_\_
- (3) \_\_\_\_\_ a la dirección de correo electrónico \_\_\_\_\_ Teléfono para enviar mensajes de texto \_\_\_\_\_
- (4) \_\_\_\_\_ a la dirección de correo electrónico \_\_\_\_\_ Teléfono para enviar mensajes de texto \_\_\_\_\_
- (5) \_\_\_\_\_ a la dirección de correo electrónico \_\_\_\_\_ Teléfono para enviar mensajes de texto \_\_\_\_\_

Firma del padre o de la madre: \_\_\_\_\_ Fecha: \_\_\_\_\_

Westchester County Department of Health  
Bureau of Early Intervention

Protocol for Convening Six Month and Annual IFSPs

**Policy:**

Six Month and Annual IFSPs meetings are to be convened in a timely manner to be in compliance with NYS EI regulation. The Westchester County Early Intervention Program works closely with the provider agencies of Service Coordination to ensure IFSP meetings are held as per EI Regulations. Six Month and Annual IFSPs are to be schedule not later than **two weeks prior the end date of the present IFSP period, but no earlier than 30 days.**

**Regulatory References:**

NYCRR §69.4-11(b)(1) *IFSP reviews shall be conducted by an in-person meeting or other means agreed to by the parent, which may include a telephone or video conference call or record review and written correspondence.*

NYCRR §69.4-11(b)(2) *An IFSP meeting shall be conducted at least annually to evaluate the IFSP for the child and the child’s family, and, as appropriate, to review its provisions.*

10NYCRR §69.4-11(b)(3) The Annual IFSP meeting to evaluate the IFSP must include the individuals listed in section 69-4.11 (a)(2) as participants.

**Procedures:**

RESPONSIBLE PARTY	ACTION
ONGOING SERVICE COORDINATORS	<ol style="list-style-type: none"> <li>1. The OSC submits a list of names and the due dates for Six Month and Annual IFSPs, covering a three (3) month period, to the OSC Supervisor.</li> <li>2. The OSC contacts the families on their list to obtain the times/dates the family is available for either a Six Month or Annual IFSP meeting.</li> <li>3. Once the OSC Supervisor has submitted the lists of the upcoming Six Month and Annual IFSPs to the EIODs, the OSC contacts the EIODs <b>via email/phone</b> to set up a time to discuss times/dates for the Annual IFSPs. <b>Children’s names are NOT to be included in emails.</b></li> <li>4. The OSC sends a confirmation letter to all IFSP participants.</li> <li>5. In the event an OSC is having difficulty arranging IFSP meetings with an EIOD, the OSC notifies the OSC Supervisor of the issue.</li> <li>6. The OSC must inform the family that they must have a <b>hard copy</b> all of the forms needed on the day/ time of the IFSP meeting.</li> <li>7. The OSC must ensure that a Parent consent to Use E-mail and or texting form is completed; including the EIOD’s information. The form can be</li> </ol>

	<p>uploaded into NYEIS so that if the family wishes, on the day of the meeting, they can email the IFSP consent form/s to the EIOD.</p> <p>8. The OSC must remind the family that if the EIOD does not receive the IFSP consent, <b>services CANNOT BEGIN or CONTINUE. The family MUST NOT sign the IFSP consent form in advance of the IFSP meeting.</b></p>
<p>SERVICE COORDINATION SUPERVISOR</p>	<ol style="list-style-type: none"> <li>1. The OSC Supervisor reviews the list of names submitted by the OSC to ensure that the list captures all children requiring a Six Month and Annual IFSP in the three-month period.</li> <li>2. The OSC Supervisor sends the list of children to each EIOD.</li> <li>3. The OSC Supervisor contacts the WC Program Administrator in the event an OSC has reported difficulty arranging IFSP meetings with an EIOD.</li> </ol>
<p>PROGRAM ADMINISTRATOR WCDOH</p>	<ol style="list-style-type: none"> <li>1. The WC Program Administrator works with the OSC Supervisor to assist in facilitating scheduling issues.</li> </ol>
<p><b>Note</b></p> <p>State Regulations require that a Six Month Review and an Annual IFSP shall be conducted by an in-person meeting or other means agreed to by the parent which may include a telephone or video conference call, record review and written correspondence 69-4.11 (b) (1) (2)</p>	

*Marina Yoegel*

Approved By:

Date: 11/16/2021

Assistant Commissioner, Early Intervention

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM  
PROCEDURE FOR EXTENDING THE IFSP  
FOR CHILDREN IN NYEIS**

**I. POLICY DESCRIPTION:**

Extensions in NYEIS can only be made for 30 days at a time, with a maximum of two 30 day extensions. Parents must be informed that an IFSP review/meeting can be scheduled at any time during this 60 day period if the IFSP needs to be amended. Parental consent and signature must be obtained for each 30 day extension. The use of extensions by Service Coordinators and EIODs will be monitored.

The Westchester County Early Intervention Program (EIP) recognizes the following circumstances when a current IFSP period may require an extension.

- A. It is the expectation of the EIP that the Six Month Review and Annual Individualized Family Service Plan (IFSP) meetings occur prior to the expiration of the current IFSP. It is recognized, however, that extenuating circumstances may interfere with the timely scheduling of these meetings and authorization of services. In these circumstances the EIOD and parent may agree to extend the current IFSP period for up to 30 days the first time, and 30 days at a time thereafter, with no changes to the service plan, so service can continue without interruption. In these cases, the next IFSP period will be diminished by the amount of the extension. **A current IFSP must be present in NYEIS in order to avoid gaps in services.**
- B. When a child is found eligible for services by the Committee on Preschool Special Education (CPSE) and there are **60 days or less** to what would have been the end of the original 6 month IFSP period and no changes are requested, the IFSP may be extended twice. The IFSP may be extended in 30 day increments until what would have been at least the end of the original 6 month IFSP period. There is a maximum of two extensions before an IFSP meeting/review is required.

Example:

*Ellen's DOB is 3/20/11 her current IFSP is effective for the period of 11/18/13 until 3/19/14. Ellen has **been found eligible** for services by the CPSE. Ellen will stay in EI until her effective age out date of 8/31/14. The IFSP may be extended twice to what would have been the original 6 month IFSP end date of 5/18/14. Since it is more than 60 days until the child ages out of the program an IFSP review must be conducted which will then bring the IFSP end date to 8/31/14.*

- C. When a child is aging out of the EIP and there is a gap of **60 days or less** between when the IFSP ends and the date the child will transition out of EI **AND** no changes to the existing IFSP are being requested the IFSP can be extended.

Examples:

1. Robert has **been found eligible** for services by the CPSE. Robert will stay in the EIP until his effective age-out date of 8/31/14. Robert's current IFSP is effective for the period 2/5/14 to 8/5/14. His next IFSP Review is due 8/6/14 which is less than 30 days from the date of his transition out of the EIP (8/31/14). His IFSP and current services can be extended from 8/6/14 to 8/31/14.
2. Tammy is **found not eligible** for services by the CPSE. She has an IFSP for the period 12/3/13 to 6/4/14 and is due for an IFSP Review. Her DOB is 8/1/11. She will age out on the 7/31/14 (the day before her 3<sup>rd</sup> birthday). Her IFSP and current services can be extended from 6/5/14 to 7/31/14.

- D. When a child is found eligible for CPSE and there are **more than 60 days** beyond what would have been the end of the original 6 month IFSP period, an IFSP review must be conducted. The IFSP will then be cloned. An extension may also be required.

Example:

*Matthew's DOB is 4/15/11 his current IFSP is effective for the period of 2/24/14 until 4/14/14. Matthew has **been found eligible** for services by the CPSE. Because there are more than 60 days beyond what would have been the end of the original 6 month IFSP period an IFSP review must be conducted and the IFSP cloned. The newly cloned IFSP end date will be 8/23/14. One extension will be necessary to bring the effective end date of services to 8/31/14.*

## II. PROCEDURE:

Responsible Party	Action
Ongoing Service Coordinator (OSC)	<p>Monitors all cases to ensure that services are extended where appropriate to prevent gaps in services.</p> <p><u>Circumstance A:</u></p> <ol style="list-style-type: none"> <li>1. Initiates an extension of services when a Review or Annual IFSP meeting is not held prior to the expiration date of the IFSP.               <ol style="list-style-type: none"> <li>a. See <i>Unit 6: Individualized Family Service Plan and Service Authorization of the NYEIS User Manual</i>.</li> </ol> </li> <li>2. Ensures that an IFSP Review or Annual meeting is scheduled within 30 days of requesting the extension.</li> </ol> <p><u>Circumstance B:</u></p>

1. Extend the IFSP in 30 day increments until what would have been at least the end of the original 6 month IFSP period.
  - a. When a child
    - Has been found **eligible** for services by the CPSE;  
**And**
    - There are 60 days or less to what would have been the end of the original 6 month IFSP period.
  - b. Parental consent is required when the child has been found CPSE eligible and the IFSP is extended beyond the child's 3<sup>rd</sup> birthday. Consent confirms parental agreement to continue in EI beyond the child's third birthday.
2. Attach the following documents to child's current NYEIS IFSP:
  - *IFSP Consent for Services Form*
  - *CPSE meeting Report Form*
  - *IFSP Transition Plan (Form A).*

\* See *NYSDOH Service Coordination Transition Toolkit*
3. An IFSP review must then be conducted. Please refer to Westchester County's *Procedure for Conducting 6 Month and Annual IFSPs and Documentation Required for the Use of an OTA, PTA and CFY.*

Circumstance C:

1. Initiate an extension to extend services to the last EI eligible date.
  - a. When a child
    - Has been found **eligible** for the CPSE;
    - Has been found **ineligible** for the CPSE; or
    - The parent has not referred the child for CPSE services therefore the child must exit EI the day before his/her third birthday;  
**And**
    - The child is leaving the EIP within 60 days or less beyond the existing authorized IFSP period.
  - b. Parental consent is required when the child has been found CPSE eligible and the IFSP is extended beyond the child's 3<sup>rd</sup> birthday. Consent confirms parental agreement to continue in EI until the child's last EI eligibility date.
2. Attach the following documents to child's current NYEIS IFSP:
  - *IFSP Consent for Services Form (CPSE eligible only)*
  - *CPSE meeting Report Form – if applicable*
  - Final/Discharge Progress Notes



	<ul style="list-style-type: none"> <li>• <i>IFSP Transition Plan (Form A or B).</i></li> <li>* See <i>NYSDOH Service Coordination Transition Toolkit</i></li> </ul> <p><u>Circumstance D:</u></p> <ol style="list-style-type: none"> <li>1. Conduct an IFSP review. May be a record review if the parent is amendable and there are no proposed changes to the IFSP service plan.             <ol style="list-style-type: none"> <li>a. Parental consent is required when the child has been found CPSE eligible. Consent confirms parental agreement to continue in EI until the child's last EI eligibility date.</li> </ol> </li> <li>2. Attach the following documents to child's newly cloned NYEIS IFSP:             <ul style="list-style-type: none"> <li>• <i>IFSP Consent for Services Form</i></li> <li>• <i>CPSE meeting Report Form</i></li> <li>• <i>IFSP Transition Plan (Form A)</i></li> <li>* See <i>NYSDOH Service Coordination Transition Toolkit</i></li> </ul> </li> </ol> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• Children for whom changes to the existing plan are being requested must have an IFSP <u>meeting</u> to make any changes to the IFSP.</li> </ul> </div>
<p>Provider Agency</p>	<ol style="list-style-type: none"> <li>1. Review assigned cases in NYEIS regularly to track the end date for all authorized services.</li> </ol>

*Marina Yoegel*

Approved By:

Date: 11/16/2021

Assistant Commissioner, Early Intervention

# Chapter 6: Service Delivery

**Westchester County Early Intervention Program  
Session Note Policy & Procedure  
For Children in NYEIS  
Effective 6/1/13**

**I. POLICY DESCRIPTION:**

Providers of Early Intervention must maintain and make available to the municipality and the State Department of Health (SDOH) upon request, complete financial records and clinical documentation related to the provision of early intervention services including information and documentation necessary to support billing to third party payors (including the medical assistance program) and the State, and to permit a full fiscal audit by appropriate State and municipal authorities. (NYCRR 69-4.9(g)(6))

Agency and individual providers must maintain Early Intervention Program records for each eligible child that includes documentation necessary to support claims to third party payors, including the medical assistance program, and to the Department for reimbursement of early intervention services. (NYCRR 69-4.26(a)(15))

“Session notes specifically document that the early intervention provider delivered certain diagnostic and/or treatment services to a child and/or caregiver on a particular date. Session notes also assist payors, parents, early intervention providers and municipalities in assessing the extent to which services are helping the child/family to achieve the goals contained in the IFSP. Session notes must be completed by all qualified personnel (i.e. special educator, physical therapist, social worker, etc.) delivering the early intervention services authorized in a family’s IFSP for *each service delivered.*” (NYS DOH EIP Memorandum 2003-1)

The session note is also a valuable clinical tool to document how well previous activities worked for the family and child, what occurred during the session, what strategies and natural routines were used, and what learning activities are planned next. The session note can be used by the parents/caregiver as a reference tool, and can help support collaboration and communication among the other interventionists working with the child on the same functional outcomes.

**II. PROCEDURE:**

<b>Responsible Party</b>	<b>Action</b>
EIP Interventionists	<p>1. Document information regarding all scheduled sessions (held or cancelled) on the <i>Westchester County Early Intervention Program Session Note</i>.</p> <ul style="list-style-type: none"> <li>a. The session note must be completed in its entirety.</li> <li>b. The session note must be completed as close to the conclusion of the visit as possible               <ul style="list-style-type: none"> <li>i. Sessions should be delivered at the duration specified in the IFSP and should not end early to complete the session note. Case recording, training, supervisory conferences ...are not separately billable activities.</li> </ul> </li> </ul> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><b>Note:</b> The duties of the provider are discussed in Social Service Law at 18 NYCRR Section 504.3. Providers must prepare and maintain contemporaneous records that demonstrate the provider’s right to receive payment under the Medicaid program. (“Contemporaneous” records means documentation of the services that have been provided as close to the conclusion of the session as practicable.)</p> </div>

- c. A separate session note must be written for each service type that an interventionist is delivering.
- d. A separate session note must be written by each interventionist for authorized co-visits, and team meetings.
- e. Each interventionist must retain a copy of this session note and ensure that their corresponding provider agency(ies) receive a copy.
- f. Ensure that the parent/caregiver receive a copy of the session note(s) when requested.

**Note:**

- Demographic information (child's name, DOB, Authorization #, interventionist name, discipline...) may be entered in preparation for the session.
  - Session notes may be corrected if each strikethrough is initialed and dated by the interventionist.
  - Session note corrections will be questioned if the corrections create the appearance of impropriety.
- g. When a session cannot be held for a family or provider reason:
    - i. Session notes must be completed for every session that was cancelled/not held.
    - ii. The reason for the non-delivery of service must be indicated.
    - iii. A single session note can be completed to indicate a range of absences or cancellations such as in the case of vacations.
2. Ensures session notes are signed by the parent/caregiver and the interventionist at the end of each session. This is required for the provision of all services, **except** toddler developmental groups.
    - a. Parents should never be asked to sign a blank session note.
  3. Provides the family with a copy of the session note for their use as a reference tool and/or record of services when requested by the parent/caregiver.
    - a. The family should receive a copy of their session note as close as possible to the corresponding visit.
  4. Submits session notes to the authorized service provider.
    - a. Independent contractors must keep original session notes and submit copies to the provider agency.
    - b. Employed interventionist submit original session notes to the authorized provider agency.
  5. Makes all session notes available when requested by parents; the interventionist's supervisor or by their provider agency; and by Westchester County Department of Health Early Intervention Program and the New York State DOH .

Service Provider Agency	<ol style="list-style-type: none"><li>1. Bills for services provided based upon the receipt and review of Interventionist's session notes.</li><li>2. Reviews session notes to ensure that:<ol style="list-style-type: none"><li>a. Services were provided in accordance with IFSP service authorizations in terms of service type, frequency and duration;</li><li>b. Session notes demonstrate that services were delivered in compliance with regulatory requirements and include information necessary for reimbursement for services, as noted above (See I. Policy Description).</li></ol></li><li>3. Upon request, expeditiously provide session notes to WCDH EIP and NYSDOH EIP.</li><li>4. Upon request, provide session notes to parents within:<ol style="list-style-type: none"><li>a. Ten (10) business days upon receipt of request; and</li><li>b. Five (5) business days when requested as part of a mediation or impartial hearing.</li></ol></li></ol>
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*Marina Yoegel*

Approved By:

Date: 11/16/2021

Assistant Commissioner, Early Intervention

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM  
INSTRUCTIONS FOR COMPLETION OF  
SESSION NOTES**

<b>GENERAL DIRECTIONS</b>	
The interventionist must complete this form for each session completed and document whenever a session is cancelled and the reason for the cancellation on the form. A copy must be submitted to the interventionist's provider agency for billing purposes.	
<b>All Session Note fields are mandatory.</b> Refer to the <b>Session Note Policy</b>	
<b>DEMOGRAPHIC/AUTHORIZATION INFORMATION</b>	
<b>Child's Name:</b>	Information must be the same as in KIDS/NYEIS (do not use nickname).
<b>DOB:</b>	Enter child's date of birth.
<b>Sex:</b>	Enter the sex of the child (M,F).
<b>Authorization #:</b>	Enter Authorization # for the child and service being provided.
<b>Interventionist Name:</b>	<b>Print</b> the name of the interventionist who is completing this form.
<b>Credentials:</b>	Interventionist's discipline/credentials, e.g. speech therapist (Speech/Language Pathologist, MS, CCC/SP), special educator (MS Ed.), etc.
<b>National Provider ID (NPI):</b>	Write the National Provider ID (NPI). [See NY State regulations from June 2010]
<b>Service Type:</b>	IFSP authorized service delivered by the interventionist, e.g., Speech, Physical Therapy.
<b>Session Date:</b>	Date session was held.
<b>IFSP Service Location:</b>	This is the location the IFSP indicates the service is to be provided (i.e., facility, etc.)
<b>Time:</b>	Exact duration of session. From <b>begin time</b> to <b>end time</b> . <b>AM/PM must be indicated in order to support billing.</b>
<b>ICD-9 Code:</b>	The relevant ICD-9 code as indicated on the child's evaluation.
<b>HCPCS Code (if applicable):</b>	Enter the Level II HCPCS code for the service or product provided by a non-health care interventionist (for example, Special Educator).
<b>CPT Code(s):</b>	Enter the CPT code(s) as indicated by the interventionist's professional association. <ul style="list-style-type: none"> <li>• Depending on the CPT code, a session may require more than one. For example, if the same service was provided for a 30 minute session and the CPT code is for 15 minutes of service, the CPT code would be listed twice. (See Early Intervention Memorandum 2003-1).</li> </ul>
<b>Session Cancelled:</b>	When a session is cancelled: <ol style="list-style-type: none"> <li>1. Indicate that the session was cancelled and document the reason under question #1.</li> <li>2. <b>This is a make-up session for:</b> If this session is a make-up session, check this box and indicate the date of the missed session.</li> </ol>
<b>Session Participants:</b>	Check the box that indicates the session participants. Specify others not listed (e.g. siblings)
<b>Parent/Caregiver unable to participate</b>	Indicate the reason the parent/caregiver was not able to participate.
<b>Question #1 to #5</b> support the interventionist in their work with the parent/caregiver and the child.	

<p>1. Describe the progress/response that the child has made toward the IFSP outcomes since the last session. Incorporate Parent/caregiver feedback.</p>	<p>The information in this section guides what will be worked on during the current session.</p> <p>In this session, the interventionist must document:</p> <ol style="list-style-type: none"> <li>1. The progress the child had made since the last visit (i.e., generalization to other routines, ease of doing, obstacles encountered, etc.) after observing the child &amp; parent/caregiver in the routine and talking with the parent/caregiver.</li> <li>2. Document feedback from the parent/caregiver as to what strategies worked and did not work.</li> </ol> <p>The interventionist may also update information about the child/family if there are changes in medical or developmental status or in community services.</p>
<p>2. IFSP Functional Outcome(s) and Objective(s) addressed during this session:</p>	<p>Document the IFSP functional outcomes(s) and objective(s) that was worked on in this session with the child and parent/caregiver.</p> <p><b>Note:</b> Ongoing discussion with the parent/caregivers about what their concerns, priorities and resources currently are will help guide the functional outcome or objective that will be worked on.</p>
<p>3. Routine Activities worked on during the session:</p> <p>Strategies used within the Routine Activities:</p>	<p>The session note must include documentation that services are being delivered within the context of the family’s natural routines and are functional for the child.</p> <ol style="list-style-type: none"> <li>1. The routines must be specific to the family’s cultural and social environment and are of a concern and priority for them.</li> <li>2. The routine activities should include but are not limited to those listed in the functional outcomes in the IFSP.</li> <li>3. It is expected that a range of family routines be documented when appropriate. <b>Routines should not be limited to “play routines”.</b></li> </ol> <p>Check off all those that were used during the session or write in the daily routine if it is not listed. Routine activities may include:</p> <ul style="list-style-type: none"> <li>• Activities of Daily Living (ADL) Routines which cover hygiene routines, food routines, &amp; dressing routines;</li> <li>• Play/Socialization routines;</li> <li>• Community/Family routines;</li> <li>• Song/Rhyme Routines;</li> <li>• Book Routines; and</li> </ul> <p>Indicate the strategies used to help the families/caregivers successfully support the child’s participation in daily activities.</p> <p>The following are examples of strategies:</p> <ul style="list-style-type: none"> <li>• Positive reinforcement at all levels;</li> <li>• Parent models –child imitates;</li> <li>• Verbal cues only;</li> <li>• Gesture with verbal cues;</li> <li>• Physical prompts;</li> </ul>

	<ul style="list-style-type: none"> <li>• Hand-over-hand;</li> <li>• Increased opportunities to practice;</li> <li>• Modification of social or physical environment;</li> <li>• Positioning;</li> <li>• Adaptation of materials;</li> <li>• Use of Assistive Technology; and</li> <li>• Discrete trail instruction</li> </ul>
<p>4. How did you coach (techniques) the parent/caregiver?</p> <p><i>If the parent/caregiver was unavailable, how did you work with the child and communicate with the parent/caregiver about the session?</i></p>	<p>Each family learns in different ways. Some families may not choose to participate in a session while others may choose to participate. Check off <u>all</u> coaching techniques used during the session. If a technique is not listed, please check “other” and describe the technique(s).</p> <p>Some techniques utilized to coach the parent/caregiver include but are not limited to the following items:</p> <ul style="list-style-type: none"> <li>• Observed parent/caregiver and child performing activities</li> <li>• Discussed activity with parent/caregiver</li> <li>• Assisted parent/caregiver</li> <li>• Giving the parent a picture illustrating the way to position the child after demonstrating the method</li> <li>• Demonstrated parent/caregiver activity</li> <li>• Interventionist modeled and explained the strategy and provided feedback as parent tried the activity with the child</li> <li>• Videotaped learning activity and reviewed with parent</li> <li>• Observed parent/caregiver and child performing activities and both the parent/caregiver and the interventionist provided feedback during the session</li> <li>• Reviewed communication tool with parent/caregiver</li> <li>• Identified the methods and sequence of the activity for the parent</li> <li>• Generalized the strategy to other routines with the parent</li> </ul> <p>Document the strategies that were used to work with the child when the parent/caregiver was not available or chose not to participate in the session. Indicate the methods used to communicate these strategies to the parent/caregiver.</p>



<p>5. What learning activities did the parent/caregiver agree to do with the child before the next visit</p>	<p>A learning activity is a combination of the strategy embedded within the routine activity. Outline the sequence of the learning activity(ies) for the parent/caregiver that they have agreed to do until the next visit. Indicate here if the parent/caregiver did not agree to work on a learning activity with the reason if given and what efforts were made by the interventionist to engage the parent/caregiver.</p> <p>During each visit, the interventionist and the parent/caregiver determine and collaborate together on deciding which learning activities:</p> <ul style="list-style-type: none"> <li>• Will be integrated into the child and family’s natural routines based on family’s comfort level and that fit seamlessly into the family’s daily routines.</li> <li>• Will be used to build upon the child and family’s strengths and competencies.</li> <li>• The family can use without the presence of the interventionist.</li> </ul> <p>Include the following information if applicable:</p> <ul style="list-style-type: none"> <li>• If the child is authorized an AT device, describe how the family will use the device as part of the child’s daily routine.</li> <li>• The framework of the strategies and whether they may be used across other natural routines when the child and family feel they have been successful.</li> <li>• Include recommendations of other interventionists working with the parent/caregiver and child whenever possible.</li> </ul>
<p>Parent/Caregiver Signature and Relationship to the child:</p>	<p>The parent/caregiver signs the session note and indicates his/her relationship to the child at the end of the session. The date used is the date that the parent reviews/signs the completed note. A parent must not be asked to sign an incomplete note. *This does not apply to toddler development groups.</p>
<p>Interventionist Signature, Date and License/Certification number:</p>	<p>The interventionist signs the session note and adds his/her credentials. If certified, write “certified” and do not indicate number. The date that the session note was signed is then entered.</p> <p>This field may also include the signature, License/Certification number of a supervisor in the case of student interns, CFYs, OTAs, and PTAs, as applicable. A date should also be indicated.</p>

Agency: \_\_\_\_\_

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM**  
**SESSION NOTE**

Invoice #: \_\_\_\_\_  
Service Coordinator: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Sex:**  Male  Female **Authorization #:** \_\_\_\_\_

**Interventionist's Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_ **Service type:** \_\_\_\_\_

Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM To ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session for a missed session on ____/____/____ <b>Session Participants:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____	Session Date: ____/____/____ IFSP Service Location: _____ Time: From ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM To ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM Date Note Written: ____/____/____ ICD-10 code: _____ HCPCS (if applicable): _____ 1st CPT code: _____ 2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____ <input type="checkbox"/> Session cancelled-reason listed in #1 <input type="checkbox"/> This is a make-up session for a missed session on ____/____/____ <b>Session Participants:</b> <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____ <input type="checkbox"/> Parent/Caregiver unable to participate during session due to: _____
1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.	1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.
2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.	2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.
<b>3. Routine Activities worked on during the session:</b> <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____ <b>Strategies used within the Routine Activities:</b> <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____	<b>3. Routine Activities worked on during the session:</b> <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s): _____ <b>Strategies used within the Routine Activities:</b> <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____
4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed Parent/Caregiver and child during routines <input type="checkbox"/> Parent/Caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to Parent/Caregiver <input type="checkbox"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i>	4. How did you coach the parent/caregiver? <input type="checkbox"/> Observed Parent/Caregiver and child during routines <input type="checkbox"/> Parent/Caregiver tried activity, feedback exchanged <input type="checkbox"/> Demonstrated activity to Parent/Caregiver <input type="checkbox"/> Other: _____ <i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i>
5. What learning activities did the parent/caregiver agree to do with the child before the next visit:	5. What learning activities did the parent/caregiver agree to do with the child before the next visit:
Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to Child: _____	Parent/Caregiver Signature: _____ Date: ____/____/____ Relationship to Child: _____
Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____	Interventionist Signature: _____ Date: ____/____/____ License/Certification #: _____

**WESTCHESTER COUNTY EARLY INTERVENTION PROGRAM  
SESSION NOTE**

Invoice #: \_\_\_\_\_

Child's Name: _____ DOB: ____/____/____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Authorization #: _____ Service Coordinator: _____
Interventionist's Name: _____ Credentials: _____	
National Provider ID #: _____	Service type: _____ Frequency: _____ <input type="checkbox"/> mo <input type="checkbox"/> wk
Session Date: ____/____/____	IFSP Service Location: _____ Date Note Written: ____/____/____
Time: From ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM	To ____:____ <input type="checkbox"/> AM <input type="checkbox"/> PM
ICD-10 code: _____	HCPCS (if applicable): _____
1st CPT code: _____	2nd CPT code: _____ 3rd CPT code: _____ 4th CPT code: _____
<input type="checkbox"/> Session cancelled-reason listed in #1	
<input type="checkbox"/> This is a make-up session for a missed session on : ____/____/____	
Session Participants: <input type="checkbox"/> Child <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parent/Caregiver unable to participate during session due to:	
1. Describe the progress that the child has made toward the IFSP outcomes since the last session. Include parent/caregiver feedback.	
2. IFSP Functional Outcome(s) and Objective(s) addressed during this session.	
3. Routine Activities worked on during the session: <input type="checkbox"/> Activities of Daily Living (ADL) <input type="checkbox"/> Play/Social <input type="checkbox"/> Community/Errand <input type="checkbox"/> Other(s) : _____	
Strategies used within the Routine Activities: <input type="checkbox"/> Modeling <input type="checkbox"/> Cues <input type="checkbox"/> Prompts <input type="checkbox"/> Positioning <input type="checkbox"/> Assistive Technology <input type="checkbox"/> Other(s): _____	
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<i>If the parent/caregiver was unavailable, how did you communicate with them about the session?</i>	
5. What learning activities did the parent/caregiver agree to do with the child before the next visit:	
Parent/Caregiver Signature: _____	Date: ____/____/____
Relationship to Child: _____	
Interventionist Signature: _____	Date: ____/____/____
License/Certification #: _____	

**PROVIDER PROGRESS NOTE**

Page \_\_\_ of \_\_\_

(Circle One) 6 month 12 month Amendment Discharge

Child's Name: _____	IFSP Period: From ___/___/___ To ___/___/___
(Last)	(First)
D.O.B.: ___/___/___	
Provider Agency Name: _____	Name of Interventionist: _____
License #/Certification : _____ Discipline: _____	
<p>Each Interventionist should receive a copy of this child's IFSP and evaluations immediately upon assignment to work with the child. It is the joint responsibility of the Service Coordinator and the service agency supervisor to ensure prompt delivery of these documents to the interventionist, and it is the responsibility of the interventionist to follow up with his/her agency supervisor if the documents are not received within two weeks of assignment.</p>	

Service Type/Frequency/Duration: \_\_\_\_\_ Therapist's Service Start Date: \_\_\_/\_\_\_/\_\_\_

If there are any gaps in service delivery (i.e., 3 or more consecutively scheduled visits), describe length and reason for gap in service delivery. \_\_\_\_\_

IFSP OUTCOME(S): _____	<b>RATE OF PROGRESS IN THIS TIME PERIOD</b>										
_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">No Progress</td> <td style="text-align: center;">Little Progress</td> <td style="text-align: center;">Moderate Progress</td> <td style="text-align: center;">Great Deal of Progress</td> <td style="text-align: center;">Outcome Achieved</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
_____											
_____											

How did you work with the family to help the child reach this outcome? \_\_\_\_\_

IFSP OUTCOME(S): _____	<b>RATE OF PROGRESS IN THIS TIME PERIOD</b>										
_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">No Progress</td> <td style="text-align: center;">Little Progress</td> <td style="text-align: center;">Moderate Progress</td> <td style="text-align: center;">Great Deal of Progress</td> <td style="text-align: center;">Outcome Achieved</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
_____											
_____											

How did you work with the family to help the child reach this outcome? \_\_\_\_\_

IFSP OUTCOME(S): _____	<b>RATE OF PROGRESS IN THIS TIME PERIOD</b>										
_____	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">No Progress</td> <td style="text-align: center;">Little Progress</td> <td style="text-align: center;">Moderate Progress</td> <td style="text-align: center;">Great Deal of Progress</td> <td style="text-align: center;">Outcome Achieved</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Progress	Little Progress	Moderate Progress	Great Deal of Progress	Outcome Achieved							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
_____											
_____											

How did you work with the family to help the child reach this outcome? \_\_\_\_\_

PROVIDER PROGRESS NOTE

Page \_\_\_ of \_\_\_

(Circle One) 6 month    12 month    Amendment    Discharge

Child's Name: _____ IFSP Period: From ___/___/___ To ___/___/___ (Last) (First)
--

1. Provide a description of progress; in addition, please estimate the percentage of delay at the end of the 6 month and 12 month period and state how that was determined, e.g., criterion referenced instrument, developmental checklist, or clinical opinion. (Standard deviation scores or formal evaluations are not required.)
2. List any factors that limit the collaboration between parent and interventionist. How have you addressed these factors? Be specific.
3. How have you used feedback from the family to help you modify how you work with the family? Be specific and provide examples.
4. Recommendations (include here any new IFSP outcomes, or changes in strategies and activities):

I certify that I have received a copy of the child's IFSP (and evaluation if available). I have provided the services described above in accordance with the frequency and duration mandated by IFSP, and have worked toward addressing the relevant outcomes set forth in the IFSP. I further certify that my responses in this report are an accurate representation of the child's current level of functioning.

Signature of Interventionist completing report: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

License #/Certification : \_\_\_\_\_

## PROGRESS NOTE INSTRUCTIONS

**Please Note: Effective April 1, 2014, Westchester County EIP has eliminated the requirement for quarterly progress notes.**

1. Providers must complete progress notes in preparation for the child's 6 month and Annual IFSP(s). Notes need to be completed and submitted to the child's OSC **three (3) weeks prior** to the expiration of the child's current IFSP period.
2. Progress Notes are also required to be completed:
  - When an interventionist is recommending a change in the current IFSP
  - When an interventionist is recommending a supplemental evaluation
  - Upon discharge from the EIP
  - Upon discharge from an EI interventionist's caseload
  - Upon request of an EIOD
3. The form should be completed as follows:

### **PAGE 1 – Interventionist**

Circle the appropriate reason for the report.

**Child's Name:** Make sure that the child's name is the same as the EI record.

**IFSP Period:** The term of the current IFSP.

**DOB:** Child's date of birth

**Provider Agency Name:** Agency for which the interventionist works.

**Interventionist:** Name of the interventionist who is completing this progress note.

**License#/Certification:** Indicate license # or if certified write "certified" and do not indicate number

**Discipline:** Interventionist's discipline, e.g. Speech therapist, Occupational therapist, etc.

**Service Type:** The service the interventionist is delivering.

**Authorization Frequency:** How often the service is authorized.

**Service Start date:** The date on which the interventionist began his or her work with the child.

**If gaps in service delivery:** Document the extent and reason.

**IFSP Outcomes:** The outcomes from the IFSP that have been addressed during the 6 month period.

Similar outcomes may be grouped, e.g., outcomes that require similar skills, etc.

**Rating:** How much progress has been made in achieving the IFSP outcome(s) noted.

**How did you work with the family:** The techniques and strategies used with the family to achieve the outcome.

Repeat as needed for all outcomes that are applicable to the interventionist completing the form. Use additional sheets as needed.

### **PAGE 2 – Interventionist**

**Question 1.** Describe the child's progress and level of functioning. Estimate the percentage of delay, and describe how you determined it. This can be done based on clinical opinion; the ongoing work and regular informal assessment of the child's needs; and/or the use of a developmental checklist or criterion referenced instrument. Formal evaluations are not necessary. Standard deviation scores may be used, but are not necessary. Age equivalents may be used, if used appropriately.

**Question 2.** List any issues or factors that have limited the collaboration between the interventionist and those who are an important part of the child's daily life. Describe the steps taken to overcome the particular barriers. Have these strategies been successful, or are new plans needed to help the family become involved?

**Question 3.** Provide information about the parent/caregiver feedback to the therapist regarding how well the activities worked when the therapist was not present. Were modifications based on this feedback successful, or are further modifications necessary?

**Questions 4.** Make recommendations for new IFSP outcomes, changes in strategies and activities, and continuation, termination, or change in type of service for the next 6 months. Recommendations for service must be consistent with the need documented in Question #3. Recommendations should include plans for parent/caregiver involvement.

Answer all questions completely.

REVIEW THE ATTESTATION – If, for any reason, the interventionist does not have the child's IFSP, cross out and initial that part of the attestation: "I certify that I have received a copy of the child's IFSP (and evaluation if available)..." Indicate below the attestation what has been done or will be done to obtain a copy of the child's IFSP. No other part of the attestation may be crossed out.

Sign and date the report. Include interventionist's license#/certification.

# Chapter 7: Respite



**Westchester County Department of Health  
Early Intervention Program  
Respite Services**

**Early Intervention Respite Services**

The Early Intervention Program includes provisions for respite services for families of eligible children. Respite services are reimbursed via special funds from the State Department of Health to municipalities on an annual basis. Westchester County Department of Health will prioritize the allocation of respite hours to those families with the greatest need based on the criteria in NYSDOH Early Intervention Regulations §69-4.18.

**Respite is temporary** relief for parents/guardians from care giving responsibilities. It is intended to provide support to parents/guardians who may otherwise be overwhelmed by the intensity and constancy of care giving responsibilities that may be necessary for an infant/toddler with special needs.

**Respite is Not:**

1. To replace or supplant those services which other agencies would supply. (That is, the daycare or homemaker services supplied by Department of Social Services (DSS) and/or Mandated Preventative Services (MPS) for eligible families);
2. To replace or substitute for ongoing daycare or baby-sitting during hours when parents are working;
3. To replace normal child or family care for non-eligible family members (i.e. child care for non-disabled children so the parent/guardian can be with the disabled child; or for a mother's helper);
4. To replace or supplement nursing services under Care At Home or other waiver programs;
5. To replace or substitute for routine babysitting.

**Determining Eligibility for Respite Services**

**Application for respite services will be determined based on:**

- (1) *severity of child's disability and needs;*
- (2) *potential risk of out-of-home placement for the child if respite services are not provided;*
- (3) *lack of access to informal support systems (e.g. extended family, supportive friends, community supports, etc.);*
- (4) *lack of access to other sources of respite (e.g. family support services under the auspices of the Office of People with Developmental Disabilities and respite provided through other state early intervention service agencies), due to barriers such as waiting lists, remote/inaccessible location of services, etc.;*

(5) *presence of factors known to increase family stress (e.g. family size, presence of another child or family member with disability, etc.); and*

(6) *the perceived and expressed level of need for respite services by parent (NYSDOH Early Intervention Regulations § 69-4.18).*

The availability of respite and the family's needs and eligibility for such services will be discussed by the IFSP team at the Individualized Family Service Plan (IFSP) meeting, 6-Month Review or at any time a need is identified. If the family meets eligibility criteria for respite services, the Ongoing Service Coordinator for the family will submit the following completed forms to the EIOD:

- RESPITE REQUEST FORM
- RESPITE MODEL REQUEST FORM

EIOD and IFSP team will:

1. Review the respite request.
2. Determine whether the respite application meets eligibility criteria.
3. If approved, EIOD completes the RESPITE SERVICE PLAN section of the request form which delineates number of hours authorized, and the start and end dates for respite service and submits the plan to WCDH EIP operations staff.
  - WCDH operations staff will create the Respite authorization in NYEIS and generate an authorization letter to send to the approved respite provider. WCDH staff will upload the Respite Request Form and the Respite Authorization letter to the child's current IFSP in NYEIS. For children in KIDS the original will be returned to the EIOD and a copy will be sent to the OSC.
4. If Respite is not approved the EIOD sends a denial letter to the family and OSC along with WCDH Notice of Child and Family Rights.
  - OSC will work with the family to link them with appropriate community resources.
  - If there is a change in the individual needs of the child and family the OSC works with the family to reapply for respite services.

Upon receipt of the RESPITE SERVICE PLAN and AUTHORIZATION LETTER, Respite Provider Agency will:

1. Contact the parents by phone within five (5) business days.
2. Inform the parents about the procedures they will be required to follow.
3. Monitor the start and end dates of the respite services as indicated on the AUTHORIZATION LETTER and RESPITE PLAN.

No payments will be made to provider agencies for Respite hours that exceed the number of hours authorized or that occur outside the end date indicated on the AUTHORIZATION LETTER and RESPITE PLAN.

**Billing claims for Early Intervention Respite Services must be submitted to:**

Westchester County Department of Health  
Early Intervention Program/Operations Unit  
145 Huguenot Street 7<sup>th</sup> Floor  
New Rochelle, NY 10801

**Claims must include the following:**

1. Westchester County Department of Health Provider Invoice Form
2. Monthly Respite Service Status Report
3. Copies of agency specific forms that either the family or respite worker completes in order to report and claim the Respite hours used

**RESPITE REQUEST FORM**

(To be completed by the Ongoing Service Coordinator.)

CHILD'S NAME(S): \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ IFSP DATES (START/END): \_\_\_\_\_

EIOD: \_\_\_\_\_ Ongoing Service Coordinator: \_\_\_\_\_

Agency: Westchester County Dept. of Health Agency: \_\_\_\_\_

Telephone #: 914-813- \_\_\_\_\_ Telephone #: \_\_\_\_\_

DATE OF SUBMISSION: \_\_\_\_\_ RESPITE MODEL REQUESTED: \_\_\_\_\_

NEW  EXTENSION  RE-APPLICATION\*

**RESPITE SERVICE PLAN**  
(This section to be completed by the EIOD.)

RESPITE PROVIDER AGENCY: \_\_\_\_\_

\*START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

\* Please note gap in authorized service dates. (Check if applicable on re-application)

TOTAL RESPITE HOURS: \_\_\_\_\_

RECOMMENDED RESPITE SCHEDULE: \_\_\_\_\_ HOURS PER WEEK OR MONTH  
(pick one)

RECOMMENDED RESPITE DURATION: \_\_\_\_\_ WEEKS OR MONTHS  
(pick one)

OTHER RECOMMENDATIONS/COMMENTS: \_\_\_\_\_

APPROVED  DENIED, DOES NOT MEET CRITERIA  Resubmit with additional information

Date Reviewed: \_\_\_\_\_

CC: EIOD  
CSN Operations  
Ongoing Service Coordinator  
Respite Provider Agency

<b>For CSN Operations Use Only</b>				
\$ _____	+	\$ _____	X _____	X _____
<small>Family Rate/Hr</small>		<small>Agency Admn Fee/Hr</small>	<small># of hours</small>	<small># of wks/mos</small>
Total Respite = \$ _____				
Amount allocated to each sibling = \$ _____				

## RESPIRE REQUEST FORM

(To be filled out by Ongoing Service Coordinator in collaboration with family.)

The state law which established the Early Intervention Program included provisions for respite services to eligible children. The Westchester County Department of Health will prioritize the allocation of respite hours to those families with the greatest need based upon the following criteria: (1) severity of child's disability and needs; (2) potential risk of out-of-home placement for the child if respite services are not provided; (3) lack of access to informal supports; (4) lack of access to other sources of respite; (5) presence of factors known to increase family stress; and (6) the perceived and expressed level of need for respite services by parent [PHL Article 25 Title II-A Section 69-4.18].

Reminder: Family members are not reimbursed as respite providers.

**Child's Name:** \_\_\_\_\_

If this is a **re-application** for respite, elaborate on the details of the CURRENT situation which will justify the request for additional respite hours, including changes in family composition and child's needs since the last request. Please include the following information:

1. Explain, in detail, the severity of the child's disability and needs, including any current medical diagnosis and conditions that currently require treatment by a physician and/or parent and the frequency of treatment; behavioral intervention or management by the parent beyond the needs of a typically developing child; the level of care and involvement required by the child that is prompting the parent to request temporary relief of care-giving of the disabled child. Indicate the level of need based upon the respite criteria stated above.

2. Indicate what supports are currently available to the family such as: in-home child care; babysitter; nanny; extended family members in the area; community resources; Waiver programs; social services; etc. Explain in detail the programs that have been accessed and/or your plan to link families to informal and formal supports in their community with specific names of agencies and the service they will provide to the family. The information you provide in this section will update the IFSP team on current viable supports that are available to families.

3. Considering the above information and following a discussion of the purpose of respite with the family, please state how the family plans to use the respite time (e.g. attend a support group). This will be helpful to the IFSP team when deciding the appropriate number of respite hours.

RESPITE MODEL REQUESTED: \_\_\_\_\_

RESPITE PROVIDER'S NAME: \_\_\_\_\_

RESPITE PROVIDER'S RELATIONSHIP TO THE FAMILY: \_\_\_\_\_

Note: OSC documentation of the conversation with the parent(s) is required in the OSC notes.

## RESPITE MODEL SELECTION FORM

※ ※ Indicate with an "X" the family's respite model selection ※ ※

### DAY RESPITE SERVICES

#### **Model I: Family recruits own respite worker**

- Model D-I (a):  
Family recruits own respite worker and pays the worker; Contractor reimburses the family.
- Model D-I (b) – (RN):  
Family recruits a Registered nurse and pays the nurse; Contractor reimburses the family.
- Model D-I (c) – (LPN):  
Family recruits a Licensed Practical Nurse, pays the nurse, and Contractor reimburses the family.
- Model D-I (e) – (2 or more EI children in Family):  
Family recruits own respite worker for Early Intervention eligible twins or two or more Early Intervention eligible children in the same family and Contractor reimburses the family. Hours are allocated to family, not individual children.

#### **Model II – Provider Respite Worker**

- Model D-II(a):  
Contractor assigns respite worker to the family and pays the worker.
- Model D-II(b)-(RN):  
Contractor assigns a Registered Nurse and pays the nurse.
- Model D-II(c)-(LPN):  
Contractor assigns a Licensed Practical Nurse and pays the nurse.

#### **Model III – Day Respite provided by and in home of Certified Family Care Provider**

- Contractor provides family with a list of Certified Family Care Providers from which to choose.

#### **Model IV – Facility Based Provider**

- Contractor will provide respite in their facility.

## OVERNIGHT RESPITE SERVICES

Overnight respite is limited to two (2) consecutive nights, twice per year, per family.

### **Model I: Direct Family Reimbursement**

- Model OV-I (a):**  
Family recruits own worker for overnight respite care; Contractor reimburses the family.
- Model OV-I (b):**  
Family recruits own RN or LPN for overnight respite care; Contractor reimburses family.
- Model OV-I (c): (Two or more EI children in Family)**  
Family recruits own respite worker for Early Intervention eligible twins or two or more Early Intervention eligible children in the same family and Contractor reimburses the family. Hours are allocated to family, not individual children.

### **Model II: Provider Respite Worker**

- Model OV-II (a):**  
Contractor assigns a respite worker to the family for overnight respite and pays the worker
- Model OV-II (b):**  
Contractor assigns RN, LPN, for overnight respite care. Contractor pays the RN or LPN
- Model OV-II (c): (Two or more children in Family)**  
Contractor assigns worker for two or more children in the family and pays the worker.

### **Model III – Facility Based Services**

- Model OV-III:**  
Provider agency provides overnight respite in their facility.

Please Note: Availability of models contingent upon WCDH contracted agencies.



RESPITE DENIAL LETTER

Dear \_\_\_\_\_,

Date: \_\_\_\_\_

Your family recently applied for respite service under Westchester County Department of Health's Early Intervention Program. Respite is a temporary service available to Early Intervention Program families who are experiencing significant stress due to caring for their child with special needs. All applications are carefully reviewed. At this time, your application for respite does not meet the criteria for provision of respite services in accordance with NYSDOH Early Intervention Regulations § 69-4.18:

- (b) The provision of respite services for an eligible child and family shall be determined in the context of IFSP development, based on the individual needs of the child and family, and with consideration given to the following criteria:
- (1) severity of child's disability and needs;
  - (2) potential risk of out-of-home placement for the child if respite services are not provided;
  - (3) lack of access to informal support systems (e.g. extended family, supportive friends, community supports, etc.);
  - (4) lack of access to other sources of respite (e.g. Family Support Services under the auspices of the Office of People with Developmental Disabilities and respite provided through other State early intervention service agencies), due to barriers such as waiting lists, remote/inaccessible location of services, etc.;
  - (5) presence of factors known to increase family stress (e.g. family size, presence of another child or family member with a disability, etc.); and
  - (6) the perceived and expressed level of need for respite services by parent.

If your family would like to re-apply for respite at a future date, please contact your Ongoing Service Coordinator.

Regards,

Early Intervention Official Designee

cc: Ongoing Service Coordinator

**MONTHLY RESPITE SERVICE STATUS REPORT**

**PROGRAM YEAR:**

**RESPITE AGENCY:**

**REPORTING MONTH/YEAR:**

CHILD'S NAME	AUTHORIZATION NUMBER	AMOUNT AUTHORIZED		BILLED THIS MONTH		BILLED YEAR TO DATE		BALANCE	
		UNITS*	\$	UNITS*	\$	UNITS*	\$	UNITS*	\$
				<b>TOTAL AMOUNT BILLED THIS MONTH</b>					

\* UNITS = HOURS

**MONTHLY RESPITE SERVICE STATUS REPORT**

PROGRAM YEAR: **B**

RESPITE AGENCY: **A**

REPORTING MONTH/YEAR: **C**

CHILD'S NAME	AUTHORIZATION NUMBER	AMOUNT AUTHORIZED		BILLED THIS MONTH		BILLED YEAR TO DATE		BALANCE		
		UNITS*	\$	UNITS*	\$	UNITS*	\$	UNITS*	\$	
<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	
				<b>TOTAL AMOUNT BILLED THIS MONTH</b>		<b>N</b>	<b>O</b>			

\* UNITS = HOURS

INSTRUCTIONS FOR COMPLETING  
THE MONTHLY RESPITE SERVICE STATUS REPORT

- A - Indicate the name of the Respite Agency
- B - Indicate the Program Year which is being reported. The Respite Program Year always runs from October 1st of one year to September 30th of the following year.
- C - Indicate the month and year which is being billed.
- D - Indicate the child's name.
- E - Indicate the child's Authorization Number for Respite.
- F - Indicate the amount of units (hours) authorized for the child.
- G - Indicate the dollar amount of Respite authorized for the child.
- H - Indicate the amount of units (hours) billed this month for the child.
- I - Indicate the dollar amount billed this month for the child.
- J - Indicate the amount of units (hours) billed year-to-date for the child.
- K - Indicate the dollar amount billed year-to-date for the child.
- L - Indicate the balance of units (hours) left for the child [Amount Authorized minus Amount Billed Year-To-Date].
- M - Indicate the balance of dollars left for the child [Amount Authorized minus Amount Billed Year-To-Date].
- N – Indicate the amount of units (hours) billed this month for the child.
- O - Indicate the dollar amount billed this month for the child.

Note: Attach additional sheets as needed to complete the monthly billing. Providers are not required to use the Westchester County Monthly Respite Service Status Report form. They may submit their own form as long as it contains the same information.

**INVOICE**  
For Children with Special  
Needs Providers

INVOICE # **000**

VENDOR #     **A**    

VENDOR NAME     **B**    

CONTRACT #     **C**    

PAYMENT     **D**      
ADDRESS \_\_\_\_\_

SERVICE DATE	DESCRIPTION OF SERVICE	QUANTITY	UNIT PRICE	AMOUNT
<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>

**J**

**VENDOR CERTIFICATION**

I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the County is exempt are excluded. By submission of this Invoice the Vendor hereby agrees to retain on file any and all documentation supporting this claim for the longer of a period of three years or the period specified by written agreement between the County and the Vendor. Vendor further agrees upon request to make such documentation available for audit and inspection during normal business hours.

    **K**      
DATE

    **L**      
SIGNATURE

    **M**      
TITLE

    **N**      
FED ID # / SOCIAL SECURITY NO.

    **O**      
VENDOR PHONE NO.

    **P**      
VENDOR FAX NO.

**DOH USE ONLY**

INSTRUCTIONS FOR COMPLETING THE PROVIDER INVOICE:

A - VENDOR #	Can be found on your Westchester County Check Stub
B – VENDOR NAME	Agency name
C – CONTRACT #	Can be found on your agency’s executed contract
D – PAYMENT ADDRESS	Indicate agency address to which the check will be mailed to
E – SERVICE DATE	Month and year you are billing for (i.e. July 2014). There is no need to write out each individual service date.
F – DESCRIPTION OF SERVICE	Respite
G – QUANTITY	Indicate the total amount of units (hours) agency is billing for
H – UNIT RATE	Indicate the rate per hour
I – AMOUNT	Indicate the total dollar amount (Quantity x Unit Rate)
J – TOTAL	Indicate the total amount billed on that particular invoice (add all the totals in the amount column).
K – DATE	Indicate the date the invoice was prepared and signed
L – SIGNATURE	Indicate the agency administrator or designee preparing the invoice
M – TITLE	Indicate the title of the person signing the invoice
N – FED ID #/ SOC SEC #	Agency Federal Tax ID Number
O – VENDOR PHONE NO.	Agency telephone number
P – VENDOR FAX NO.	Agency fax number

**Note: You may retain the PINK copy for your records. The WHITE and YELLOW copies of the Provider Invoice must accompany the required back-up documents.**

# Chapter 8: Assistive Technology

New York State Department  
of Health Bureau of Early  
Intervention

**Assistive Technology**

**Overview and Process: A Provider's Perspective**

[www.pcghumanservices.com](http://www.pcghumanservices.com)



## Early Intervention Assistive Technology Process

- The need for an Assistive Technology Device (ATD) is identified during the IFSP meeting and the ATD is placed in the IFSP. The Service Coordinator (SC) incorporates updates in the child's record when needed and creates authorizations for ATD visits.
- The SC and therapist assist the family to obtain the ATD. When feasible, the ATD will be obtained on loan through the Technology Related Assistance for Individuals with Disabilities (TRAID) Center. Otherwise, the therapist completes a ***NYS Early Intervention Program Assistive Technology Medical Necessity Justification Form*** (Justification Form) and sends this with the physician's orders to the SC. The SC mails the original ATD request to the EIOD for approval.
- The EIOD reviews the ATD request for completeness and approves the Assistive Technology Device by signing the bottom of the Justification Form. The EIOD gives the ATD request to CSN Operations.
- Operations staff creates the service authorization and forwards the ATD request to the PCG Assistive Technology Coordinator (ATC).
- The ATC obtains competitive pricing, selects ATD vendor and communicates that information to CSN Operations.
- The ATD vendor will collaborate with the therapist/facility/family for measurements, etc. when necessary. ATD vendor receives a purchase authorization from the ATC and fabricates the device or processes the order.
- ATC forwards a copy of the purchase authorization and the delivery/dispensing information to Operations and this is distributed to the EIOD for inclusion in the child's record.
- ATC forwards a copy of the purchase authorization and the delivery/dispensing information to the SC who will notify the parent and therapist of the estimated delivery/dispensing date.
- The ATD vendor and therapist will collaborate and coordinate on the delivery date. Upon delivery of the ATD, the Individual Rendering Provider/Therapist is responsible for completing the ***NYS Early Intervention Program AT Notification of Item Delivery, Condition and Status Form*** (sample form and directions attached) with the parent and forwarding this to the child's SC no later than two (2) weeks after the device has been delivered.
- The Service Coordinators forward the ***NYS Early Intervention Program AT Notification of Item Delivery, Condition and Status Forms*** directly to the Municipality Operations staff via the secure Assistive Technology Fax line- 914-813-4453. FORMS ARE NOT SENT TO THE EIOD
- The Municipality Operations staff notifies the PCG ATC and distributes to the EIOD for inclusion in the child's record.
- The PCG ATC releases payment to the ATD vendor.
- In future visits, the therapist and SC should discuss with the family any question or concerns regarding the device and that the device is providing the desired benefit for the child.
- Routine adjustments or questions should be directed to the ATD vendor by the family in consultation with the therapist. Concerns regarding the quality of the device should be directed to the SC who will communicate to the ATC and keep the EIOD informed.

Contact Information:

PCG Assistive Technology Coordinator (ATC) – Sherree Sinclair – [ssinclair@pcgus.com](mailto:ssinclair@pcgus.com)

# NYS Early Intervention Program Assistive Technology Medical Necessity Justification Form

**Service Providers:** The Individual Rendering Provider must complete the form below for each requested category of Assistive Technology Devices (ATD). Service providers should contact their regional TRAIID Center and/or Municipality Lending Closet to determine ATD availability and document the outcome in order for the ATD category to be considered for authorization through the EIP. Submit this completed form, the physician's order/recommendation, and the most current Progress Note written by the Individual Rendering Provider who is recommending the ATD to the child's Service Coordinator within 1 week of obtaining all of these required elements. A complete submission is required in order to support Medicaid and private insurance billing. If additional pages are included, indicate which question is being answered.

**Service Coordinators:** Fax the completed ATD packet to the assistive technology contact or Early Intervention Official in your municipality.

Child's Name: _____		DOB: ____/____/____	
EI #:	Service Type:	Service Location:	
Child's Diagnosed Condition(s):		ICD-9 Code(s):	
Individual Rendering Provider's Name:		Credentials:	
1. On what date did you contact the TRAIID Center Loan Closet and/or Municipality Lending Closet & which did you contact? (required) _____			
<input type="checkbox"/> A short-term loan will be provided until the requested device, if approved, is ordered and delivered to the family.			
<input type="checkbox"/> A long-term loan will be provided for the duration of the child's anticipated use.			
▪ Anticipated provision date: _____			
▪ Anticipated length of loan: _____			
<input type="checkbox"/> TRAIID/Municipality Lending Closet was contacted - device is not available.			
2. Requested ATD category/device:			
2a. List each accessory of the ATD device requested. Justify why each accessory is required to meet the child's current functional skills and ensures the child's safe and functional use of the ATD:			
3. List the existing and new (if necessary) functional IFSP outcomes that the requested ATD will address:			
4. Describe how the ATD will help the child increase, maintain or improve his/her functional capabilities and meet his/her unique developmental needs and the IFSP functional outcomes:			
5. Indicate any precautions related to the child's medical/developmental condition(s) that may impact the safe use of the device:			

Describe how the ATD will be integrated into the child's and the family's natural routines (include the settings where the device will be used, the routine activities, and the frequency with which the device will be used):

What lower-tech devices have you and the family discussed or used prior to this request? Explain why they are not appropriate for this child:

Identify any other ATD's and/or adaptive items currently used by other Individual Rendering Providers, family, or by you, and describe how the requested ATD may be used with them and any other requested ATD:

Describe how you will collaborate with the other Individual Rendering Providers serving this child and family (in the same setting or across settings) in the use of the proposed ATD category (if no other Individual Rendering Providers are serving this child, write "Not Applicable"):

List the parents/caregivers that require training on the device, and list the specific items that need to be addressed in that training to ensure the parents'/caregivers' safe and functional use of the ATD:

I understand and agree that if any ATD equipment is authorized for my child, I will not use the delivered device or allow my child to use the device until my therapist has instructed me in its safe and appropriate use.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual Rendering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

License/Certification #: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**NYS EARLY INTERVENTION PROGRAM  
ASSISTIVE TECHNOLOGY MEDICAL NECESSITY FORM INSTRUCTIONS FOR COMPLETION**

**GENERAL DIRECTIONS**

The Individual Rendering Provider is required to complete this form for each device being requested and submit it to his/her EI agency's AT Agency Coordinator, if applicable, for submission to the child's Service Coordinator. The Individual Rendering Provider is responsible for contacting their regional TRAIID (Regional Technology Related Assistance for Individuals with Disabilities) Center or Municipality Lending Closet to inquire about device availability. Documentation of the outcome of this discussion is required for this device to be considered for authorization by the municipality EIP. If you attach additional pages, please indicate which question(s) you are answering. All questions are required and must be answered fully.

<b>Child's Name, EI #, DOB,</b>	Ensure that all identifying information is correct. The EI# is the child's reference number identified in NYEIS/KIDS. Information must match the information in NYEIS/KIDS (do not use alternate/nicknames).
<b>Service Type, Service Location</b>	Indicate the service type rendered by the recommending therapist and service location.
<b>Child's Diagnosed Conditions, ICD-9 Codes</b>	Indicate the child's diagnosed medical and/or developmental condition(s). ICD-9 codes are required to correspond to diagnosed conditions (e.g., ASD, 299.0).
<b>Individual Rendering Provider's Name, Credentials</b>	Provide the name and credentials of the current Individual Rendering Provider that is completing this form and recommending this device (e.g., speech therapist: Speech/language Pathologist, MS, CCC/SP). If you are a certified professional, indicate "certified" and <u>do not</u> write the certification number. OTAs must include the license number of their supervisor.
<b>The TRAIID Center Loan Closet or Municipality Lending Closet</b>	TRAIID Center Loan Closets or Municipality Lending Closets are equipped with ATD specifically for children eligible for the Early Intervention Program. Equipment from a loan closet may be provided to the child and family on either a short-term basis to determine the appropriateness of a device for the child or for the duration indicated in the child's IFSP. The availability of the device and timeframe of this loan is dependent on the Closet's resources. All devices loaned through the Closets must be returned to the Closets in accordance with the terms of the loan.

**Question #1: Contact with the TRAIID/Municipality Lending Closet is a required part of all ATD requests.**

<b>1. On what date did you contact the TRAIID Center Loan Closet or Municipality Lending Closet?</b>	Indicate the date of your call to the TRAIID Center Loan Closet/Municipality Lending Closet. Check off one of the following outcomes and add the relevant information. The TRAIID Center Loan Closet (TCLC)/Municipality Lending Closet has confirmed that: <ol style="list-style-type: none"> <li>a. A short-term loan is available.</li> <li>b. A long-term loan is available.             <ol style="list-style-type: none"> <li>i. Provide the loaner begin date (from the Closet to the family)</li> <li>ii. Provide the Closet's timeframe (begin date to return date) for the loan of this device</li> </ol> </li> <li>c. The device is unavailable for short-term or long-term loan by the Closet.</li> </ol>
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Questions #2 to #12: Document the ATD request and justify how it is necessary to maintain or improve the functional capabilities of the child.

- 2. Requested ATD category**
- a. Indicate the category of ATD requested for this child.
  - b. Refer to the chart below for examples of common ATDs (Note: This list is meant to provide examples and is not exhaustive).

	<b>ATD Category</b>
DME - Independent Mobility, Positioning, DME ADL, Seating and Transport Devices	Crawler Gait Trainer/Walker Orthopedic Car Seat Pediatric Wheelchair Positioning System and Wedges Seating Stander Adaptive Stroller Adaptive Toileting and Adaptive Potty Systems
DME - Head Support	Protective Helmet Un-mounted and Mounted Head Supports
Hearing	Hearing Aid(s) and Amplification Accessories FM System and FM System Accessories

Orthoses	Orthoses (KAFO, SMO, UCBL, AFO, Orth. Shoes) Orthoses (WHO, elbow) Orthoses (Theratogs/Benik/TLSO/Hip Holders/SPIO)
Vision	Eyeglasses (incl. sunglasses/protective)

**2a. List each accessory of the ATD requested. Justify why each accessory is required to meet the child’s current functional skills and ensures this child’s safe and functional use of the ATD:**

- a. List each requested accessory of the selected ATD.
- b. Justify the need for each individual accessory.
  - i. A justification is required to explain how each accessory will support this individual child’s functional abilities and skills and safe and optimal use of the device. For example, the Individual Rendering Provider may recommend a stander:
    - The Individual Rendering Provider must identify how the stander will support the child’s gross motor skills and functional abilities, and
    - Based on the identified functional capacities, the Individual Rendering Provider also determines all accessories required to meet the child’s safe and optimal use of the device

**For example, the ATD category is Seating. Based on the needs of the child, a justification for each accessory for the Seating such as a pelvic harness, a head rest, or side pads should include how it supports the child’s skills and ensures the child’s safety and optimal utilization of the ATD.**

If the therapist is unsure of the specific item(s) needed, the therapist should describe the child’s functional capabilities and what the therapist believes need to be supported or enhanced.

**3. List the existing IFSP functional outcomes, as well as any new functional outcomes added since the IFSP, that the requested ATD category will address:**

- a. ATD should facilitate the attainment of the IFSP functional outcomes included in the child and family’s Individualized Family Service Plan (IFSP).
  - i. Document the current IFSP functional outcome(s) that will be addressed with the requested device category and any new functional outcomes that will be developed related to this device.
  - ii. New outcomes are required to be written in the appropriate functional outcome format, using the following 6 components of a functional outcome:

**Who:** This is usually the child but may include the parent or family.

**Will do what:** This is what the child will do (that is reasonable for the next 6 months).

**Criteria for success:** This is how everyone on the team including the parents/caregivers will know that the outcome has been met. It should be observable. It should not be described in percentages or ratios or as more or less.

**Under what condition:** This is any specific situation or adaptation (e.g., physical prompt by parent, special spoon for meal times) that is reasonable. When this is not indicated in the outcome, it is assumed to be 100% independence.

**Routine activity:** This is an event that typically occurs during the child’s day and is individualized by the family’s culture and environment.

**“So that”:** This is what the family would like to achieve or the reason why it is important.

**For example:**

| Justin | will eat an entire meal | using an adaptive spoon | during all | meal times | so that he can feed himself.  
*(who) (will do what) (under what condition) (criteria for success) (routine activity) (why it is important to the family)*

**4. Describe how the ATD category will help the child increase, maintain or improve the child’s functional capabilities and meet his/her unique developmental needs and the IFSP functional outcomes:**

- a. Document how the requested assistive technology category meets the child’s current and specific developmental needs, functional abilities, and family priorities.
  - i. Highlight how the requested device category will help increase, maintain, or improve the child’s functional capabilities.
  - ii. **This section should explain how the ATD device category is developmentally relevant to the child’s functional capacities and supports the achievement of the IFSP functional outcomes and family priorities.**

**5. Indicate the precautions related to the child’s medical/developmental condition that may impact the safe use of the device:**

- a. Document all confirmed and prospective contraindications for use of the selected device category; and
- b. Document how the child’s medical conditions and developmental status will affect how the device is used and/or how often it is used.

**6. Describe how the ATD category will be integrated into the child’s and the family’s natural routines (include the settings where the device will be used, the routine activities, and the frequency with which the device will be used):**

- a. The Individual Rendering Provider is required to assess and document how the ATD category will be used within the context of the family's natural routines, and with respect for the family's cultural, physical and social environments.
- b. In selecting a device category, the following criteria must be considered:
  - i. When the device category will be used by the child in each of a variety of settings (at home and in the community);
  - ii. How safety concerns will be addressed so that the device category will be safely used within each setting, including how it will be transported safely; and
- c. When the device category provides a dual function, (e.g., a seating device that also functions as a transport device, based on an interchangeable accessory), documentation is required to illustrate the family's ability to modify the device for safe dual functionality and ease of use.

**7. What lower tech devices have you and the caregivers discussed or used prior to this request? Explain how they would or would not be appropriate for this child:**

- a. ATD ranges from low technology to high technology.
- b. The Individual Rendering Provider must document the process by which the device range or level was chosen. This documentation should include:
  - i. A discussion of which lower technology device was considered and, as appropriate, used by the child and family on a trial basis. Describe the outcome(s) of using the lower technology device.
  - ii. The rationale for why a lower technology device category is not being proposed.

**8. Identify any other ATD categories and/or adaptive items currently used by you, other Individual Rendering Providers, and parents/caregivers; and describe how the requested ATD category may be used with them and any other requested ATD devices:**

- a. Consideration must be given to any other ATD that the child may already have or will obtain, to determine whether multiple devices are essential to meet the child's functional outcomes, and, if so, to ensure compatibility of the devices or systems with one another.
- b. The Individual Rendering Provider is required to identify and document any device categories currently used with the child by:
  - i. The recommending Individual Rendering Provider (you);
  - ii. The other Individual Rendering Providers on the team; and
  - iii. The parents/caregivers/family.
- c. When a device category other than the one being requested now is currently being utilized, the Individual Rendering Provider is required to document:
  - i. How the requested device category will be used in conjunction with any current device; and
  - ii. Who will use the requested device with the child (other Individual Rendering Providers, parents/caregivers, others).

**9. Describe how you will collaborate with other Individual Rendering Providers (in the same setting or across settings) in the use of the proposed ATD category:**

- a. Document what was discussed with the other Individual Rendering Providers (and with any other service providers) about:
  - i. The child's use of the device category in applicable settings/locations;
  - ii. The family's routine activities in which the device category should be used;
  - iii. The child's functional abilities and skills that the device category is intended to support; and
  - iv. For the EI team members, the IFSP functional outcomes the ATD category will address.

**10. List the parents/caregivers that require training on the device, and list the specific items that need to be addressed in that training to ensure the parents'/caregivers' safe and functional use of the ATD category:**

- a. Who are the parents/caregivers that will be trained on the requested device category?
- b. List all of the areas that the training will cover, including precautions to ensure the safe and effective use of the device category.

**Signature**

The parent/caregiver and the Individual Rendering Provider are both required to sign this form. Please include the Individual Rendering Provider's license # and direct contact information, such as a cellular phone number. Do not write in the provider agency's phone number.

**NYS EARLY INTERVENTION PROGRAM**

**ASSISTIVE TECHNOLOGY NOTIFICATION OF ITEM DELIVERY, CONDITION & STATUS**

This form is required to document that the assistive technology device (ATD) has been delivered as authorized, and to document any issues with the device.

- The Individual Rendering Provider is responsible for completing this form with the parent **no later than one (1) service sessions** after the device has been delivered or at time of delivery.
- The Individual Rendering Provider or AT Agency Coordinator, if applicable, is responsible for sending this form to the child's Service Coordinator **no later than two (2) weeks** after the device has been delivered.
- Service Coordinators must fax this form to the assistive technology contact or Early Intervention Official of their municipality **within two (2) business days** of receipt.
- The Assistive Technology contact or Early Intervention Official will forward this form to the PCG Assistive Technology Coordinator **within 1 business day** of receipt (fax: 1-518-935-9258 or email: ssinclair@pcgus.com).

**The Individual Rendering Provider must complete this section when the child/family receives the Assistive Technology Device.**

Child's Name (Last, First): \_\_\_\_\_ EI #: \_\_\_\_\_ DOB: \_\_\_\_\_

Individual Rendering Provider's Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Provider Agency: \_\_\_\_\_

Source of Device(s):  Vendor  Hearing Aid/Vision Dispensary

Category of device and exact name: \_\_\_\_\_

Date of receipt: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If item was purchased, was it received new?  Yes  No – explain in Section B

Indicate the issues that affected the successful provision and utilization of the authorized device:

Delayed Delivery

The device was not delivered on the designated delivery date

Indicate the scheduled delivery date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Incorrect/Incomplete Order

Device received was not the device authorized  Missing authorized accessories  Needed accessories were not requested by Individual Rendering Provider

Device Condition

Poor fit  Assembly problem  Other \_\_\_\_\_

Training on the use of the device

Parent/Caregiver did not receive adequate training on the use of the device

Other

Family refused device after authorization and/or provision  Vendor dispute  Other – describe below

**Provide a detailed description of the issue:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Device was delivered as ordered  Parent/Caregiver received adequate training on the device

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Individual Rendering Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NYS EARLY INTERVENTION PROGRAM INSTRUCTIONS FOR  
COMPLETION ASSISTIVE TECHNOLOGY NOTIFICATION OF ITEM  
DELIVERY, CONDITION & STATUS**

<b>GENERAL DIRECTIONS</b>	
<p>This form is required to document that the assistive technology device (ATD) has been delivered as authorized, and to document any issues with the device.</p> <ul style="list-style-type: none"> <li>• The Individual Rendering Provider is responsible for completing this form with the parent <b>no later than one (1) service sessions</b> after the device has been delivered or at time of delivery.</li> <li>• The Individual Rendering Provider or AT Agency Coordinator, if applicable, is responsible for sending this form to the child's Service Coordinator <b>no later than two (2) weeks</b> after the device has been delivered.</li> <li>• Service Coordinators must fax this form to the assistive technology contact or Early Intervention Official of the municipality <b>within two 2 business days</b> of receipt.</li> <li>• The Assistive Technology contact or Early Intervention Official will forward this form to the PCG Assistive Technology Coordinator <b>within 1 business day</b> when adverse delivery, condition or status issues are identified.</li> </ul>	
<b>The Individual Rendering Provider must complete this section when the child/family receives the ATD.</b>	
<b>Child's name, EI #, DOB</b>	Make sure that all identifying information is correct. The EI # is the number that appears in NYEIS/KIDS. Information must match NYEIS/KIDS (do not use a nickname).
<b>Individual Rendering Provider name, discipline, and provider agency</b>	Print the name, discipline (e.g. speech therapist, special educator), and provider agency of the Individual Rendering Provider who is completing the form.
<b>Source of the device</b>	Indicate if the device was delivered by an ATD Vendor, or Dispensary.
<b>Category of device and exact name</b>	Provide the category (e.g., seating, stander) and full brand name and model of the device received.
<b>Date of receipt</b>	Provide the date the device was received.
<b>If item was purchased, was it received new?</b>	Purchased items must be provided new from vendors. Reconditioned or refurbished used items are not acceptable.
<b>Please indicate any issues that may have affected the successful provision and utilization of the authorized device:</b> <b><u>Delayed delivery</u></b> <b><u>Incorrect/incomplete order</u></b> <b><u>Device condition</u></b> <b><u>Other</u></b>	Check as many issues as apply.
<b>Provide a detailed description of the issue</b>	A full explaining is required for any issue indicated.
<b>Device delivered as ordered/Training received</b>	Check as apply
<b>Parent/caregiver signature, Individual Rendering Provider signature</b>	The parent/caregiver and the Individual Rendering Provider are required to sign the form. Please include the Individual Rendering Provider's provider agency name and contact information.



# Chapter 9: Transportation

**PRESCHOOL and EARLY INTERVENTION PROGRAM**

**Transportation Handbook for Parents**

The Westchester County Preschool/Early Intervention Transportation Program is managed by Westchester County Department of Health Children with Special Needs. We are pleased to provide you with this handbook to help you understand the procedures and answer any questions you may have. Please take a few moments to read this important information now, and keep this handbook available as a reference throughout the school year.

**Transportation Service Options:**

**Mileage Reimbursement**



**No-Cost Monthly Metro Cards**



**County-Provided Bus Service**



**September, 2023**

# Transportation Service Options

Westchester County Department of Health (WCDH) provides Transportation Service for children with special needs as mandated by Section 4410 of the Education Laws of 1989, Title II-A of Article 25 of the Public Health Law and/or other applicable acts.

Transportation Service is defined as transportation of each child to and from the child's special needs program (the program or agency providing educational services to the child) using a vehicle that can accommodate the specific needs of the specific child. This includes County-provided school bus service in vehicles equipped with a radio, child-restraint seat and properly trained drivers and monitors; and parent transportation by personal car or public bus. As the parent/guardian, you must discuss all available transportation service options with your Early Intervention Service Coordinator or your school district's Committee on Preschool Education (CPSE) Chairperson. Your school district is defined by the geographical area in which your family lives. Each school district has its own CPSE for children 3-5, which determines your child's special education needs.

**Mileage Reimbursement** Parents/guardians will be reimbursed for driving their child to and from an Early Intervention Toddler Development Group contained in the Individualized Family Service Plan (IFSP), Early Intervention services occurring at a facility (not a toddler development group) contained in the Individualized Family Service Plan (IFSP), a Parent-Child group contained in the Individualized Family Service Plan (IFSP) or to the approved 4410 Special Education Preschool Program contained in the Individualized Education Plan (IEP). Reimbursement is paid at the current County approved rate per mile, for one round trip daily between the child's residence or daycare and the location of the program, service or group, as calculated by Google Maps. Parking and tolls may also be reimbursed when required and when authorized by WCDH. Parents are required to submit the necessary documentation.

**No-Cost Monthly Metro Cards** Parents/guardians who transport their child to and from the program, service or group contained in the Individualized Family Service Plan (IFSP) or in the Individualized Education Plan (IEP) by public transportation may receive one no-cost unlimited-use monthly MetroCard for each month during the period their child is authorized for services. The MetroCard is valid for 30 days from its first use and can be used on any Westchester Bee-Line Bus and all New York City local buses and subways\*. Parents are required to submit the necessary documentation. In some cases, Taxi Fare Reimbursement may be available.

\*The OMNY fare payment system is scheduled to replace the MetroCard in 2024.

**County-Provided Bus Service** is available to children attending an Early Intervention Toddler Development Group contained in the Individualized Family Service Plan (IFSP), or the approved 4410 Special Education Preschool Program contained in the Individualized Education Plan (IEP).

Whichever option is selected at the IFSP or CPSE meeting, it must be listed on your child's IFSP or IEP prior to the beginning of transportation services and it **must be consistent for each day** your child is scheduled to attend the program/service. You may not combine a Metro Card or transportation reimbursement and County-provided bus service. Any necessary change in the selected transportation option must be communicated to either the Early Intervention Service Coordinator or your school district's CPSE Chairperson; and the appropriate paperwork completed prior to the beginning of the new service option.

## If You Choose Bus Service

The Westchester County Department of Health (WCDH) must ensure safe and efficient transportation is provided for all Westchester children approved for transportation service. Bus service will only begin once WCDH receives and reviews your child's IFSP or IEP authorizing transportation service and a properly completed Bus Transportation Authorization Form (TAF). If WCDH does not receive these required documents, or if they are incorrect or arrive late, **BUS SERVICE MAY NOT BE AVAILABLE ON THE FIRST DAY OF PROGRAM**. Speak to your child's Early Intervention Service Coordinator to confirm that the correct paperwork is submitted in a timely manner. Or speak to your school district's CPSE to request that your child's meeting be scheduled in a timely manner and that all required documents have been completed and submitted to the WCDH.

**Bus Transportation Authorization Form (TAF)** A completed Bus Transportation Authorization Form (TAF) is required before your child can ride the school bus. Your school district or service coordinator will provide you with the TAF to complete. The TAF provides the following information:

1. **PICK-UP ADDRESS** – Your home address. If you choose an address other than your home, the alternate address must also be located within Westchester County. **The pick-up address must be the same every day of the week.**
2. **DROP-OFF ADDRESS** – Your home address or an alternate address within Westchester County. This address may be different from the pick-up address, but **it must be the same every day of the week.**
3. **EMERGENCY NUMBERS** — in case we cannot reach you. This should be someone who knows your child and who has agreed to receive and assume responsibility for your child.
4. **MEDICAL INFORMATION** — This is information you and your child's physician feel is important for us to have in order to provide safe transportation. Complete this section to help us understand your child's needs. Tell us if your child has special medical conditions such as seizures, temperature difficulties, allergies, etc., if your child takes medication regularly and what the medication is. **This information may be shared with EMS workers in an emergency.**

**You must contact your school district or service coordinator to request a change in information on the TAF.** Changes to bus routes cannot be made by submitting forms or requests directly to the bus driver/company. Your school district/service coordinator will complete a new TAF and submit the form to the WCDH. Changes to the pick-up and/or drop-off address or the program location may take up to 10 days to accommodate.

No temporary changes to pick up or drop off locations are permitted. Once a student's trip is scheduled according to the information on the TAF, it can only be changed if the family permanently moves to a new address or permanently changes the alternate pick-up or drop-off address. Do not submit forms requesting a temporary change of address.

**Your child's TAF must be up-to-date at all times.** Bus service will be suspended if any significant information on the TAF is found to be incorrect. You must contact your school district or service coordinator to request an updated TAF if there is a change in your child's pick-up or drop-off address, program location, the program session time, the name of the person(s) authorized to meet your child at the bus, the telephone numbers for yourself or emergency contacts or your child's medical needs.

# Bus Service Procedures

## What to Expect:

- Your child will receive one round trip (from home to program, from program to home) on a vehicle equipped with child-restraint seats for all children. The vehicles will provide air conditioning as needed from May 1<sup>st</sup> through October 1<sup>st</sup> and be properly heated in cold weather months. The vehicles will be wheelchair accessible if necessary.
- Medications are not permitted on the bus. If your child requires medication, it is your responsibility to bring your child's medication to the program.
- Parents may not enter or ride on the bus.
- Bus routes are generally scheduled for up to 60 minutes. If your child lives a significant distance from the program, the scheduled time of the bus route may be up to 75 minutes. Factors such as traffic congestion/accidents or inclement weather may cause the bus route to take more than the scheduled amount of time. Parents should also keep in mind that buses often depart from the program several minutes after the program's dismissal time once all children have boarded the bus.
- **Scheduled pick-up and drop-off times are approximate.**

## Bus Monitors:

- Each vehicle will have one bus monitor.
- The bus monitor will assist your child with getting on, riding, and getting off the bus.
- The bus monitor is not permitted to escort your child to or from the school bus. A parent/caregiver, school/program employee or daycare provider must escort all children to and from the bus.
- The bus monitor will assist the bus driver in making sure all children are securely fastened in a child restraint system or the wheelchair tie-down and are traveling comfortably. The bus monitor will report any problems to the bus driver.
- The bus monitor is not permitted to help dress your child while on the bus.
- The bus monitor is not permitted to help feed your child while on the bus. Children must not eat while on the bus.
- The bus monitor is not permitted to give a toy to a child and must not allow a child to enter the bus while playing with a toy. Children may not hold or play with a toy while traveling on the bus.
- The bus monitor may not take messages from you for the bus company dispatcher or manager.

### **Waiting for the Bus:**

- The Bus Company will call to give you the **approximate** scheduled pick-up and drop-off times for your child.
- Your child must be ready 10 minutes before the pick-up time. If occasionally your child is not ready at the scheduled pick-up time, the driver is not required to wait more than 5 minutes before continuing on the route. **The driver is not required to wait 5 minutes for your child each day.**
- If you are waiting more than 15 minutes from the scheduled pick-up time, and are not contacted by the Bus Company, please call the dispatcher.
- If the bus is late more than two (2) consecutive times, report this to your child's EI or preschool program for assistance.
- Changes in pick-up and drop-off times happen during the school year when children are added or leave the program. The Bus Company will notify you of any schedule changes.

### **You or an Authorized Caregiver Must Meet the Bus:**

- All children must be met at the school bus by a **parent/guardian** (a person legally responsible for the care of the child; may be parent, foster-parent, relative, The Department of Social Services) or **caregiver/responsible person** (individuals designated by the parent/guardian to care for the child who are **at least 14 years of age**) **listed on the TAF.**
- For the safety of your child the **bus driver is prohibited from releasing your child to someone not named on the TAF.** ID must be presented.
- The parent/guardian must be waiting at the drop-off address 10 minutes before the scheduled drop-off time.
- If you or someone listed on the TAF are not available to meet the bus and the Bus Company cannot reach you or the emergency contacts, the Bus Company **must call 911 to report that no one is available to receive your child.**

### **Absence:**

- The parent/guardian is required to **notify the Bus Company at least one (1) hour in advance** of the scheduled pick-up time if the child is going to be absent.
- If your child will not need the bus for several days because of a family vacation, etc., a minimum of one (1) day advance notification is requested. **You must call the Bus Company dispatch office (do not tell the bus driver or monitor).** You must also notify the program.

### Suspension of Service:

- If you fail to notify the Bus Company that your child will be absent and the bus arrives at your home to provide service, this is considered a No-Show. **If your child is a No-Show for two (2) consecutive days, bus service will stop.** You may call the Bus Company to start service again. If it has been five days or more since your child's bus service was stopped due to No-Shows, you must contact your child's service coordinator or school district to request bus service. **It will take 5-10 days for bus service to start again.**
- **If the bus company is unable to transport your child safely due to his/her behavior while traveling or boarding and alighting the bus, it may be necessary to temporarily suspend bus service. Your child's program will notify you if there is a problem. The program, your school district, the bus company and the WCDH will work with you and your child to find a solution. Bus service will resume when your child can be transported safely.**

### Inclement Weather:

- Please listen to local radio or TV or search online for school delays or closing notifications. You may find school district and program closings by following these links to News 12 Westchester and WHUD Westchester:  
  
<http://westchester.news12.com/> and <http://pamal.com/stormcenter/whud.php>
- If you are not sure about your child's program, contact the program directly.
- The WCDH follows the local school district closings throughout the county. If your school district is closed, WCDH transportation will also be canceled.
- If your child's program chooses to open and WCDH does not provide bus service, you may drive your child to the program; **please be aware that you are responsible for round-trip transportation.**
- Please be aware that if bus service is provided in bad weather you should expect delays.

### Complaints:

- If you have questions or concerns about your child's bus schedule, lateness, or other service problems, please call the bus company office and speak with the dispatcher or the manager. **Do not discuss problems with the bus driver or monitor.**
- Please report unresolved bus service problems to your child's program for assistance.
- If the program is unable to resolve the service problem, they will contact the WCDH Program Administrator.

## School Bus Service for the 2023-2024 School Year & Summer 2024:

<b>PROGRAM or GROUP NAME</b>	<b>BUS COMPANY NAME</b>
ACDS - PELHAM	ALL COUNTY BUS
ACDS - SCARSDALE	ALL COUNTY BUS
ALCOTT SCHOOL - DOBBS FERRY	ASTRA TRANSPORTATION
ASCEND AUTISM - HAWTHORNE	ASTRA TRANSPORTATION
BLYTHEDALE/MT. PLEASANT BLYTHEDALE -VALHALLA	TLC TRANSPORTATION
CITY PRO GROUP - NEW ROCHELLE	ALL COUNTY BUS
CLEAR VIEW SCHOOL - BRIARCLIFF MANOR	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL - HAWTHORNE	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL CCC/WHITE HOUSE - KATONAH	WHITE PLAINS BUS
CHILDREN'S SCHOOL - MT. KISCO CHILD CARE -MT. KISCO	WHITE PLAINS BUS
CHILDREN'S SCHOOL PEAS & KARROTS - OSSINING	WHITE PLAINS BUS
CHILDREN'S SCHOOL MASCIA - TARRYTOWN	ASTRA TRANSPORTATION
EASTER SEALS PROJECT EXPLORE - VALHALLA	ALL COUNTY BUS
EASTER SEALS PROJECT SOAR - CARMEL	WHITE PLAINS BUS
ELIZABETH SETON CHILDREN'S SCHOOL - WHITE PLAINS	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - PIERMONT	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - WHITE PLAINS	ALL COUNTY BUS
FRED S. KELLER SCHOOL - YONKERS	ASTRA TRANSPORTATION
GREENBURGH PRE-K - HARTSDALE	ALL COUNTY BUS
GUIDANCE CENTER - NEW ROCHELLE	ASTRA TRANSPORTATION
GUIDANCE CENTER - PEEKSKILL	WHITE PLAINS BUS
HAWTHORNE COUNTRY DAY SCHOOL - HAWTHORNE	ALL COUNTY BUS
HUDSON VALLEY EARLY CHILDHOOD CENTER - BREWSTER	MAT BUS CORP.
JCC TOWARD TOMORROW - SCARSDALE	ASTRA TRANSPORTATION
JCC TOWARD TOMORROW TIC - WHITE PLAINS	ASTRA TRANSPORTATION
LOS NINOS - HAWTHORNE	ASTRA TRANSPORTATION
LOS NINOS - VALHALLA	SUPER WHEELS
MAMARONECK PRE-K - MAMARONECK	ALL COUNTY BUS
NY INSTITUTE FOR SPECIAL EDUCATION - BRONX	ALL COUNTY BUS
PARKSIDE PRESCHOOL - MAHOPAC	MAT BUS CORP.
PORT CHESTER THERAPEUTIC NURSERY - PORT CHESTER	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL- FISHER AVENUE, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH BROADWAY, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH STREET, WHITE PLAINS	ASTRA TRANSPORTATION
PSSLLC - NEW ROCHELLE	ALL COUNTY BUS
REBECCA TURNER PRESCHOOL - MT. VERNON	ALL COUNTY BUS
RISING GROUND/AMES - YONKERS	ASTRA TRANSPORTATION
STEPPING STONES - WHITE PLAINS	ALL COUNTY BUS
THERA CARE BRIGHT BEGINNINGS - YORKTOWN	WHITE PLAINS BUS
THERA CARE HARRISON CHILDREN'S CENTER - HARRISON	ALL COUNTY BUS
UNITED PRESCHOOL CENTER - WHITE PLAINS	TLC TRANSPORTATION
WESTCHESTER SCHOOL FOR SPECIAL CHILDREN - YONKERS	TLC TRANSPORTATION
WESTSTCOP THERAPEUTIC NURSERY - GRANITE SPRINGS	TLC TRANSPORTATION



## **Bus Company Contact Information:**

All County Bus	914-963-9600
Astra Transportation	914-965-9006
MAT Bus	914-278-6829
Super Wheels	914-613-8225
TLC Transportation	914-375-2258
White Plains Bus	914-328-1400

## **When There is an Accident:**

Our most important mission is the safe transport of your child. If your child is in an accident or appears to be ill, the following steps will be taken.

- The Bus Company immediately notifies WCDH and your child's program.
- During program hours, your child's program will contact you. After program hours, the Bus Company will contact you.
- Your child may be taken to the Emergency Room; the police officer(s) at the scene will determine if this is necessary.
- Since New York is a no-fault insurance state, **in the event that your child is involved in a school bus accident and requires medical treatment, the parent/guardian's automobile insurance is primary for all costs, including the emergency room.** This is a New York State Law.
- Should the parent/guardian not have automobile insurance, the bus company is responsible for insurance and possible post-accident costs.

## **When There is Illness or an Injury on the Bus:**

- The bus driver and monitor do not administer first aid.
- In the event of an emergency, the bus driver will park the bus in a safe location and contact the dispatcher.
- When there is a nurse on the vehicle, the nurse will treat the child or determine if it is necessary to call for an ambulance. Otherwise, Dispatch will call an ambulance.
- The bus driver will wait for assistance/an ambulance to arrive.

## PROGRAMA PREESCOLAR y DE INTERVENCIÓN TEMPRANA

# Manual de transporte para padres

El Departamento de Salud para Niños con Necesidades Especiales del Condado de Westchester administra el Programa de Transporte Preescolar/de Intervención Temprana del Condado de Westchester. Nos complace entregarle este manual para ayudarlo a comprender los procedimientos y responder cualquier pregunta que pueda tener. Tómese un momento para leer esta información importante ahora mismo y tenga este manual a mano como referencia durante todo el año escolar.

### Opciones de servicio de transporte:

#### Reembolso de millas



#### Tarjetas MetroCard mensuales sin costo



#### Servicio de autobús provisto por el condado



**Septiembre de 2023**

# Opciones de servicio de transporte

El Departamento de Salud del Condado de Westchester (WCDH) ofrece el Servicio de Transporte para niños con necesidades especiales según lo dispuesto por la Sección 4410 de las Leyes de Educación de 1989, Título II-A del Artículo 25 de la Ley de Salud Pública u otras leyes aplicables.

El Servicio de Transporte se define como el transporte de cada niño de ida y vuelta al programa de necesidades especiales del niño (el programa o la agencia que presta servicios educativos al niño) utilizando un vehículo que puede adaptarse a las necesidades específicas de cada niño. Esto incluye el servicio de autobús escolar provisto por el condado en vehículos equipados con radio, asiento de seguridad para niños, conductores y monitores debidamente capacitados y transporte para padres en auto privado o autobús público. Como padre/tutor, debe analizar todas las opciones de servicio de transporte disponibles con su Coordinador de Servicios de Intervención Temprana o el presidente del Comité de Educación Preescolar (CPSE) de su distrito escolar. Su distrito escolar se define por el área geográfica en la que vive su familia. Cada distrito escolar tiene su propio CPSE para niños de 3 a 5 años, que determina las necesidades de educación especial de su hijo.

**Reembolso de millaje:** se reembolsará a los padres/tutores por llevar de ida y vuelta a su hijo a un Grupo de Desarrollo Infantil de Intervención Temprana incluido en el Plan de Servicio Familiar Individualizado (IFSP), los servicios de Intervención Temprana que se dan en una instalación (no un grupo de desarrollo infantil) incluido en el Plan de Servicio Familiar Individualizado (IFSP), un grupo de padres e hijos incluido en el Plan de Servicio Familiar Individualizado (IFSP) o el Programa Preescolar de Educación Especial 4410 aprobado incluido en el Plan de Educación Individualizado (IEP). El reembolso se paga según la tarifa actual por milla aprobada por el condado, por un viaje de ida y vuelta diario entre la residencia o la guardería del niño y la dirección del programa, servicio o grupo según el cálculo de Google Maps. El estacionamiento y los peajes también pueden reembolsarse cuando sea necesario y cuando lo autorice el WCDH. Los padres deben presentar la documentación necesaria.

**Tarjetas MetroCard mensuales sin costo:** los padres/tutores que llevan a su hijo de ida y vuelta al programa, servicio o grupo incluido en el Plan de Servicio Familiar Individualizado (IFSP) o en el Plan de Educación Individualizado (IEP) en transporte público pueden recibir una tarjeta MetroCard mensual sin costo de uso ilimitado cada mes durante el período en que su hijo esté autorizado a recibir los servicios. La tarjeta MetroCard es válida por 30 días a partir de su primer uso y se puede usar en cualquier autobús Bee-Line de Westchester y en todos los autobuses y subterráneos locales de la ciudad de Nueva York\*. Los padres deben presentar la documentación necesaria. En algunos casos, puede estar disponible el reembolso de la tarifa de taxis.

\*El sistema de pago de tarifas OMNY está programado para reemplazar la tarjeta MetroCard en 2024.

**Servicio de autobús provisto por el condado:** está disponible para los niños que asisten a un Grupo de Desarrollo Infantil de Intervención Temprana incluido en el Plan de Servicio Familiar Individualizado (IFSP) o el Programa Preescolar de Educación Especial 4410 aprobado incluido en el Plan de Educación Individualizado (IEP).

Cualquiera sea la opción que se seleccione en la reunión del IFSP o CPSE, debe estar incluida en el IFSP o IEP de su hijo antes del comienzo de los servicios de transporte y **debe ser la misma cada día** que su hijo asista al programa/servicio. No puede combinar un reembolso de la tarjeta MetroCard o de transporte y el servicio de autobús provisto por el condado. Cualquier cambio necesario en la opción de transporte seleccionada debe comunicarse al Coordinador de Servicios de Intervención Temprana o al presidente del CPSE de su distrito escolar. La documentación correspondiente debe completarse antes del comienzo de la nueva opción de servicio.

## Si elige el servicio de autobús

El Departamento de Salud del Condado de Westchester (WCDH) debe garantizar que se ofrezca un transporte seguro y eficiente para todos los niños de Westchester aprobados para el servicio de transporte. El servicio de autobús solo comenzará una vez que el WCDH reciba y revise el IFSP o IEP de su hijo donde se autoriza el servicio de transporte y un Formulario de Autorización de Transporte en Autobús (TAF) debidamente completado. Si el WCDH no recibe estos documentos requeridos, o si son incorrectos o llegan tarde, **EL SERVICIO DE AUTOBÚS PUEDE NO ESTAR DISPONIBLE EL PRIMER DÍA DEL PROGRAMA.** Hable con el Coordinador de Servicios de Intervención Temprana de su hijo para confirmar que la documentación correcta se presentó de manera oportuna. O bien, hable con el CPSE de su distrito escolar para pedir que la reunión de su hijo se programe de manera oportuna y que todos los documentos requeridos se hayan completado y enviado al WCDH.

**Formulario de Autorización de Transporte en Autobús (TAF):** se requiere un Formulario de Autorización de Transporte en Autobús (TAF) completo para que su hijo pueda viajar en el autobús escolar. Su distrito escolar o el coordinador de servicios le dará el TAF para que lo complete. El TAF da la siguiente información:

1. **DIRECCIÓN DE RECOGIDA:** La dirección de su casa. Si elige una dirección que no es la de su casa, la dirección alternativa también debe estar dentro del condado de Westchester. **La dirección de recogida debe ser la misma todos los días de la semana.**
2. **DIRECCIÓN DE LLEGADA:** La dirección de su casa o una dirección alternativa dentro del condado de Westchester. Esta dirección puede ser diferente de la dirección de recogida, pero **debe ser la misma todos los días de la semana.**
3. **NÚMEROS DE EMERGENCIA:** si no podemos comunicarnos con usted. Debe ser alguien que conozca a su hijo y que haya aceptado asumir la responsabilidad de su hijo.
4. **INFORMACIÓN MÉDICA:** Es información que usted y el médico de su hijo consideran que es importante que tengamos para ofrecer un transporte seguro. Complete esta sección para ayudarnos a comprender las necesidades de su hijo. Infórmenos si su hijo tiene condiciones médicas especiales como convulsiones, problemas de temperatura, alergias, etc., si su hijo toma medicamentos habitualmente y cuál es el medicamento. **Es posible que esta información se comparta con los trabajadores de EMS durante una emergencia.**

**Debe comunicarse con su distrito escolar o coordinador de servicios para pedir un cambio en la información del TAF.** Los cambios en las rutas de los autobuses no se pueden hacer mediante la presentación de formularios o solicitudes directamente al conductor o la compañía del autobús. Su distrito escolar/coordinador de servicios completará un nuevo TAF y enviará el formulario al WCDH. Los cambios en la dirección de recogida o llegada o en el lugar del programa pueden tardar hasta 10 días en incorporarse.

No se permiten cambios temporales en los lugares de recogida o llegada. Una vez que el viaje de un estudiante está programado de acuerdo con la información en el TAF, solo se puede cambiar si la familia se muda permanentemente a una nueva dirección o cambia permanentemente la dirección alternativa de recogida o llegada. No envíe formularios para pedir un cambio temporal de dirección.

**El TAF de su hijo debe estar actualizado en todo momento.** El servicio de autobús se suspenderá si hay información significativa en el TAF que no sea correcta. Debe comunicarse con su distrito escolar o coordinador de servicios para pedir un TAF actualizado si hay un cambio en la dirección para recoger o dejar a su hijo, el lugar del programa, la hora de la sesión del programa, el nombre de las personas autorizadas para encontrarse con su hijo en el autobús, los números de teléfono suyos o de contactos de emergencia o las necesidades médicas de su hijo.

# Procedimientos del servicio de autobús

## Qué esperar:

- Su hijo obtendrá un viaje de ida y vuelta (de la casa al programa, del programa a la casa) en un vehículo equipado con asientos de seguridad para niños para todos los niños. Los vehículos tendrán aire acondicionado según sea necesario desde el 1 de mayo hasta el 1 de octubre y se calefaccionarán adecuadamente en los meses fríos. Los vehículos serán de fácil acceso para sillas de ruedas si fuese necesario.
- No se permiten medicamentos en el autobús. Si su hijo necesita medicamentos, es su responsabilidad llevarlos al programa.
- Los padres no pueden entrar ni viajar en el autobús.
- Las rutas de autobús generalmente tienen un horario de hasta 60 minutos. Si su hijo vive a una distancia considerable del programa, el tiempo programado de la ruta del autobús puede ser de hasta 75 minutos. Factores como la congestión vehicular/accidentes o las inclemencias meteorológicas pueden hacer que la ruta del autobús tome más tiempo del programado. Los padres también deben tener en cuenta que los autobuses a menudo salen del programa varios minutos después de la hora de salida del programa una vez que todos los niños han subido al autobús.
- **Los horarios de recogida y llegada programados son aproximados.**

## Monitores del autobús:

- Cada vehículo tendrá un monitor de autobús.
- El monitor del autobús ayudará a su hijo a subir, viajar y bajarse del autobús.
- No se permite que el monitor del autobús acompañe a su hijo hacia o desde el autobús escolar. Un padre/cuidador, empleado de la escuela/programa o proveedor de cuidado infantil debe acompañar a todos los niños de ida y vuelta al autobús.
- El monitor del autobús ayudará al conductor del autobús a asegurarse de que todos los niños estén bien sujetos en un sistema de sujeción para niños o en la silla de ruedas y que viajen cómodamente. El monitor del autobús informará cualquier problema al conductor del autobús.
- No se permite que el monitor del autobús ayude a su hijo a vestirse mientras está en el autobús.
- No se permite que el monitor del autobús ayude a su hijo a alimentarse mientras está en el autobús. Los niños no deben comer mientras están en el autobús.
- El monitor del autobús no puede dar un juguete a un niño y no debe permitir que un niño entre al autobús mientras juega con un juguete. Los niños no pueden sostener ni jugar con un juguete mientras viajan en el autobús.
- El monitor del autobús no puede recibir mensajes suyos para el despachador o gerente de la compañía de autobuses.

### **Espera del autobús:**

- La compañía de autobuses lo llamará para darle los horarios **aproximados** para recoger y dejar a su hijo.
- Su hijo debe estar listo 10 minutos antes de la hora de recogida. Si ocasionalmente su hijo no está listo a la hora programada para recogerlo, el conductor no está obligado a esperar más de 5 minutos antes de continuar con la ruta. **El conductor no está obligado a esperar 5 minutos a su hijo cada día.**
- Si espera más de 15 minutos desde la hora de recogida programada y la compañía de autobuses no se comunica con usted, llame al despachador.
- Si el autobús llega tarde más de dos (2) veces consecutivas, infórmele al programa de El o preescolar de su hijo para recibir ayuda.
- Los cambios en los horarios de recogida y llegada se hacen durante el año escolar cuando los niños se agregan o salen del programa. La compañía de autobuses le informará de cualquier cambio de horario.

### **Usted o un cuidador autorizado deben esperar el autobús:**

- Todos los niños los deben ser recibidos en el autobús escolar por un **padre/tutor** (una persona legalmente responsable del cuidado del niño; puede ser un padre, un padre adoptivo, un pariente, el Departamento de Servicios Sociales) o un **cuidador o persona responsable** (individuos designados por el padre/tutor para cuidar al niño que tienen **al menos 14 años**) que **figuren en el TAF**.
- Por la seguridad de su hijo, el **conductor del autobús tiene prohibido entregar a su hijo a alguien que no figure en el TAF**. Se debe presentar una identificación.
- El padre/tutor debe estar esperando en la dirección de llegada 10 minutos antes de la hora de llegada programada.
- Si usted o alguien que figura en el TAF no está disponible para esperar el autobús y la compañía de autobuses no puede comunicarse con usted ni con los contactos de emergencia, la compañía de autobuses **debe llamar al 911 para informar de que no hay nadie disponible para recibir a su hijo**.

### **Ausencia:**

- Es necesario que el padre/tutor **informe a la compañía de autobuses por lo menos una (1) hora antes** de la hora programada de recogida si el niño va a estar ausente.
- Si su hijo no necesitará el autobús por varios días debido a vacaciones familiares, etc., debe informarlo con un mínimo de un (1) día de anticipación. **Debe llamar a la oficina de despacho de la compañía de autobuses (no se lo diga al conductor ni al monitor del autobús)**. También debe informar al programa.

## Suspensión del servicio:

- Si no informa a la compañía de autobuses de que su hijo estará ausente y el autobús llega a su casa para prestarle el servicio, esto se considera como ausencia. **Si su hijo está ausente durante dos (2) días consecutivos, el servicio de autobús se detendrá.** Puede llamar a la compañía de autobuses para iniciar el servicio nuevamente. Si han pasado cinco días o más desde que se detuvo el servicio de autobús de su hijo debido a las ausencias, debe comunicarse con el coordinador de servicios de su hijo o el distrito escolar para pedir el servicio de autobús. **Tomará de 5 a 10 días para que el servicio de autobús comience de nuevo.**
- **Si la compañía de autobuses no puede transportar a su hijo de manera segura debido a su comportamiento mientras viaja o sube y baja del autobús, puede ser necesario suspender temporalmente el servicio de autobús.** El programa de su hijo le informará si hay algún problema. El programa, su distrito escolar, la compañía de autobuses y el WCDH trabajarán con usted y su hijo para encontrar una solución. El servicio de autobús se reanudará cuando su hijo pueda ser transportado de manera segura.

## Inclencias meteorológicas:

- Escuche la radio o la televisión local o busque en línea los retrasos escolares o las notificaciones de cierre. Puede encontrar los cierres de programas y del distrito escolar a través de estos enlaces a News 12 Westchester y WHUD Westchester:  
<http://westchester.news12.com/> y <http://pamal.com/stormcenter/whud.php>
- Si no está seguro acerca del programa de su hijo, comuníquese directamente con el programa.
- El WCDH sigue los cierres de los distritos escolares locales en todo el condado. Si su distrito escolar está cerrado, el transporte del WCDH también se cancelará.
- Si el programa de su hijo elige abrir y el WCDH no presta el servicio de autobús, puede llevar a su hijo al programa. **Tenga en cuenta que usted es responsable del transporte de ida y vuelta.**
- Tenga en cuenta que si se presta el servicio de autobús cuando hay mal tiempo, puede haber retrasos.

## Reclamaciones:

- Si tiene preguntas o preocupaciones sobre el horario del autobús de su hijo, el retraso u otros problemas del servicio, llame a la oficina de la compañía de autobuses y hable con el despachador o el gerente. **No hable de los problemas con el conductor del autobús ni el monitor.**
- Informe sobre los problemas no resueltos del servicio de autobús al programa de su hijo para obtener ayuda.

Si el programa no puede resolver el problema del servicio, se comunicará con el administrador del programa del WCDH.

**Servicio de autobús escolar para el año escolar 2023-2024 y el verano de 2024:**

<b>NOMBRE DEL PROGRAMA o GRUPO</b>	<b>NOMBRE DE LA COMPAÑÍA DE AUTOBUSES</b>
ACDS - PELHAM	ALL COUNTY BUS
ACDS - SCARSDALE	ALL COUNTY BUS
ALCOTT SCHOOL - DOBBS FERRY	ASTRA TRANSPORTATION
ASCEND AUTISM - HAWTHORNE	ASTRA TRANSPORTATION
BLYTHEDALE/MT. PLEASANT BLYTHEDALE -VALHALLA	TLC TRANSPORTATION
CITY PRO GROUP - NEW ROCHELLE	ALL COUNTY BUS
CLEAR VIEW SCHOOL - BRIARCLIFF MANOR	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL - HAWTHORNE	ASTRA TRANSPORTATION
CHILDREN'S SCHOOL CCC/WHITE HOUSE - KATONAH	WHITE PLAINS BUS
CHILDREN'S SCHOOL - MT. KISCO CHILD CARE -MT. KISCO	WHITE PLAINS BUS
CHILDREN'S SCHOOL PEAS & KARROTS - OSSINING	WHITE PLAINS BUS
CHILDREN'S SCHOOL MASCIA - TARRYTOWN	ASTRA TRANSPORTATION
EASTER SEALS PROJECT EXPLORE - VALHALLA	ALL COUNTY BUS
EASTER SEALS PROJECT SOAR - CARMEL	WHITE PLAINS BUS
ELIZABETH SETON CHILDREN'S SCHOOL - WHITE PLAINS	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - PIERMONT	ASTRA TRANSPORTATION
FRED S. KELLER SCHOOL - WHITE PLAINS	ALL COUNTY BUS
FRED S. KELLER SCHOOL - YONKERS	ASTRA TRANSPORTATION
GREENBURGH PRE-K - HARTSDALE	ALL COUNTY BUS
GUIDANCE CENTER - NEW ROCHELLE	ASTRA TRANSPORTATION
GUIDANCE CENTER - PEEKSKILL	WHITE PLAINS BUS
HAWTHORNE COUNTRY DAY SCHOOL - HAWTHORNE	ALL COUNTY BUS
HUDSON VALLEY EARLY CHILDHOOD CENTER - BREWSTER	MAT BUS CORP.
JCC TOWARD TOMORROW - SCARSDALE	ASTRA TRANSPORTATION
JCC TOWARD TOMORROW TIC - WHITE PLAINS	ASTRA TRANSPORTATION
LOS NINOS - HAWTHORNE	ASTRA TRANSPORTATION
LOS NINOS - VALHALLA	SUPER WHEELS
MAMARONECK PRE-K - MAMARONECK	ALL COUNTY BUS
NY INSTITUTE FOR SPECIAL EDUCATION - BRONX	ALL COUNTY BUS
PARKSIDE PRESCHOOL - MAHOPAC	MAT BUS CORP.
PORT CHESTER THERAPEUTIC NURSERY - PORT CHESTER	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL- FISHER AVENUE, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH BROADWAY, WHITE PLAINS	ASTRA TRANSPORTATION
PRIME TIME PRESCHOOL - NORTH STREET, WHITE PLAINS	ASTRA TRANSPORTATION
PSSLLC - NEW ROCHELLE	ALL COUNTY BUS
REBECCA TURNER PRESCHOOL - MT. VERNON	ALL COUNTY BUS
RISING GROUND/AMES - YONKERS	ASTRA TRANSPORTATION
STEPPING STONES - WHITE PLAINS	ALL COUNTY BUS
THERA CARE BRIGHT BEGINNINGS - YORKTOWN	WHITE PLAINS BUS
THERA CARE HARRISON CHILDREN'S CENTER - HARRISON	ALL COUNTY BUS
UNITED PRESCHOOL CENTER - WHITE PLAINS	TLC TRANSPORTATION
WESTCHESTER SCHOOL FOR SPECIAL CHILDREN - YONKERS	TLC TRANSPORTATION
WESTSTCOP THERAPEUTIC NURSERY - GRANITE SPRINGS	TLC TRANSPORTATION



## **Información de contacto de la compañía de autobuses:**

All County Bus	914-963-9600
Astra Transportation	914-965-9006
MAT Bus	914-278-6829
Super Wheels	914-613-8225
TLC Transportation	914-375-2258
White Plains Bus	914-328-1400

## **Cuando hay un accidente:**

Nuestra misión más importante es el transporte seguro de su hijo. Si su hijo tiene un accidente o parece estar enfermo, se tomarán las siguientes medidas.

- La compañía de autobuses informa inmediatamente al WCDH y al programa de su hijo.
- Durante el horario del programa, el programa de su hijo se comunicará con usted. Después del horario del programa, la compañía de autobuses se comunicará con usted.
- Es posible que lleven a su hijo a la sala de emergencias; los oficiales de policía en la escena determinarán si esto es necesario.
- Dado que Nueva York es un estado de seguro sin culpa, **si su hijo se ve involucrado en un accidente de autobús escolar y requiere tratamiento médico, el seguro de automóvil del padre/tutor es el principal para todos los costos, incluida la sala de emergencias.** Esta es una ley del estado de Nueva York.
- Si el padre/tutor no tiene seguro de automóvil, la compañía de autobuses es responsable del seguro y los posibles costos posteriores al accidente.

## **Cuando hay una enfermedad o una lesión en el autobús:**

- El conductor del autobús y el monitor no administran primeros auxilios.
- En caso de una emergencia, el conductor estacionará el autobús en un lugar seguro y se comunicará con el despachador.
- Cuando hay una enfermera en el autobús, la enfermera tratará al niño o determinará si es necesario llamar a una ambulancia. De lo contrario, Dispatch llamará a una ambulancia.
- El conductor del autobús esperará a que llegue la asistencia/una ambulancia.

# Transportation Forms

**TRANSPORTATION PLAN - Early Intervention**

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Program/Service Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Early Intervention Transportation Service Facts**

Transportation for children receiving Early Intervention services is governed by New York State Department of Health Early Intervention Regulations, Section 69-4.19. In accordance with these regulations, a no-cost METRO CARD, MILEAGE REIMBURSEMENT, and TAXI FARE REIMBURSEMENT are options available to Westchester parents when they transport their own child to and from an Early Intervention service to enable the child and the child's family to receive Early Intervention services contained in the Individualized Family Service Plan (IFSP). Whatever option is selected, it must be consistent for each day of travel to the program.

Except for unusual situations where special permission is granted, parents will not be eligible to receive reimbursement for mileage or taxi fare or a metro card if their child is receiving any other form of County-provided transportation. For example, if a child is normally transported by school bus, the parent cannot be reimbursed for occasionally driving the child to or from the service location.

**Mileage Reimbursement:** Parents will be reimbursed for driving their child to and from the child's program/service. Reimbursement will be paid at the current county approved rate per mile, for one round trip per day between the city or town in which the child lives and the city or town in which the child's program/service is located as calculated by an online web mapping service (MapQuest or similar). Reimbursement for parking and tolls may also be provided when necessary and authorized by the County.

**Metro Card:** Parents will receive at no cost a monthly Metro Card to be used for transporting the child to and from the program/service.

**Taxi Fare Reimbursement:** Parents will be reimbursed for the cost to transport their child to and from the program/service by taxi each day.

I will transport my child to services as per the IFSP and select the following option:

Mileage Reimbursement     Metro Card     Taxi Fare Reimbursement

Parent's Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note that once you have selected an option, you may only change your selection by contacting your service coordinator and completing another form.**

**Choose one:** New Student  **Info Change**  **and Reason for Change:** \_\_\_\_\_

Date of Completion: \_\_\_\_\_ Child's approximate weight (lb.): \_\_\_\_\_

**Choose one:** Early Intervention \_\_\_\_\_ and EIOD \_\_\_\_\_ or Preschool \_\_\_\_\_

Special Needs: WHEELCHAIR  OXYGEN  STROLLER  OTHER (SPECIFY): \_\_\_\_\_

Child's Legal Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Sex: M  F  DOB (mm/dd/yyyy): \_\_\_\_\_

Legal Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School District: \_\_\_\_\_

Parent/Guardian (or Foster Parent):

\_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_ Email \_\_\_\_\_  
 Mother

\_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Business: \_\_\_\_\_ Email \_\_\_\_\_  
 Father

Program: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Choose one:** Round Trip  **Pick-up only**  **Drop-off only**

EI - PICK-UP: M  T  W  TH  F

EI - DROP-OFF: M  T  W  TH  F

Pick up- If other than legal address		Drop off – If other than legal address	
NAME		NAME	
ADDRESS		ADDRESS	
CITY		CITY	
PHONE	CELL	PHONE	CELL
<b>Additional persons authorized to receive child (MUST PRESENT ID)</b>			
NAME:		RELATIONSHIP	CELL
NAME:		RELATIONSHIP	CELL
NAME:		RELATIONSHIP	CELL
<b>Emergency Contact for child</b>		<b>Emergency Contact for child #2</b>	
NAME		NAME	
RELATIONSHIP		RELATIONSHIP	
ADDRESS		ADDRESS	
CITY		CITY	
PHONE	CELL	PHONE	CELL

**Based on the route and/or the location of provider, school routes can be up to 60 minutes one way.**

\_\_\_\_\_  
 SIGNATURE OF SCHOOL DISTRICT /REPRESENTATIVE or DATE PARENT/GUARDIAN/SUROGATE SIGNATURE DATE



Departamento de Salud del Condado de Westchester  
 CSN – Intervención Temprana/Pre-escolar  
 Planilla de Autorización de Transporte en Autobús.

**Escoja una: Nuevo Estudiante ( ) Cambio de Información ( ) Razón del cambio:** \_\_\_\_\_

Fecha de Terminación: \_\_\_\_\_ Peso Aproximado del Niño: \_\_\_\_\_

**Escoja una:** Intervención Temprana \_\_\_\_\_ y EIOD \_\_\_\_\_ o Pre-escolar \_\_\_\_\_

Necesidades Especiales: SILLA DE RUEDAS ( ) OXIGENO ( ) COCHE DE BEBE ( ) OTRO (Especificar): \_\_\_\_\_

Apellido Legal del Niño: \_\_\_\_\_ Nombre: \_\_\_\_\_ Inicial 2do Nombre.: \_\_\_\_\_

Sexo M ( ) F ( ) Fecha de Nacimiento (mm/dd/aa): \_\_\_\_\_

Dirección Legal: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Distrito Escolar: \_\_\_\_\_

Padres/Guardianes(o Padres Adoptivos):

\_\_\_\_\_ Teléfono de Casa: \_\_\_\_\_ Celular: \_\_\_\_\_ Negocio: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

Madre

\_\_\_\_\_ Teléfono de Casa: \_\_\_\_\_ Celular: \_\_\_\_\_ Negocio: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

Padre

Programa: \_\_\_\_\_ Dirección: \_\_\_\_\_

Fecha de Inicio: \_\_\_\_\_ Fecha de Finalización: \_\_\_\_\_ Hora de Inicio: \_\_\_\_\_ Hora de Llegada: \_\_\_\_\_

Escoja una: Ida y Vuelta ( ) Sólo recoger ( ) Sólo dejar ( )

EI - PICK-UP: M  T  W  TH  F

EI - DROP- OFF: M  T  W  TH  F

Recoger- Si hay otra además de la dirección legal	Dejar – Si hay otra además de la dirección legal
Nombre:	Nombre:
Dirección	Dirección
Ciudad:	Ciudad:
Teléfono: Celular:	Teléfono: Celular:

**Personas Adicionales para recibir al niño (Deben presentar identificación)**

Nombre:	Relación:	Celular:
Nombre:	Relación:	Celular:
Nombre:	Relación:	Celular:

Contacto de emergencia para el niño	Contacto de emergencia para el niño #2
Nombre:	Nombre:
Relación:	Relación:
Dirección:	Dirección:
Ciudad:	Ciudad:
Teléfono: Celular:	Teléfono: Celular:

**Basado en la ruta y/o ubicación del progama, las rutas escolares pueden tardar hasta 60 minutos de ida.**

\_\_\_\_\_ / / \_\_\_\_\_ / /  
 Firma del representante del distrito escolar      Fecha      Padre/Guardián/Firma Sustituta      Fecha

# Chapter 10: Procedural Safeguards

## Westchester County Early Intervention Program Notice of Child and Family Rights

These are your family's rights, as defined by the federal law known as the Individuals with Disabilities Education Act (IDEA). Part C of IDEA provides for early intervention services for eligible infants and toddlers.

The Westchester County Early Intervention Program is designed to maximize family involvement and ensure parental consent in each step of the process from determination of eligibility through service delivery. Rights and procedural safeguards have been established to protect parents and children and to ensure that parents have a leadership role in services for their children. Participation is voluntary for you and your family. Please refer to the New York State, "The Early Intervention Program, A Parent's Guide" which was given to you by your initial service coordinator for more information about your rights and entitlements. This guide can be accessed via computer at <http://www.health.ny.gov/publications/0532/>.

You have the following rights:

1. The right to a timely multidisciplinary evaluation and assessment and the development of an Individualized Family Service Plan (IFSP) within forty-five (45) calendar days from referral to the Early Intervention Program;
2. If eligible under the Early Intervention Program, the right to appropriate early intervention services for your child and family as addressed in an IFSP;
3. The right to evaluation, assessment, development of IFSP, service coordination, and procedural safeguards at no cost;
4. The right to refuse evaluations, assessments, and services;
5. The right to be invited to and participate in all IFSP meetings;
6. The right to receive written notice ten (10) working days before a change is proposed or refused in the identification, evaluation, or placement of your child, or in the provision of services to your child or family;
7. The right to receive services in your child's natural environment to the maximum extent appropriate;
8. The right to maintenance of the confidentiality of personally identifiable information;
9. The right to review and, if appropriate, correct early intervention records;
10. The right to timely resolution of complaints including the right to mediation and due process hearings;
11. The right to file a complaint of alleged FERPA violations to:  
Family Compliance Office  
U.S. Department of Health  
400 Maryland Avenue  
Washington, D.C. 20202 -4605

Complaints to the Federal Compliance Office must be submitted no later than 180 days from the date the individual submitting the complaint first learned of the circumstances of the alleged violation. Complaints should contain specific allegations of fact giving reasonable cause to believe a violation had occurred, including relevant date; names and titles of those involved; a specific description of the record around which the alleged violation occurs; a description of any contact with any officials regarding the matter; and any additional evidence that would be helpful.

For further information and assistance related to early intervention record requirements contact:

New York State Department of Health  
Early Intervention Program  
Room 287 Corning Tower Building  
Empire State Plaza, Albany, NY 12237-0618  
(518) 473-7016

In addition to these general rights, you are entitled to be notified of specific procedural safeguards. These safeguards or rights include Parental Consent, Prior Notice, Examination of Records, Confidentiality of Information, Mediation, Administrative Due Process Hearings and the right to appoint a surrogate parent.

## **PARENTAL CONSENT**

Consent means that:

- You have been fully informed of all information about the activity for which consent is sought, in your native language\*, or mode of communication;
  - You understand and agree in writing to provision of the activity for which your consent is sought, and the consent describes the activity and lists the records (if any) that will be released and to whom;
  - You understand that granting consent is voluntary on your part and that you may cancel consent in writing at any time.
- \* *Native Language, when used in reference to persons of limited English proficiency, means the language or mode of communication normally used by the parent of an eligible child.*

Your written consent is required:

- Before evaluation(s) and assessment(s) of your child are conducted;
  - Before early intervention services are provided; and before the exchange of any personally identifiable information\*, except as required by law.
- \* *Personally Identifiable Information includes: The name of your child or the name of other family members; The address of your child; A personal identifier, such as your child's or your own social security number; or a list of personal characteristics or other information that would make it possible to identify your child with reasonable certainty.*

If you do not give consent for any evaluation(s), assessment(s) or early intervention services, reasonable effort will be made to ensure that you:

- Are fully aware of the nature of the evaluation(s), assessment(s) or services that would be available;
- Understand that your child will not be able to receive the evaluation and assessment or services unless consent is given

As a parent of a child eligible for early intervention services, you may determine whether you will accept or refuse any early intervention service(s). You have the right to accept some evaluations and services while rejecting or stopping others. You may also refuse any service after first accepting it without jeopardizing other early intervention services.



## **PRIOR NOTICE**

Written notice must be given to you ten working days before the Early Intervention Program, proposes or refuses to initiate or change the identification, evaluation, service setting, or the provision of early intervention services to your child and your family.

The notice must inform you about:

- The action that is being proposed or refused;
- The reasons for taking the action;
- All procedural safeguards that are available under the Early Intervention Program.

The notice must be:

- Written in language understandable to the general public and provided in your native language or the language normally used by you, unless it is clearly not feasible to do so.
- If your native language or other mode of communication is not a written language, the local lead agency shall take steps to ensure that:
  - The notice is translated orally or by other means to you in your native language or other mode of communication;
  - You understand the notice;
  - There is written evidence that the requirements of this section have been met.
  - If you are deaf, blind, or have no written language, the mode of communication must be that normally used by you (such as sign language, Braille, or oral communication).

## **EXAMINATION OF RECORDS**

You must be given the opportunity to inspect and review records related to screening, evaluation, assessment, determination of eligibility, the development and implementation of IFSPs, individual complaints dealing with your child, and any other portion of the Early Intervention Program involving records about your child and your family.

If a parent would like to inspect and review their child's record or to obtain a copy of their child's record the parent should submit a written request to the Early Intervention Official. The request should include the date, the child's name, date of birth, name of person making the request and their relationship to the child. Written requests should be mailed to:

Marina Yoegel  
Early Intervention Official  
Westchester County Department of Health  
145 Huguenot St. 7<sup>th</sup> Floor  
New Rochelle, NY 10801

## **Request to Inspect and Review**

Within 3 business days of receipt of the request the parent will be contacted to schedule the review at a time which is convenient for both Department of Health staff and the parent. Upon request, the record review may be arranged in conjunction with another meeting or discussion. If a parent is unable to submit a written request a verbal request will be accepted. A verbal request may be made by calling 914-813-5090.

### Record Review:

- Active records may be reviewed as soon as the Early Intervention Official Designee (EIOD) assigned to your child's case is available to be present at the record review.

- If the case file has been closed and archived, it will take at least 10 business days to retrieve the record.
- A picture ID must be shown at the time of the record review.
- During this review any person viewing the record will be asked to sign a “Record Access Form”
- The EIOD will remain with the person reviewing the record to ensure understanding of its contents.
- No material contained in the record may be removed or destroyed.
- To **amend** anything in the record a written request must be submitted.
- Once the record has been reviewed, it will be returned to the appropriate secured area.

Parents may also authorize, in writing a representative to inspect and review the records unless such access is prohibited under State or federal law. If any record contains information about more than one child, information about other children receiving services must be protected. Only information pertaining to the child/family that made the request for record access or disclosure will be released.

**Request to Obtain a Copy**

The parent will be contacted within 3 business days of receipt of the request if any additional information is needed to process the request. WCDH will provide the copy of the requested record within 10 working days of the request (if the request is made as part of mediation or impartial hearing a copy will be provided within 5 days). If a third party requests a copy of an Early Intervention record, the request must be accompanied by a notarized release form signed by the parent. WCDH will not charge parents for the first copy of the record but may charge 25 cents per page for additional copies unless the fee prevents the parent from inspecting and reviewing the record. No fees will be charged for records related to evaluations and assessments or for the search and retrieval of records. If a parent is unable to submit a written request a verbal request will be accepted. A verbal request may be made by calling 914-813-5090.

**Request an Amendment to the Early Intervention Record:**

In accordance with NYS EI Regulations Section 69-4.17 (e); a parent has the right to present objections and request amendments to a record if a parent believes the information is inaccurate, misleading, or violates the privacy or other rights of the child. A parent may at any time present objections to the contents of the record to the EIO/D, evaluator, service provider or service coordinator, and request that amendments be made. A written or verbal request can be made directly to the child’s service coordinator, evaluator, service provider or the EIO. Requests made to the EIO should be sent to:

Marina Yoegel  
 Early Intervention Official  
 Westchester County Department of Health  
 145 Huguenot St. 7<sup>th</sup> Floor  
 New Rochelle, NY 10801

The EI provider will respond to the parent objection and request for amendments of the record within ten (10) working days.

- If the EI provider concurs with the parent, the record must be amended as requested and the parent should be notified in writing of the decision. The EI provider is responsible to notify the service coordinator of the approved amendment, so that all EI records are amended accordingly.
- If the EI provider does not concur with the parent’s request to amend the record, the EI provider shall inform the Early Intervention Official (EIO). The EIO will notify the parent in writing of the decision and inform the parent of the right to an administrative hearing. The hearing will be conducted in accordance with early intervention program regulations, 10 NYCRR Section 69-4.17(e)(4).

The hearing will be conducted by an individual assigned by the municipality who does not have a direct interest in the outcome of the hearing. If the hearing results in the determination that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, the Early Intervention Program will amend the information accordingly and will inform you in writing.

If the hearing results in the determination that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of the child, you have the right to place a statement in your child's early intervention records that comments on the information and sets forth any reasons for disagreeing with the hearing decision. Any explanation placed in the early intervention records of the child under this section must be maintained by the Early Intervention Program as part of the early intervention records of the child, as long as the early intervention record or contested portion (that part of the record with which you disagree) is maintained by such agency; and if the early intervention records of the child or the contested portion are disclosed by such agency to any party, the explanation must also be disclosed to that party. The hearing will be conducted according to the procedures under the Family Education Rights & Privacy Act (FERPA), which is found in statute at 20 U.S. C. §1232g, and in regulations at 34 CFR Part 99.

### **CONFIDENTIALITY OF INFORMATION**

All information on your child and family is confidential. The Early Intervention Program must have your permission to request information from or share information with other agencies, service providers, or professionals.

The following safeguards are in place to ensure confidentiality of records:

- The early intervention program protects the confidentiality of personally identifiable information at collection, storage, disclosure, and at all stages;
- At least one official is responsible for ensuring the confidentiality of any personally identifiable information;
- All persons collecting or using personally identifiable information receive training or instruction regarding the policies and procedures as they apply to confidentially regulations;
- The Early Intervention Program maintains, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information;
- The Early Intervention Program informs parents when personally identifiable information collected, maintained, or used under the Early Intervention Program is no longer needed to provide services to the child;
- The Early Intervention Program must destroy any personally identifiable information in the child's early intervention record at the request of the parents (Early Intervention records of the child's name, address, phone number, and dates of early intervention services must be maintained);
- The Early Intervention Program gives you the opportunity to inspect and review any of your child's early intervention records that are collected, maintained, or used by the Early Intervention Program;
- Individual early intervention records are maintained until a child reaches the age of 21. All billing/financial records will be retained for 6 years.

### **AVAILABILITY OF COMPLAINT PROCEDURES**

All complaints of suspected violation of laws, rules and regulations relating to the Early Intervention Program must be submitted by a parent, representative of the parent or any other individual or entity in writing to the Department of Health for investigation and resolution. The alleged violation may not have occurred more than one year prior to the date that the complaint is receive by the Department of Health.

## **INDIVIDUAL CHILD COMPLAINTS**

Individual child complaint resolution involves the formal resolution of concerns and disagreement between a parent and the Early Intervention Program through the use of mediation and/or an administrative due process hearing. If you disagree on any aspect of your child's identification, evaluation, or placement, or of the provision of appropriate early intervention services to your child and family, you have the right to a timely administrative resolution of your concerns through mediation or administrative due process. As a parent, you may initiate an individual child complaint by submitting a written request for mediation and/or an administrative due process hearing. If mediation is unsuccessful, the due process hearing must be completed within 30 days of your original written request for resolution. If an agreement is reached through mediation, the due process hearing is cancelled.

**Westchester County - EARLY INTERVENTION PROGRAM  
FAMILY RIGHTS HANDOUT  
MEDIATION/IMPARTIAL HEARING/SYSTEM COMPLAINTS**

Dear Parent:

The following is the procedure for you to follow to request mediation, impartial hearing or to file a system complaint. The Procedure is detailed in the NYS “The Early Intervention Program, A Parent’s Guide” which was given to you at your initial home visit. The “Parent’s Guide” can be downloaded from the New York State Department of Health website <http://www.health.state.ny.us/publications/0532/rights1.htm>. The “Parent’s Guide” has sample letters for you to use.

**Mediation**

- The parent sends a letter to the Early Intervention Official requesting mediation.
- The parent and the Early Intervention Official must both agree on mediation.
- If there is agreement to go to mediation, the Early Intervention Official will advise the Community Dispute Resolution Center about the request.
- A mediator will be assigned.
- A mediation meeting will be scheduled within two weeks of the Early Intervention Official being contacted.
- The Early Intervention Official or designee and the parent must attend the mediation.
- The parent may bring an attorney and other persons they feel will present their case.
- The Early Intervention Official may also bring an attorney. Both parties must inform the other that an attorney will be present.
- Mediators are not experts in early intervention, but they are experts at mediation and understand the early intervention system.
- The mediation process must be completed with 30 days.
- Once mediation is finished, a written agreement is prepared. Any new services agreed to will be included in the IFSP.
- There is no cost to a family for mediation.
- If no agreement is reached the family may request an impartial hearing.

**Impartial Hearing**

- Impartial Hearing is another way for Early Intervention Officials and parents to settle disagreements about IFSP services or a disagreement about a child’s eligibility for services following an evaluation.
- Parents may request an impartial hearing even if they already have gone to mediation.
- A parent does not have to go to mediation before requesting an impartial hearing.
- Impartial Hearings are conducted by hearing officers who are administrative law judges assigned by the Department of Health.
- Early Intervention Officials and parents give testimony and may use witnesses to support their view.
- Parents may bring a friend, another parent, an advocate or an attorney.
- A decision must be reached within 30 days.
- A hearing officer’s decision is final, but either party is allowed to ask for a judicial review.
- The IFSP must be changed within 5 working days of the written or oral decision of the hearing officer.

### **System Complaints**

- Parents have a right to file a systems complaint if they believe that the Early Intervention Official/Designee or service provider is not doing the job appropriately.
- To file a systems complaint the parent must write to the New York State Department of Health.
- The Department of Health will contact the parent to inform how the complaint will be handled.
- The Department of Health must complete the investigation within 60 days.
- The parent will receive a written response within 70 days.
- The Department of Health is responsible for ensuring that all steps to correct the problem are taken.

# Chapter 11: COVID-19



## **New York State Department of Health Bureau of Early Intervention Guidance to Early Intervention Providers Regarding Novel Coronavirus (COVID-19)**

September 22, 2020

*The following guidance will be in effect until further notice during the declared state of emergency for COVID-19.*

### **Providing Early Intervention Teletherapy Services without a Visual Component During the COVID-19 Declared State of Emergency**

#### Background

Following Governor Andrew M. Cuomo's Executive Order 202 issued on March 7, 2020, the New York State Department of Health (Department) has been working to ensure that all families can benefit from Early Intervention services during the COVID-19 declared state of emergency. To meet that goal, the Department has been working collaboratively with providers to offer teletherapy services to all children in the Early Intervention Program (EIP), regardless of the family's access to technology and the internet.

The standard and preferred method of delivering teletherapy services is by using **both** audio and visual components. When both components are used, the parents can see what the therapist/teacher is explaining, and the therapist/teacher can see what the caregiver is doing in response to the therapist's/teacher's coaching, modeling, guidance, or questions. Also, the therapist/teacher can see what typically occurs during the family's routine activities and can observe the child's engagement, functioning, and skill levels. Therefore, to the maximum extent possible, teletherapy should be provided using both a visual and an audio component.

In some circumstances, a video component may not be available for delivery of early intervention services. If a family does not have access to the internet for cultural or religious reasons or does not have access to necessary hardware or software to incorporate a video component that can be used for teletherapy sessions, Early Intervention services may be provided using a telephone-only method. Furthermore, Early Intervention (EI) providers may bill for service sessions delivered using the telephone-only method as long as service coordination notes document the reason(s) early intervention visits cannot be accomplished via standard teletherapy and visits conducted telephonically are documented in both service delivery logs and session notes.



## I. Procedural and Documentation Requirements

- a. Service Coordinators must clearly document the reason that telephone-only sessions are being provided (e.g., no access to internet due to cultural or religious reasons OR parent does not have video component that can be used to deliver teletherapy sessions) in service coordination notes.
- b. Service Coordinators and EI Providers must reach out to all families who are not able to utilize a visual component to receive EI teletherapy and offer the telephone-only method.
- c. Parent/guardian must sign the **NYS DOH Consent for Use of Telehealth During the COVID-19 Declared State of Emergency**.
- d. The requirements for **Session Notes, Progress Notes, and Service Logs** remain unchanged for telephone-only sessions.
  - i. The fact that the session was provided using a telephone-only method must be stated on **Session Notes, Progress Notes, and Service Logs**.
  - ii. The reason that telephone-only sessions are being provided must be documented on **Session Notes, Progress Notes, and Service Logs**.
- e. No modification is needed in NYEIS to indicate that the session is being delivered using the telephone-only method.
- f. All of the family's therapists and teachers are expected to communicate about and collaborate with one another on the strategies that work for the parent and child between sessions.
- g. EI providers should continue to use the same CPT codes they would normally use for all services. Service coordinators will continue to use the established rate code 5244 for case management services. See FAQs #16 and #17 at [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/docs/do\\_h\\_covid19\\_eifaqs\\_1-22\\_04.01.20.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/docs/do_h_covid19_eifaqs_1-22_04.01.20.pdf) for additional information.

## II. Prior to Every Telephone-Only Therapy Session

- a. The therapist must ensure that the parent/caregiver understands that they will be expected to use their phone in a way that allows for both hands to be free to work with their child during the entire telephone-only session. The therapist/teacher should also be able to hear what is going on during the session.
- b. The parent and therapist/teacher must decide in advance which IFSP outcomes will be addressed.
- c. The goals for the telephone-only session must be established prior to the start of the telephone session.
  - i. These goals might be established at the end of the previous session, to plan for an upcoming telephone-only session, or might be established 1-2 days before an upcoming telephone-only session.
- d. The parent and therapist/teacher should jointly decide when to schedule the telephone session, based on the routine activity they both have decided to focus on during the session.
- e. Since the sessions are only audio, the therapist/teacher and the parent should speak the same language to reduce the possibility of misunderstandings.

- f. The family should provide feedback as to what they have been working on with their child since the previous telephone-only session with that therapist/teacher, as well as what they may have been working on with other EI therapists/teachers, including:
  - i. How and when are strategies being carried out?
  - ii. How is the child responding? Is the child engaged?
  - iii. What are the challenges? What are the successes?
  - iv. Which strategies are working, and which cannot be carried out? Why?
  - v. What observations or ideas do the parents wish to share?
  - vi. How does their family's style or culture impact how they do their routine activities?
  
- h. The therapist/teacher should discuss with the parent the toys and materials that are available in the home that may be used to build the child's skills during their routine activities. The therapist/teacher can coach the parent on what to do, discuss the importance of reinforcement, explain verbal or physical prompts to support the child, and talk about how a newly acquired skill may be generalized across other routine activities.
- i. The therapist/teacher must provide (by dropping off at, faxing, or mailing to the family home, or emailing as applicable), written/printed instructions and graphics/pictures demonstrating techniques they are likely to ask the parent to carry out with the child.

### III. During a Telephone-Only Session

- a. The family should provide feedback to the therapist/teacher in real time about the strategies that are being described by phone as well as those for which they received written/printed instructions and graphics/pictures, including:
  - i. How and when are the strategies being carried out?
  - ii. How is the child responding? Is the child engaged?
  - iii. What are the challenges? What are the successes?
  - iv. Which strategies are working, and which cannot be carried out? Why?
  - v. What observations or ideas do the parents wish to share?
  - vi. How does their family's style or culture impact how they do their routine activities?
  
- b. Written/printed instructions and graphics/pictures should be updated as often as needed and at least once/month.
- c. Considerations for **Motor Therapies** (PT, OT, feeding therapy):
  - i. The child must have a current medical consent (written order) for that therapy.
  - ii. To the maximum extent possible, the child should have been receiving the motor therapy prior to the COVID-19 declared state of emergency, in order for the parent/caregiver to have some experience with how that particular therapy would occur with their child.



## Department of Health

**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**LISA J. PINO, M.A., J.D.**  
Executive Deputy Commissioner

### Bureau of Early Intervention Technical Assistance

September 22, 2020

#### **Resuming Facility-Based Early Intervention Service Delivery: Group Services**

##### Background

Guidance issued by the Department on June 18, 2020 indicated that group early intervention (EI) services must not resume until the county in which the facility-based EI provider is located has entered Phase 4 of reopening and upon the reopening of **all** education services in such county. Group EI services, including group EI services provided in a day care setting (under a day care license) were also not permitted. The following frequently asked questions (FAQs) address timing and requirements for resuming group EI services.

58. When can group early intervention (EI) services resume?

Response: Group EI services are permitted to resume 30 days after the first day schools have reopened in the municipality or county. This will afford the necessary time to amend individualized family service plans (IFSPs), prepare provider sites, train providers on updated health and safety protocols, communicate with families, and arrange transportation services as needed.

59. How many children can participate in a group EI session?

Response: While current EI policy guidance permits up to twelve (12) children in a group, upon resuming group EI services during the declared state of emergency for COVID-19, the recommended minimum group size is two (2) children and the maximum recommended group size is eight (8) children, which is consistent with the basic group developmental group size. If enhanced group services are included in the child's individualized family service plan (IFSP), the maximum group size is six (6). Existing ratios of children to staff apply. Group Developmental Intervention Services Standards can be found here:

[https://www.health.ny.gov/community/infants\\_children/early\\_intervention/docs/2013\\_11\\_grp\\_dev\\_inter\\_serv\\_standards.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/docs/2013_11_grp_dev_inter_serv_standards.pdf).

Additionally, facility-based providers that furnish group EI services at their site must follow all applicable health and safety and other guidelines upon resuming group EI services. These include the Health and Safety Standards for the Early Intervention Program guidance, provisions set forth in the EIP Provider Agreement, and Department-issued guidance regarding COVID-19.

60. Are group EI services permitted to resume in child day care settings?

Response: Group EI services may resume in child day care settings. Providers furnishing group EI services in a child day care setting must adhere to requirements of the child day care regarding health and safety and group size. Requirements include regulations applicable to Child Day Care Centers in 18 NYCRR Subpart 418-1, available at <https://www.ocfs.ny.gov/programs/childcare/regulations/418-1-DCC.pdf>, the Health and Safety Standards for the Early Intervention Program guidance, provisions set forth in the EIP Provider Agreement, and any county requirements regarding service delivery in child day care settings.

Additional Information:

Group EI services may be discontinued depending on health metrics and community spread of COVID-19.

**Use of Waiver of Liability**

61. Is it permissible for counties to require parents to sign waivers of liability prior to delivery of in-person early intervention services during the declared state of emergency for COVID-19?

Response: No, waivers of liability are not to be used and are not required in connection with the delivery of early intervention (EI) services during the declared state of emergency for COVID-19. Under the Early Intervention Program, counties, early intervention service providers, and families work together to make decisions about delivery of early intervention (EI) services. As *Reopening New York: Resuming In-Person Early Intervention Program Services* guidance states, early intervention services have remained open and operational during the COVID-19 pandemic, providing services and evaluations via telehealth to the maximum extent possible, unless more stringent restrictions were implemented by the service provider's Local Health Department (LHD). This guidance further provides, although LHDs may permit previously suspended in-person services to resume at Phase 2 or a later Phase, telehealth services remain an option, unless and until the Department revokes or limits its April 1, 2020 guidance permitting reimbursement for telehealth visits.

During the declared state of emergency for COVID-19, public health concerns are necessary and important considerations as EI service delivery decisions are made. If the individualized family service plan (IFSP) team, which includes parents and county EI officials, determines that in-person services are necessary for a child and family, and that in-person services can be provided safely, such services may be provided in accordance with the child's IFSP. When in-person EI services are delivered, all applicable guidance and precautions related to COVID-19 must be followed.

If there is any doubt about the ability to provide EI services included in the child's IFSP safely in person, teletherapy should be used. Teletherapy services fulfill the service

mandate in the IFSP and are not delivered in addition to the home/community-based services that a child is authorized to receive. There is a separate consent form for each EI service delivered via telehealth during the declared state of emergency for COVID-19, available on the Department's website at [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/docs/doh\\_cov19\\_beiconsent\\_telehealth\\_04.01.20.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/docs/doh_cov19_beiconsent_telehealth_04.01.20.pdf)

**Resources/Additional Information:**

For updates, please refer to:  
COVID-19 Guidance 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)

NYS DOH Information on Novel Coronavirus

<https://coronavirus.health.ny.gov/home>

For questions regarding this information, please contact the Department at [beipub@health.ny.gov](mailto:beipub@health.ny.gov) or 518-473-7016.



**Bureau of Early Intervention  
Technical Assistance**

June 18, 2020

**Updated June 29, 2020**

**See Updated FAQ #56 and New FAQ #57**

**Frequently Asked Technical Assistance Questions Related to Implementation of  
Virtual Early Intervention Visits During COVID-19 Declared State of Emergency**

**Electronic Signatures**

38. Can the "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" document be signed electronically?

Response: If the early intervention (EI) provider has an electronic documentation system that meets industry standards pertaining to HIPAA, FERPA, and Medicaid, they may incorporate the "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" documentation in their electronic system, as feasible, to obtain electronic signatures from parents. If the EI provider does not have such an electronic system, they must follow the guidance previously issued. Refer to FAQ #28 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).

Regardless of methodology, the Consent documentation for provision of EI services via telehealth must be available on audit. This guidance is specific to the "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" document and does not apply to the rest of the consent documents required in the Early Intervention Program (EIP).

Providers who utilize an electronic system that meets HIPAA, FERPA and Medicaid requirements to capture parent signatures for EI service logs may continue to do so. As noted above, only the "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" template may be incorporated in your software system at this time. The EI system that will replace NYEIS is currently under development. Expanded use of electronic signatures for other types of informed consent in the EIP will be considered in the context of federal and State statutory and regulatory requirements and the development of the successor system of NYEIS, which is called the EI-Hub.

## **Parent Signatures/Parent Consent Documentation**

39. Can EI providers use electronic signatures to obtain multidisciplinary evaluation and other required consents?

Response: Electronic signatures are not applicable for other Individuals with Disabilities Education Act (IDEA)-required consents at this time. However, expanded use of electronic signatures will be considered in view of federal and State statutory and regulatory requirements and in the development of the EI-Hub, the successor to the current early intervention system, NYEIS. In the meantime, email communication can be used to obtain confirmation of parent consent, as long as the parent agrees to the use of email for this purpose.

40. If a parent prefers to obtain the "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" document from the provider via email and the email consent is on file, can the document be emailed to the parent?

Response: Please refer to FAQ #28 and FAQ #38 for approaches that may be utilized to obtain parent signatures on the "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" template. Options include:

1. The parent can email a statement indicating they consent to the use of telehealth and the template itself can be signed at a later date. The provider must retain the email and the signed consent document for audit purposes;
2. The template with complete information can be incorporated in the provider's electronic record system for the parent to sign electronically. Such documentation must be available for audit.

41. Is it acceptable for an agency who provides multiple services for the same child (for example, occupational therapy, physical therapy, and speech-language therapy) to list those services on one "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" document, and collect one signature from the parent that covers all listed services?

Response: No, it is not permissible to combine multiple service authorizations on a single "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" document. For example, if three different services are being provided pursuant to a child's Individualized Family Service Plan (IFSP), a Consent Document must be obtained for each service.

42. If a new Service Authorization for a particular service is authorized, for example when there is an amendment or change to the child's current IFSP, is a new "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" document required?

Response: Yes. Service authorizations are unique to the child, the service to be provided, the county, and provider of record (billing provider). Therefore, an updated consent document is required for each new service authorization, including those for multidisciplinary evaluations, supplemental evaluations, and service delivery.

43. Can the same rendering provider add all service authorization numbers for the same child on one service log?

Response: Yes, it is permissible to have one weekly service log which lists all service authorizations specific to a single service provider, service, and a specific child, that the parent must sign. For example, a single service log could be utilized for a child who has four service authorizations for the same service (e.g., speech) furnished by the same rendering provider.

### **90-Day Claiming Requirements**

44. Are EI providers still required to submit claims within 90 days of the date of service?

Response: The regulatory provision regarding the 90-day claiming limit, 10 NYCRR 69-4.22(a)(4), states:

*"(4) Providers shall submit all claims for payment of evaluations and services within 90 days of the date of service, unless the submission is delayed due to extraordinary circumstances documented by the provider and the department's fiscal agent has been notified of the extraordinary circumstances and has provided written acknowledgement. (i) All claims submitted after 90 days shall be submitted within 30 days from the time the provider was relieved from the extraordinary circumstances that previously delayed a timely submission. (ii) Claims that are not submitted within timeframes set forth shall not be reimbursed by the department's fiscal agent from the escrow account funded by municipal governmental payors."*

The Bureau of Early Intervention (BEI) considers the declared state of emergency for COVID-19 an Extraordinary Circumstance (EC) under 10 NYCRR 69-4.22 (a)(4). EI providers that cannot meet the 90-day timely filing requirement as a direct result of the COVID-19 declared state of emergency may utilize EC but must comply with this EI regulation and follow the policy guidance regarding such in EI Billing.

EI Billing guidance states that a provider must notify the State Fiscal Agent (SFA) and submit the claim within 30 days of the relief from an EC. Such notification includes the date the EC began and the date the EC ended.

The key question for providers is whether the provider is currently able to bill for early intervention services. If they are able to bill, providers cannot enter an EC today in anticipation of what might happen; entering the EC is a post-event process. Providers who are not able to bill for EI services can file an EC once they are able to bill again.



When providers file an EC and resume billing for EI services, they will use Medicaid delay reason code 15 to address any Medicaid denials that are in the provider's workable queue.

March 7, 2020 was the date of the declared state of emergency for COVID-19, if that is the applicable EC. EI providers are required to submit the late claims within 30 days of the date of relief. The SFA added a new Delay Reason Code 15 to the drop-down menu in EI Billing to align with Medicaid coding for COVID-19. This will facilitate electronic submission and processing of EI claims where timely filing limits are exceeded due to the COVID-19 state of emergency. Providers do not have to wait until the declared state of emergency is over to contact the SFA. Providers may contact the SFA when they have the ability to begin submitting claims again. However, providers must contact the SFA no later than 30 days after the declared state of emergency is lifted.

In addition, the billing provider must maintain documentation of the extraordinary circumstance, and the specific issue(s) that prevented them from submitting timely billing, to be produced upon audit of the claims paid from escrow as a result of any EC they filed with the SFA. Providers may need to file a different allowable EC such as 'Hospitalization' if, for example, their biller was hospitalized for any reason. This EC could extend beyond the COVID-19 declared state of emergency and allow claims to be paid out of escrow for a different time period.

Finally, claims are being accepted through NYEIS and the SFA and processed on schedule. There is no "State Administrative Delay" of the payment of claims at this time.

### **Letter on Telephonic Evaluation and Management Rate Codes**

45. Are rate codes 7963, 7964, and 7965 – three telephonic Evaluation and Management (E&M) rate codes – applicable to early intervention services?

Response: Some providers of EI services may have received a letter from the Department of Health dated April 10, 2020, listing three new telephonic E&M rate codes that have been added to their provider profile. These rate codes were established for Medicaid enrolled clinical providers of case management and were not intended for use by EI providers.

As FAQs #16 and #17 indicate, EI providers will continue to use the same CPT codes they would normally use for all services. Service coordinators will continue to use the established rate code 5244 for case management services, and not the telephonic E&M rates codes listed above.

As a reminder, EI services and evaluations furnished via telehealth require an audio and video connection. If you have any questions, please contact [BEIPub@health.ny.gov](mailto:BEIPub@health.ny.gov) or [EIP.Fiscal@health.ny.gov](mailto:EIP.Fiscal@health.ny.gov).

## **Provider Annual Health Statement**

46. Is BEI allowing providers' annual health statements ("medicals") to expire and to be renewed after the COVID-19 state of emergency is lifted?

Response: As outlined in the "Early Intervention Provider Agreement", all providers must have an annual health statement, signed by appropriate health care provider, indicating there was an annual health assessment completed and the provider does not have any type of diagnosed conditions that would preclude them from providing early intervention services. The statement must be received prior to the provision of services and updated on an annual basis. In addition, a Mantoux/PPD or chest X-ray must be completed on annual basis.

All expiring annual health statements, Mantoux/PPD, and chest X-rays will be honored for 30 days following the termination of the COVID-19 state of emergency.

For monitoring purposes, all agencies and individuals with an Appendix Agreement should maintain a copy(ies) of this directive with health statements on file for each staff member, or for themselves as applicable, if such health statements will expire during the COVID-19 state of emergency.

NOTE: During the state of emergency, all providers furnishing early intervention services to children in licensed day care centers should abide by rules set by NYS Office of Children and Family Services Division of Child Care Services and/or NYC Department of Health and Mental Hygiene Bureau of Child Care, <https://ocfs.ny.gov/programs/childcare/>.

## **Monitoring of EI Providers**

47. Will the Department's programmatic monitoring of EI Providers, conducted by IPRO, be suspended during the declared state of emergency for COVID-19?

Response: IPRO monitoring of early intervention providers is continuing during the state of emergency for COVID-19. Protocols have been adapted to conduct monitoring virtually during this time. In addition, the Department of Health's contractor, IPRO, will accommodate requests to have monitoring reviews rescheduled to a date when face-to-face monitoring reviews can resume.

## **Reduction in Referrals**

48. How are new referrals to the EIP being handled during the COVID-19 state of emergency?

Response: Every effort is being made to ensure that EI services and evaluations remain available during the COVID-19 declared state of emergency through use of telehealth. If

there are concerns about a child's development, parents and other primary referral sources may make a referral to the EIP in the county in which the child and family reside. For EI contact information for each county and the City of New York, please go to: [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/county\\_eip.htm](https://www.health.ny.gov/community/infants_children/early_intervention/county_eip.htm).

In addition, EI Providers should consult the EIP Marketing Standards guidance document if they are considering issuing marketing materials to ensure that such materials adhere to the required standards.

For additional information, refer to Marketing Standards for Early Intervention Service Providers, issued in December 2006, available at [http://health.ny.gov/community/infants\\_children/early\\_intervention/docs/marketing\\_standards\\_for\\_service\\_providers.pdf](http://health.ny.gov/community/infants_children/early_intervention/docs/marketing_standards_for_service_providers.pdf) and Marketing Standards for Early Intervention Service Providers Addendum, issued August 2009, available at [http://health.ny.gov/community/infants\\_children/early\\_intervention/marketing\\_standards\\_ei\\_service\\_providers\\_addendum.htm](http://health.ny.gov/community/infants_children/early_intervention/marketing_standards_ei_service_providers_addendum.htm).

### **Prescriptions/Written Orders for EI Services**

49. Are written orders required for early intervention services during the COVID-19 declared state of emergency?

Response: Yes. Under EIP Regulation 10 NYCRR § 69-4.26(b)(8), prescriptions/orders are needed for the most current year for occupational therapy, physical therapy, nursing and speech therapy services. If an order is worded "per IFSP" or there is a change in services (increase in frequency/duration or new service), a new prescription/order is needed for each IFSP. During the COVID-19 declared state of emergency, if the physician/ordering practitioner has availability, and is in agreement, prescriptions/orders can be completed via telemedicine.

As a reminder, a recommendation for speech services may be provided by a licensed and currently registered speech-language pathologist (SLP) resulting from an evaluation by an SLP.

50. If the current prescription for early intervention services now being provided via telehealth is expiring, there is no change in the service frequency, and a new prescription cannot be secured because the doctor is saying his staff is too reduced to send out prescriptions – can the service continue?

Response: No, EI services requiring a script or written order cannot be provided if the script or written order has expired. If an EI service requires a prescription (script) or written recommendation, the provider must ensure that they have the script in hand prior to rendering EI services.

51. If the service is a new approved service, such as feeding, and provided by an occupational therapist, physical therapist, or speech-language pathologist via telehealth

can the practitioner begin without a prescription as there is a general slowdown from the pediatrician's offices in providing prescriptions?

Response: EI providers are responsible to ensure that the script or written order is obtained prior to delivering services, for any service that requires one. Under Education Law, physical therapy, occupational therapy, and nursing services, require a written order or prescription (script) from a physician, physician's assistant, or nurse practitioner (Education Law § 6731(c); Education Law § 7901; Education Law § 6902(1)). Speech language pathology services require a written order from a physician, physician assistant, nurse practitioner, or a recommendation from a speech-language pathologist (SLP) based on the results of evaluation. Electronic written orders (scripts) are acceptable.

Additionally, for a supplemental occupational or physical therapy evaluation to be reimbursable by Medicaid and other payors, the supplemental evaluation must be included in the child's IFSP, **there must be a signed/dated written order/prescription for the evaluation**, and there must be an evaluation report.

If a script or written order is needed to initiate or continue EI services, the child's primary care provider may be able to see the child via telemedicine. The child's primary care physician can be contacted with written parental consent.

### **Co-visits**

52. Is it permissible to do co-visits via telehealth?

Response: Co-visits are allowed when providing EI services via telehealth. As you are aware, co-visits must be agreed upon by the entire IFSP team, including the parent and the Early Intervention Official/Designee. Details regarding the provision of the agreed upon co-visits must be outlined and included in the current IFSP.

### **Group Service Authorizations**

53. If a child has a group developmental service authorization and the parent would like services provided via telehealth, how is this effectuated?

Response: For children who currently have a group developmental service authorization (SA) on their IFSP and for whom the child's parent/caregiver has agreed to receive an individual early intervention session via telehealth, the IFSP can be amended to add an individual facility-based service authorization (in lieu of the group developmental SA). The group service authorization(s) should be closed to conform with the early intervention requirement at 10 NYCRR section 69-4.9(g)(1) that providers must deliver services as authorized in the IFSP. An IFSP amendment which includes parental consent to receive the individual service via telehealth, must be obtained prior to service delivery. As a reminder, group telehealth services may not be provided. Group services may resume during Phase 4 of the State's reopening.

General questions on NYEIS functions can be directed to the NYEIS helpdesk at (518) 640-8390 or toll-free at 1-833-395-7058.

### **Assistance with Providing Telehealth Services**

54. If it is not feasible to get the toddler to effectively participate in telehealth, or the parent has requested that EI services be suspended for a time, how do we proceed?

Response: Early intervention services are family based and individualized, so telehealth services may not be right in every situation. If a family decides to suspend telehealth services, and if you have not already done so, please notify the family's service coordinator and the municipality within two (2) business days (Early Intervention Provider Agreement section VII. Notifications-(F)) and document the family's decision in your session notes.

If you are interested in resources on the provision of telehealth services, we recommend that you check with the professional organizations that you may be a member of, or if possible, some of your fellow professionals. Additionally, the links below are online resources you may wish to review:

#### **A Practical Guide to the Use of Tele-Intervention in Providing Early Intervention Services to Infants and Toddlers Who Are Deaf or Hard of Hearing**

<http://www.infanthearing.org/ti-guide/index.html>

#### **Telehealth Service in Infant Mental Health Home Visiting**

<https://www.allianceaimh.org/new-gallery/z8thudu3t0wo86o0mwgriqitmny8la>

This document offers ways of tailoring strategies that are part of infant mental health services to be effective in the context of tele-mental health.

#### **Tele-Intervention: The Wave of the Future Fits Families' Lives Today**

[https://infanthearing.org/resources\\_home/events/docs\\_events2011/tele-intervention.pdf](https://infanthearing.org/resources_home/events/docs_events2011/tele-intervention.pdf)

#### **Engaging in Telepractice in the Speech-Language Pathology & Audiology Professions**

<http://www.op.nysed.gov/prof/slpa/speechguidetelepractice.htm>

#### **Tele-Intervention and Distance Learning**

The Early Childhood Technical Assistance Center (ECTA) has compiled information on tele-intervention and distance learning, including [state guidance](#), [technology and privacy](#), [service delivery](#), [activities for families at home](#), and [research on effectiveness](#)  
<https://ectacenter.org/topics/disaster/tele-intervention.asp>

#### **Best Practices for Telehealth**

A webinar discussing types of telehealth available and best practices for using technology to effectively and safely provide continuity of care to recipients.

<https://ctacny.org/training/best-practices-telehealth>

**Use of telehealth in early intervention (IDEA Part C) – Resources to consider during the COVID-19 public health emergency.**

<https://www.publicconsultinggroup.com/news-perspectives/use-of-telehealth-in-early-intervention-idea-part-c-resources-to-consider-during-the-covid-19-public-health-emergency/>

**[Planning for the Use of Video Conferencing for Early Intervention Home Visits during the COVID-19 Pandemic](#)** (prepared by Larry Edelman) suggests key topics to be addressed and provides information and resources to assist in planning how to use video conferencing for home visiting.

**Service Delivery Through Tele-Intervention and Distance Learning** – The first section of this site includes guides and information for supporting tele-practice, including a video that illustrates the providing of early intervention services through distance technology. The second section includes tip sheets in English and Spanish to help families better understand how tele-intervention will work in helping to achieve their children’s outcomes and a checklist to help prepare for a tele-intervention visit.

<https://ectacenter.org/topics/disaster/ti-service.asp>

**Providers Choosing not to Provide EI Services via Telehealth**

55. If a provider decides not to render services via telehealth during this time, what are the consequences?

Response: Providers who decide not to deliver EIP telehealth services at this time will not be penalized.

However, in accordance with the Early Intervention Provider Agreement (Section VII. Notifications), providers must make reasonable efforts to notify the Department and municipality(s) within five (5) business days of any prolonged closure or unavailability to provide EI services, including telehealth services, to children located in a specific municipality. Additionally, in accordance with EIP regulations at 10 NYCRR § 69-4.9(g)(2)(i), providers must make reasonable efforts to notify the child's parent(s) within a reasonable period prior to the date and time on which a service is to be delivered, of any temporary inability to deliver such services due to circumstances, such as illness, emergencies, hazardous weather, or other circumstances which impede the provider’s ability to deliver the EI service. Documentation of said notifications must be maintained in the child’s record.

**Transition from Early Intervention**

Some children who are turning three years old have not yet had their initial evaluation to determine eligibility for preschool special education services due to school closures under the declared state of emergency for COVID-19. FAQ #37 addresses transition

from the EIP for children who have not had an eligibility determination for preschool special education services and have turned three years of age. Please refer to: [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/docs/doh\\_covid19\\_eifaqs\\_23-37\\_04.01.20.pdf](https://www.health.ny.gov/community/infants_children/early_intervention/docs/doh_covid19_eifaqs_23-37_04.01.20.pdf) for more information.

56. What steps toward transition from the EIP must be in place for those children who have turned three and have not been determined eligible for 4410 preschool special education services due to school closures to remain in the EIP for a period of time?

Response: To extend EI services past the child's third birthday, children currently in the EIP who are potentially eligible for the preschool special education program under Part B of the IDEA, must have a transition plan in place in their IFSP, in accordance with federal regulations at 34 CFR section 303.209 and EIP regulations at 10 NYCRR section 69-4.20(b). The local (county or municipal) EIP must have notified the local school district of children potentially eligible for Part B preschool special education services not fewer than 90 days before the toddler's third birthday. Children potentially eligible for preschool special education services must also have had a referral transmitted, with parental consent, to the Committee on Preschool Special Education. The transition plan, notification of the local education agency, and parental consent for referral of their child who is currently receiving EI services to the preschool special education program must be in place for the child to remain in the EIP until they are determined eligible for and begin receiving services under Education Law section 4410 or August 31, 2020, whichever comes first.

57. Can children who have turned three years of age who are currently receiving Part C early intervention services and have not yet received an evaluation to determine eligibility for Part B preschool special education program services remain in the Early Intervention Program beyond June 30, 2020?

Response: Yes, those children who are currently receiving early intervention services who turn three years of age between January 1, 2020 and August 31, 2020, and who have not yet received an eligibility determination for program services under section 4410 of Education Law may continue to receive early intervention services through the date the child is found eligible for and begins receiving program services under section 4410 of the Education Law, or August 31, 2020, whichever is sooner.

Such children must also meet the criteria outlined in FAQ #56: they must have a transition plan in place, the local district has been notified of potential eligibility for Part B preschool special education services, and a referral has been transmitted, with parental consent to the Committee on Preschool Special Education.



**New York State Department of Health  
Guidance to Early Intervention Providers Regarding Novel  
Coronavirus (COVID-19)**

**Reopening New York: Resuming In-Person Early Intervention  
Program Services**

June 18, 2020

**Background**

Early Intervention (EI) services are an essential service during the state of emergency declared in response to COVID-19. As such, they have remained open and operational, providing services and evaluations via telehealth to the maximum extent possible, unless more stringent restrictions were implemented by the service provider's Local Health Department (LHD). This guidance is intended to address inquiries that the New York State Department of Health (Department) has received related to resuming in-person EI Program services in New York, as the State progresses through the phases of NY Forward.

The four phases of [NY Forward](#) refers to the reopening of non-essential businesses and business activities; essential businesses and business activities that continued through NY on Pause remain open during the State's data-driven phased re-opening in NY Forward. The industry guidelines on reopening, which are determined by health metrics for each region, apply to both non-essential businesses and to essential businesses and services, such as EI service delivery.

**Early Intervention Service Delivery**

The guidance issued April 1, 2020, "New York State Department of Health Bureau of Early Intervention Guidance to Early Intervention Providers Regarding Novel Coronavirus (COVID-19" is still in effect and allows for reimbursement of telehealth visits under the Early Intervention Program (EIP). Please refer to the Department's website for additional information:

[https://www.health.ny.gov/community/infants\\_children/early\\_intervention/docs/doh\\_covid19\\_eiproviders\\_04.01.20](https://www.health.ny.gov/community/infants_children/early_intervention/docs/doh_covid19_eiproviders_04.01.20).

**Home and Community-Based Early Intervention Services: Individual Services**

EI services should continue to be provided via telehealth, to the greatest extent possible. However, if the applicable LHD has suspended EI service provision in the county, or only allows for virtual services, providers must comply with the current directive from their LHD.



If counties or municipalities have met criteria for Phase 2 reopening, and are considering a return to in-person, home, and community-based service delivery for families and EI service providers currently participating in EI services via telehealth, or for new evaluations for children newly referred to the EIP, the county or municipality must follow all applicable guidance to resume in-person services. This guidance includes Health and Safety Standards for the Early Intervention Program, available at [https://www.health.ny.gov/community/infants\\_children/early\\_intervention/service\\_providers/health\\_and\\_safety\\_standards.htm](https://www.health.ny.gov/community/infants_children/early_intervention/service_providers/health_and_safety_standards.htm), “Update: Home and Community-Based Services Regarding COVID-19,” which serves as a companion to this information, available at [https://health.ny.gov/community/infants\\_children/early\\_intervention/docs/doh\\_covid19\\_homecare\\_services\\_update.pdf](https://health.ny.gov/community/infants_children/early_intervention/docs/doh_covid19_homecare_services_update.pdf), and all Child Day Care Center requirements, if the agency is also a licensed child day care.

Please note, the practice of bringing the same toys or other materials into multiple homes and community-based settings during in-person EI service delivery has the potential to transmit COVID-19 or other viral or bacterial infections. Therefore, until further notice, bringing materials and toys from outside into home and community-based settings is strictly prohibited.

Please further note that although LHDs may permit previously suspended in-person services to resume at Phase 2 or a later Phase, telehealth services remain an option, unless and until the Department revokes or limits its April 1, 2020 guidance permitting reimbursement for telehealth visits. EI services, including the method of provision, are determined through the individualized family service plan (IFSP) process. Changes to the service delivery method (from virtual to in-person) must be carefully considered by the IFSP team, accounting for LHD guidance, as well as family and provider input.

### **Facility-Based Early Intervention Service Delivery: Individual Services**

Approved facility-based EI providers that furnish **individual** EI services, who remained open as an essential business throughout the state of emergency, may continue to provide individual services to children in accordance with their IFSPs. EI services should continue to be delivered virtually, to the greatest extent possible. Individual, in-person EI service delivery may only resume following county guidance and based on local health metrics.

Facility-based practitioners that furnish **individual** EI services at their site, who were not permitted to remain open throughout the state of emergency (for example, physical therapy, occupational therapy, speech language pathology, and audiology providers), will need to review and consider several factors before resuming in-person EI services. Consideration must be given to: the reopening guidance on the Empire State Development website and the Phase in which their business falls; whether their region has met the health metrics for reopening; the current allowable Phase of reopening in

their region; and any direction of the county or municipality in its capacity as local administrator of the EIP. The Regional Dashboard, which monitors the health metrics of each New York State region, can be found at <https://forward.ny.gov/regional-monitoring-dashboard>.

### **Facility-Based Early Intervention Service Delivery: Group Services**

Facility-based EI providers that furnish **group** EI services at their site must follow all applicable guidelines when reopening is allowed. Group EI services must not resume until the county in which the facility-based EI provider is located has entered Phase 4 of reopening and upon the reopening of **all** education services in such county (other than special education services and instruction, as permitted to reopen under Executive Order 202.37). Accordingly, group EI services, including group EI services provided in a day care setting, are not permitted at this time.

Furthermore, in order to resume EI services upon the reopening of schools, providers furnishing group EI services in a child **day care** setting must also adhere to the requirements of the child day care regarding health and safety. Requirements include regulations applicable to Child Day Care Centers in 18 NYCRR Subpart 418-1, available at <https://www.ocfs.ny.gov/programs/childcare/regulations/418-1-DCC.pdf>, the Health and Safety Standards for the Early Intervention Program guidance, provisions set forth in the EIP Provider Agreement, and any county requirements regarding service delivery in child day care settings.

### **Additional Information**

Please refer to <https://forward.ny.gov/> for up-to-date reopening information.

For questions regarding this information, please contact the Department at [beipub@health.ny.gov](mailto:beipub@health.ny.gov) or 518-473-7016.



## Update: Home and Community-Based Services Regarding COVID-19

Updated June 18, 2020

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*This document provides agencies and organizations with information about home and community-based services as it relates to COVID-19. This document is an update to the March 16, 2020 guidance titled “Interim Guidance for Home Care Services Regarding COVID-19”.*

### **Important Information About How COVID-19 Spreads**

- The virus is thought to spread mainly from person to person.
  - Between people who are in close contact with one another (within 6 feet).
  - Through respiratory droplets produced when an infected person coughs or sneezes.
  - Respiratory droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, however, this is not thought to be the main way the virus spreads.
- People are thought to be most contagious when they are most symptomatic.
- Spread of the virus is possible 48 hours before people show symptoms; some individuals with COVID-19 may not show any symptoms.

### **Considerations About Your Agency’s Services**

- If it is critical that this service be provided now, can this service be done remotely (e.g., phone call, video conference)?
- If NO, then staff should call ahead and ask the clients or family members, if applicable, the questions in the algorithm in **Appendix A**.

### **Strategies to Prevent Spread of Infection**

- Implement daily health screenings for staff: Home care services staff experiencing symptoms consistent with COVID-19, exposed in the last 14 days to a COVID-19 positive individual, testing positive for COVID-19 in the last 14 days, or experiencing a temperature greater than or equal to 100.0° F, should not enter a client’s home or the workplace. Staff who develop symptoms consistent with COVID-19 should stay home, contact their health care provider, and [find a](#)

[local testing site for diagnostic testing](#). Information about when staff, who had symptoms of COVID-19 or had a COVID-19 test that was positive, can return to work are outlined in the May 31, 2020 "[Interim Guidance for Public and Private Employees Returning to Work Following COVID-19 Infection or Exposure](#)".

Personal Protective Equipment (PPE): Consistent with directives from Governor Andrew M. Cuomo, including Executive Orders 202.16 and 202.17, as subsequently extended, the NYS Department of Health requires the wearing of a face covering when unable to maintain social distance. Executive Order 202.16, issued on April 12, 2020, further provides: "For all essential businesses or entities, any employees who are present in the workplace shall be provided and shall wear face coverings when in direct contact with customers or members of the public." Individuals are required to wear a face covering in situations and settings where social distance of 6 feet is not possible. Face coverings are not required if wearing one would inhibit or otherwise impair an individual's health. Children under the age of two are not required to wear a face covering. Staff should work with their agency to obtain PPE. If agencies have questions about PPE, they should contact the local health department.

- Hand Hygiene: Home care services providers should perform frequent hand hygiene. Hands should be washed with soap and water for at least 20 seconds before and after all individual contact, after contact with potentially infectious material, and before putting on and after removing PPE, including facemask and gloves. Hand hygiene after removing PPE is particularly important, to get rid of any germs that might have been transferred to bare hands during the removal process. If soap and water are not immediately available, an alcohol-based hand sanitizer containing at least 60% alcohol, may be used. Please note, soap and water should be used if hands are visibly dirty.
- Maintain physical distance: To the greatest extent possible, a physical distance of at least 6 feet should be maintained when inside the home. If the services being delivered do not allow for physical distance, PPE should be used and good hand hygiene must be practiced.

### **Guard Against Stigma**

Organizations should work to prevent actions that could perpetuate stigma attached to COVID-19. There is no excuse for using the outbreak as a way to spread racism and discrimination. Organizations should encourage that staff stay informed, remain vigilant and take care of each other.

**More information is Available at:**

NYS Department of Health Novel Coronavirus hotline: **1-888-364-3065**.

New York State Department of Health's COVID-19 Webpage:

<https://coronavirus.health.ny.gov/home>

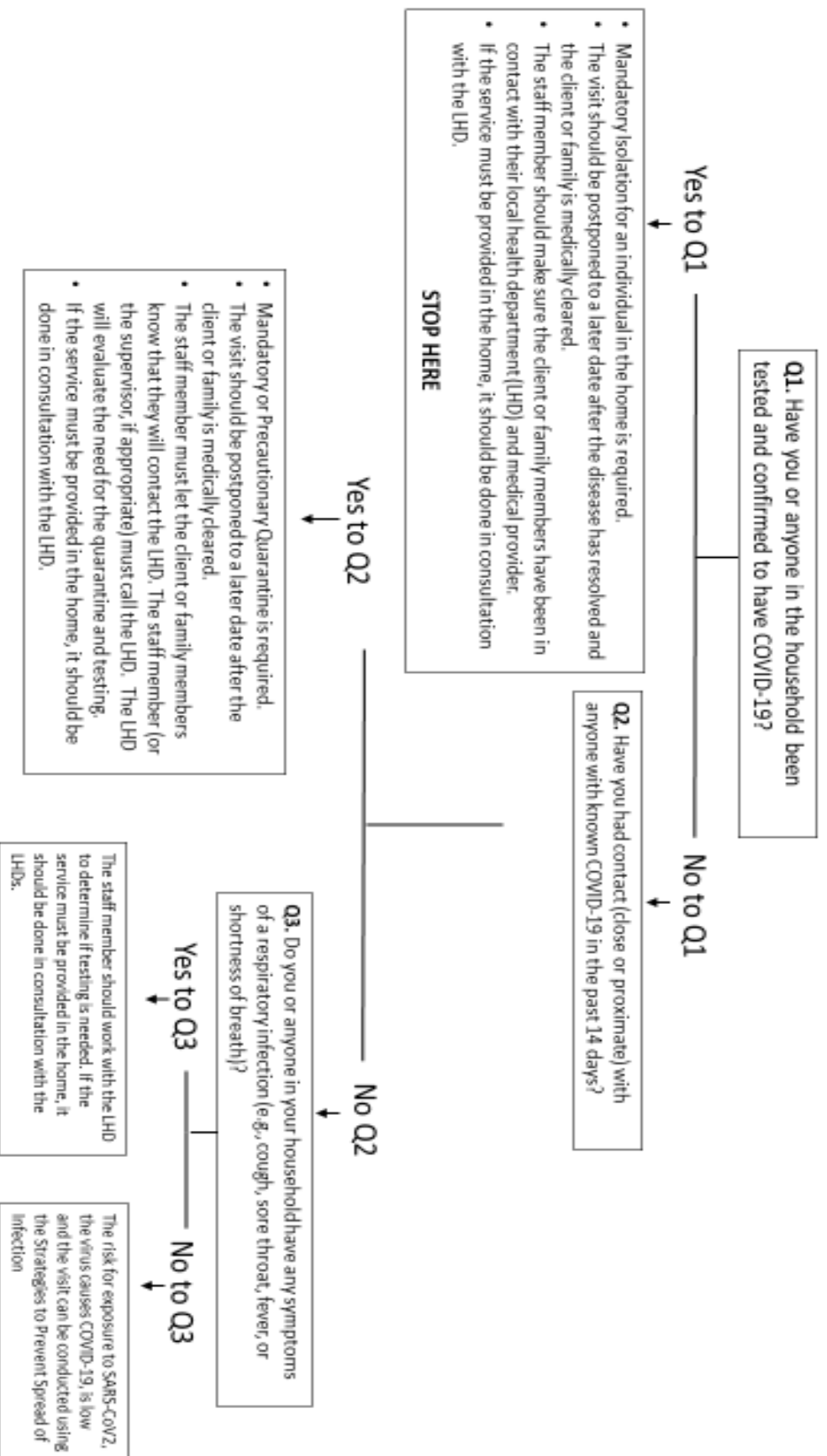
Local Health Departments Contact Information:

[https://www.health.ny.gov/contact/contact\\_information/index.htm](https://www.health.ny.gov/contact/contact_information/index.htm)

Centers for Disease Control and Prevention Webpage:

<https://www.cdc.gov/coronavirus/2019-ncov/>

## Appendix A. Recommended Questions and Guidance for Home Care Services Regarding COVID-19



Updated June 18, 2020



**Bureau of Early Intervention  
Technical Assistance**

April 1, 2020

**Additional Frequently Asked Questions Related to Virtual Early Intervention Visits  
During COVID-19 Declared State of Emergency**

**Updated March 30, 2020: Telehealth/virtual early intervention (EI) services may be provided until further notice during the declared state of emergency for COVID-19.**

**Essential Services**

23. Are early intervention (EI) services considered essential services?

Response: Early Intervention (EI) has been deemed an essential service and it is expected that EI services will be delivered using teletherapy, to the maximum extent possible. However, Local Health Department (LHD) directives can be more stringent. If the LHD has suspended EI service provision in the county, or only allows for virtual services, providers must comply with this directive.

**Qualified Personnel – Occupational Therapy Assistants and Physical Therapy Assistants**

**Updated March 30, 2020**

24. Are Occupational Therapy Assistants (OTA) and Physical Therapy Assistants (PTA) allowed to provide telehealth services during the COVID-19 emergency?

Response: Yes. The Bureau of Early Intervention consulted with the State Education Department, Office of the Professions. OTAs and PTAs are permitted to provide virtual early intervention services during the declared state of emergency. Virtual services furnished by OTAs and PTAs must meet the customary supervision requirements under the practice acts for occupational therapy and physical therapy. Services delivered by OTAs and PTAs must also meet the “under the direction of” (UDO) requirements of the Centers for Medicare and Medicaid Services (CMS) outlined below.

“Under the Direction Of” (UDO) Requirements

“Under the direction of” means that the qualified practitioner (that is, the supervising occupational therapist for OTAs and the supervising physical therapist for PTAs):

- Sees the student at the beginning of, and periodically during, treatment;

- Is familiar with the treatment plan as recommended by the referring physician, or other licensed practitioner of the healing arts practicing under State law;
- Has input into the type of care provided;
- Has continued involvement in the care provided and reviews the need for continued services throughout treatment;
- Assumes professional responsibility for the services provided under his or her direction and monitors the need for continued services;
- Spends as much time, as necessary, directly supervising services to ensure students are receiving services in a safe and efficient manner, in accordance with accepted standards of practice;
- Ensures that providers working under his or her direction have contact information to permit them direct contact with the supervising therapist, as necessary, during the course of treatment; and
- Keeps documentation supporting the supervision of services and ongoing involvement in the treatment of each student.

## **Platform**

25. Can telehealth/virtual services be delivered by telephone only or a combination of telephone and text message?

Response: No. Providers and their families must have the necessary platform to conduct virtual therapy services. This means that the service must include both video (visual) and audio components for the entire duration (minimum of 30 minutes) of the authorized visit. If the technology fails and the full authorized session is not delivered, it is not billable.

26. How will telehealth/virtual services be provided if families do not have internet access?

Response: Please be aware that not all platforms require internet access. Any non-public facing remote communication product that is available to communicate with families for the entire duration of the authorized EI visit is permissible during this state of emergency. Please see the following link for guidance from the U.S. Department of Health and Human Services (HHS) -- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Families can also check with their local internet service providers on how to obtain internet service.

The following options may be helpful to support families with limited or lack of access to devices and services:

### **Free Wi-Fi/Internet**

Charter Communications (Spectrum) and Comcast are giving households with K-12 and college students, and those who qualify as low-income, complimentary Wi-Fi for 60 days. Families who do not have the service will also receive free



installation. Both companies are expanding Wi-Fi hotspots to the public within the company's available regions.

Call (844) 488-8395 (Charter/Spectrum) or (855) 846-8376 (Comcast) to enroll. Individuals must call the company after 60 days to cancel, or they will be automatically billed.

### **Unlimited Data**

Charter, Comcast, AT&T, and Verizon are offering unlimited data plans to customers until May 13, for no additional charge.

### **Safelink Wireless**

Eligibility requirements must be met, which are set by each State where the service is provided. To qualify for Lifeline, subscribers must either have:

- An income that is at or below 135% of the federal Poverty Guidelines, **or**
- Participate in one of the following assistance programs:
  - Medicaid;
  - Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps);
  - Supplemental Security Income (SSI);
  - Federal Public Housing Assistance (Section 8); or
  - Veterans and Survivors Pension Benefit.

Service is limited to one person per household. Call 1-800-SafeLink (723-3546) for enrollment and plan changes support.

Subscribers can use their own phones:

- SafeLink Keep Your Own Smartphone plan requires a compatible or unlocked Smartphone. Most GSM Smartphones are compatible.
- Subscribers can get up to 350 minutes and 3GB of data, which includes voice minutes and unlimited texts, voicemail, nationwide coverage and 4G LTE on 4G LTE compatible devices.

Source: *Medicaid Update Special Edition*, issued on March 21, 2020 by the New York State Department of Health.

## **Parental Consent Documentation/Service Log Documentation**

27. What is the difference between a session note and a service log?

Response: Session notes and service logs are two different things. Early Intervention Program regulations at 10 NYCRR section 69-4.26(c) – which are referenced in the response and pasted here for convenience – explain that providers must maintain original signed and dated session notes and a service log signed by the parent or caregiver which 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 EIP regulations.

#### 10 NYCRR section 69-4.26

(c) Individual providers who directly render services to a child and family, or an approved provider agency, shall maintain original signed and dated session notes, following each child and family contact, which shall include the recipient's name, date of service, type of service provided, time the provider began delivering therapy to child and end time, brief description of the recipient's progress made during the session as related to the outcome contained in the individualized family service plan, name, title, and signature of the person rendering the service, and date the session note was created; and a service log signed by the parent or caregiver which documents that the service was received by the child on the date and during the period of time as recorded by the provider.

28. What is the recommended approach to obtain signatures on the NYS EIP "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" documentation, if the family does not have a printer and is unable to sign the consent document and email it back to the provider?

Response: During this declared state of emergency, if the parent is unable to print and sign the document, it is sufficient for the parent to email the provider with the following statement "this email serves as my written consent to utilize telehealth to receive Early Intervention services during the COVID-19 Declared State of Emergency" (insert name of parent/guardian) (insert date). Upon receipt of this email consent statement, telehealth services can be initiated. However, it is the expectation of BEI that the parent's signature be obtained on the "Consent for the use of Telehealth during Declared State of Emergency for COVID-19" document as soon as possible via the US Mail, fax or email to ensure that there are no billing or audit issues. For audit purposes, the provider should retain both the signed consent document and the email from the parent consenting to utilize telehealth.

#### **Individualized Family Service Plan (IFSP)/Session Length/Makeup Sessions**

29. If consent is obtained from parents/guardians, can IFSPs that are expiring/ending during the dates of the state of emergency be extended until the end of the emergency timeline? If so, can "family/child illness" be the reason choice?

Response: During the declared state of emergency, an IFSP may be extended with appropriate consent from the parent and the early intervention official/designee (EIO/D). Such extension will only be valid for the duration of the declared state of emergency.

## Operational/Logistical Questions

30. If a child who resides in New York is temporarily out of state due to the COVID-19 emergency, can early intervention services be provided remotely?

Response: Yes. According to State statute, the municipality where the child resides is responsible for providing services. In the case where a child and family's residence has not changed, virtual EI services may be provided in accordance with the services included in the child's IFSP during the declared state of emergency.

31. Current guidance states that virtual services are allowed until April 6, 2020. Will this date be extended if the state of emergency is extended?

Response: The Department will communicate any changes to the issued emergency telehealth/virtual services guidance, including any extension of such guidance.

### Updated March 30, 2020

#### **Telehealth/virtual early intervention (EI) services may be provided until further notice during the declared state of emergency for COVID-19.**

32. Can providers deliver telehealth/virtual sessions with an individual-facility Service Authorization (SA)? What about performing telehealth/virtual sessions with a group service SA? It seems that any SA for a service that is center-based would require a SA change on the IFSP to home-based first. Some agencies do not have state approval for home/community service. Is there an expedited way to add that to an agency approval?

Response: During the declared state of emergency, it is permissible to use an individual facility-based service authorization for billing purposes when furnishing individual telehealth/virtual EI sessions, if all other requirements have been met, including consent from the parent/guardian for delivery of telehealth services. The session would be billed as a facility-based visit at the facility rate.

As noted in the initial guidance, group services cannot be delivered utilizing telehealth/virtual sessions. However, the child's IFSP may be amended to reflect individual services, if appropriate. When determining if changing to individual service delivery is appropriate, the IFSP team should give consideration to the outcomes being addressed utilizing group services and how/if those outcomes could be achieved by modifying the service from a group model to a telehealth/virtual individual model. For example, if the group service is to address outcomes related to socialization skills development, peer interaction, etc., an individual telehealth/virtual session may not be appropriate to address those outcomes and an IFSP amendment is not advisable.

Please be aware that in some municipalities EI staff may be deployed to work on COVID-19 activities, which may affect the timeliness and feasibility of modifying IFSPs and service authorizations during this declared state of emergency.

If an agency needs to amend their provider approval during the current declared state of emergency, they may email the Provider Approval Unit at [provider@health.ny.gov](mailto:provider@health.ny.gov).

33. Is the EI number on the “Consent for the use of Telehealth during Declared State of Emergency for COVID-19” document the NYEIS reference number?

Response: Yes, the “EI Number” field on the sample “Consent for the use of Telehealth during Declared State of Emergency for COVID-19” template is to record the child’s NYEIS reference number.

34. What service authorization number should go on the “Consent for the use of Telehealth during Declared State of Emergency for COVID-19” documentation?

Response: The service authorization (SA) number on the Consent for the use of Telehealth during Declared State of Emergency for COVID-19” documentation should reflect the SA number of the service being delivered as a telehealth/virtual EI service. New service authorizations are not required if there is a current service authorization for an EI service that will now be delivered virtually, and such service is included in a child’s current IFSP.

35. When entering claims for telehealth/virtual sessions, is billing the same as for a face to face session? Which location code should be used?

Response: Yes, providers should continue entering bills/claims as normal including location codes. Providers must document in session notes that the visit was delivered using telehealth.

36. With closures and/or ongoing rolling decisions on closures, will payments made for invoiced EI services maintain as per the current schedule of payments?

Response: The Department does not anticipate any delays in the processing of claims as per the regular schedule.

## **Transition from Early Intervention**

### **Updated March 30, 2020**

37. Some children who are currently in the evaluation process with the Committee on Preschool Special Education (CPSE) have not had their initial Individualized Education Program (IEP) meeting to determine eligibility. These children may not be able to sit for their eligibility meeting or be able to complete evaluations prior to their third birthday, due to the state of emergency. What will happen with EI services in these situations?

Response: It is anticipated that in some instances, parental consent to refer their child to the Part B preschool special education program may be in place and that some children currently receiving EI services who are turning three may receive their evaluation for preschool special education services virtually during this declared state of

emergency. If these conditions are met, children found ineligible for Part B preschool education services must be discharged from the EIP timely (the day before their third birthday). Those children found eligible for Part B services would either continue receiving EI services or transition to preschool special education services at age three years, in accordance with Public Health Law section 2541(8)(a)(i) and (ii).

If the parent consents to referral of their child who is currently receiving EI services and turning age three to determine eligibility for preschool special education services, but obtaining an evaluation and Part B eligibility determination is not feasible prior to the child's third birthday due to the COVID-19 emergency, such child may remain in the EIP until a Part B eligibility determination can be made or June 30, 2020, whichever comes first. As always, children who receive preschool special education services under section 4410 of the education law may not also receive EI services. Additional guidance will be forthcoming on virtual transition conferences.



March 31, 2020

**Protocols for Essential Personnel to Return to Work Following  
COVID-19 Exposure or Infection**

This advisory supersedes guidance from the New York State Department of Health issued on March 28, 2020, to clarify that this guidance applies to essential personnel who have been exposed to a confirmed OR suspected case of COVID-19.

Public and private sector organizations that provide essential services or functions where personnel are needed to perform critical functions, including infrastructure, public safety, and other essential operations, may allow personnel who were exposed to or are recovering from COVID-19 to work in the workplace setting, if needed to maintain essential operations. Essential services or functions include but are not limited to public health personnel, utility and water operators, skilled manufacturers and supporting supply chains, transportation infrastructure, law enforcement, and emergency response personnel.

Essential personnel who have **been exposed to a confirmed or suspected case of COVID-19** can be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would not be feasible for job duties;
2. Personnel are **asymptomatic**;
3. Personnel quarantine themselves when not at work;
4. Personnel undergo temperature monitoring and symptom checks upon arrival to work and at least every 12 hours while at work, and self-monitor (i.e. take temperature, assess for symptoms) twice a day when at home;
5. Personnel required to interact with individuals within 6 feet should wear a facemask<sup>1</sup> while working for 14 days following the last exposure;
6. Personnel whose job duties permit a separation of greater than 6 feet should have environmental controls in place to ensure adequate separation is maintained, and do not need to wear a facemask;
7. If personnel develop symptoms consistent with COVID-19 (e.g., fever, cough, or shortness of breath) while working, they should immediately stop work and isolate at home; and
8. Testing should be prioritized for essential personnel with symptoms.

Essential personnel with **confirmed or suspected COVID-19** may be permitted to work in the required workplace setting if all of the following conditions are met:

1. Working from home would adversely impact essential services or functions, including critical public health and public works infrastructure in New York or the response to the COVID-19 public health emergency;

2. Personnel have maintained isolation for at least 7 days after illness onset (i.e. symptoms first appeared) and have not had a fever for at least 72 hours, without the use of fever-reducing medications, and with other symptoms improving;
3. Personnel who are recovering from COVID-19, and return to work, must wear a facemask<sup>1</sup> for 14 days following onset of illness.

*<sup>1</sup> For the purposes of this guidance, a facemask is a well-secured mask that covers the mouth and nose. No personal fit testing is necessary for a facemask.*

### **Additional Resources**

New York State Department of Health's Novel Coronavirus Hotline  
1-888-364-3065

New York State Department of Health's COVID-19 Webpage  
<https://coronavirus.health.ny.gov/home>

Local Health Department Contact Information  
[https://www.health.ny.gov/contact/contact\\_information/index.htm](https://www.health.ny.gov/contact/contact_information/index.htm)

United States Centers for Disease Control and Prevention Webpage  
<https://www.cdc.gov/coronavirus/2019-ncov/>

George Latimer  
County Executive

Department of Health

Sherlita Amler, M.D.  
Commissioner

**Westchester County Department of Health  
Bureau of Early Intervention  
COVID-19 Return to In-person Services**

**Recommendations for resuming EI Home Visits during the COVID-19 Pandemic**

**This continues to be a rapidly evolving situation. It is the responsibility of each provider to follow all New York State Department of Health guidelines, Westchester County Department of Health and those of the Centers for Disease Control and Prevention (CDC). Prior to resuming home visits, it is recommended that you update your Health and Safety policy to include universal precautions related to COVID-19.**

Early Intervention (EI) services should continue to be provided via telehealth, to the greatest extent possible. Westchester County Department of Health is, however, permitting a return to in-person home and community-based service delivery in appropriate situations for EI children. The following forms of in-person service delivery will be allowed to resume July 1, 2020:

- Home/community-based Early Intervention services
  - Multidisciplinary Evaluations to establish eligibility for the Program
  - Supplemental evaluations after eligibility has been established
  - Individual facility-based services
1. Service Coordinators: review with families the attached documents:
    - Westchester County Department of Health Early Intervention Program – Resumption of In-Person Services - This document is to be completed by the provider and the family prior to the start of in-person services. This form is to be completed **one time** when in-person services resume. This document must be attached to the child's integrated case in NYEIS.
    - Westchester County Department of Health COVID-19 Health Screening Assessment - This form is to be completed by the provider at **every** in-person session. This form requires the signatures of the provider and family member attesting to the accuracy of the information for all household members.
  2. If it is appropriate to resume some or all of in-person home- or community-based services:
    - Service Coordinators are required to discuss the benefits of continuing the telehealth modality in the Early Intervention Program, including that:
      - Use of telehealth helps slow the spread of COVID-19
      - Research shows that telehealth
        - Provides greater scheduling flexibility for parents
        - Is as effective as in-person therapy



- Increases positive child outcomes
  - Increases reports of parent engagement, self-efficacy, and empowerment
- Service Coordinators should review with families the information in the attached document titled ***New York State Department of Health Guidance to Early Intervention Providers Regarding Novel Coronavirus (COVID-19) Reopening New York: Resuming In-Person Early Intervention Program, issued June 18, 2020***
3. If a parent wants to resume in-person services, and the therapist/teacher who has been providing telehealth is unable to provide in-person services to the child:
    - Provider agencies should communicate with families that telehealth will continue until an in-person provider is located.
    - Obtain Consent for the Use of Telehealth during the Declared State of Emergency for COVID-19 to allow for flexibility in service delivery; in- person and telehealth when appropriate.
  4. Early Intervention services in childcare settings:
    - The delivery of Early Intervention services in childcare settings is permissible once childcare centers reopen.
    - Early Intervention providers must verify that the childcare program is open and available to reinstate in-person services.
    - Early Intervention providers must follow all requirements issued by the NYS Department of Health regarding the delivery of Early Intervention and other itinerant services in childcare centers during COVID-19. Refer to the attached ***New York State Department of Health Guidance to Early Intervention Providers Regarding Novel Coronavirus (COVID-19) Reopening New York:Resuming In-Person Early Intervention Program, issued June 18, 2020.***
    - Early Intervention provider must follow all entry screening and control protocols implemented by the childcare center for prevention of transmission of COVID-19

**References:**

See the NYS DOH BEI “Frequently Asked Questions Related to Virtual Early Intervention Visits During COVID-19 Declared State of Emergency and Re-opening New York: Resuming In-Person EIP Services; June 18, 2020

NYS DOH COVID 19 Webpage:

<https://coronavirus.health.ny.gov/home>

Westchester County Department of Health:

<https://health.westchestergov.com/>

For program services under the Office of Children and Family Service:

<https://ocfs.ny.gov/main/news/COVID-19/>

Centers for Disease Control:

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>

George Latimer  
County Executive

Department of Health

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Commissioner

**Westchester County Department of Health, Children with Special Needs**  
**Early Intervention Guidance for Telehealth for Service Sessions and Evaluations**  
**During COVID-19 (3/19/2020)**

- I. Conduct Early Intervention Evaluations Utilizing a Telehealth Service Delivery Method**  
**All Multidisciplinary Evaluations and supplemental evaluations must comply with PHL 69-4, Memoranda, and Clinical Practice Guidelines regardless of whether they are being conducted using telehealth. Guidance is provided in order to assist with using this new modality in Early Intervention. However, it is not exhaustive, and evaluators are required to comply with all regulations and guidance documents.**
- 1. Prepare to conduct an evaluation utilizing telehealth**
- a. Evaluator must have a smart device and internet connection.
  - b. Evaluator must have a space that is quiet and free from distractions (e.g., noises, other conversations, other persons in the space).
  - c. Do not initiate the delivery of an evaluation utilizing telehealth until the assigned Service Coordinator has obtained consent from parent/guardian via the service providers and has completed the **Westchester DOH Sample Checklist for Telehealth Intervention During the Declared State of Emergency for COVID-19 (3/17/2020)**.
  - d. 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. Assessment materials and procedures may need to be modified in order to account for the lack of physical contact.

Notes:

- Typical evaluation instruments are not normed on telehealth. It is unlikely that reporting scores from a norm-referenced instrument would be appropriate when doing evaluations via telehealth and determining a child's functional abilities and eligibility for the Program. What will be most helpful will be the use of detailed behavioral observations of the child, parent interview, and informed clinical opinion.
- It is required that the evaluator discuss what the parent/caregiver can do to foster their child's development and address their specific concerns as part of the evaluation process.
- It is likely that there will be instances where an evaluation conducted by telehealth will not provide adequate information to determine the child's eligibility. Even if this is the case, the evaluator should be prepared to make

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.

- The child can be referred to Developmental Monitoring.
- **Please contact Marina Yoegel, Early Intervention Official, for clinical questions regarding evaluations and service sessions delivered utilizing telehealth.**

## **2. Conduct an initial phone call with the parent/guardian:**

- a. Set parents'/guardians' expectations of what this unique type of evaluation will look like.
- b. Provide the therapist name, discipline, agency name.
  - *Sample text: Hi, my name is \_\_\_\_\_. I am a \_\_\_\_\_ therapist from \_\_\_\_\_ agency. Your child has been referred to Early Intervention for evaluation because you were concerned about \_\_\_\_\_.*
- c. Confirm identity of child by comparing information below to EI referral information/NYEIS
  - i. Name
  - ii. DOB
  - iii. Address/phone number
  - iv. Parent's name
- d. Confirm the identity of the adult who will be present during the telehealth evaluation and their relationship to the child
- e. Ask about the parent/guardian concerns/reason for evaluation
  - *Sample text: Tell me more about your concerns about your child and why you want your child evaluated*
- f. What device(s) does the family have available? (e.g., smart phone, tablet, iPad, computer)
- g. Describe how the evaluation will be conducted virtually.
  - *Sample text: Because of the Corona virus pandemic, aka COVID-19, we're having to do things a bit differently. We're going to be doing evaluations 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 do you have that will allow for this? What do you think will work? Because this is new to all of us, we need to figure out how and when to do the evaluation.*

## **3. Provide the parent/guardian with a pre-evaluation set-up/orientation to evaluation**

- a. Describe the steps of an evaluation to the parent, including explaining that the evaluator will:
  - i. Obtain history from parent(s) and other caregivers
  - ii. Make observations of child
  - iii. Make observations of caregiver-child interaction

- iv. Make observations of how child performs requested activities OR routine activities.
  - v. Talk with other caregivers who have knowledge of the child.
  - vi. Review relevant medical records or prior evaluations.
- b. Ensure that the parent/guardian understands that the evaluator will suggest activities or tasks in order to be able to accurately observe the child's strengths and needs. E.g., use of large and small muscles, how the child lets people know what s/he wants, how the child behaves with different people and in different situations
- *Sample text: 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.*
- c. Coordinate and plan with other evaluators
- d. Determine if an arena-style evaluation would be optimal for the parent.

#### **4. Conduct a virtual tour with the parent/guardian**

- *Sample text: 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 s/he wants, how s/he behaves 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 quick video tour of the space where the evaluation might take place, some of your child's toys, and where s/he plays and spends time. This will help me prepare and give you some suggestions about what objects or toys you might have at home that we could use during the evaluation, in order for us to get an accurate picture of your child.*
- a. Gross motor/big muscles:
- *Where will we be able to see your child move around as s/he usually does?*
- b. Fine motor/small muscles:
- *What small items do you have that would interest your child, so we can see how s/he picks things up and uses his/her hands and fingers?*
- c. Cognitive/problem-solving:
- *What does the child like to play with? Does s/he have favorite toys? How does s/he play with toys or other objects in the home?*
- d. Communication:
- *How does your child let you or others know what s/he wants? How does your child let you know that s/he understands what you've said to him/her?*

- e. Social-emotional:
  - *What happens when s/he does or doesn't get what he wants? How do they handle frustrations and challenges? How do family members act when this happens?*
- f. Adaptive: Feeding/bathing/diapering/toileting issues/function:
  - *Does your child present challenges when you try to feed/bathe/diaper/toilet him/her? Tell me about those. What have you tried so far to help make these activities easier for you and him/her?*
- g. Other concerns not previously mentioned:
  - *Are there any other things you may be concerned about or that you want me to know about your child?*

## 5. Conduct the evaluation utilizing telehealth

- a. Obtain developmental and behavioral history from parents/caregivers. This would include daycare providers (although the daycare may currently be closed).
- b. Obtain medical information from the child's healthcare provider. Determine if the child has a diagnosed condition that makes him/her eligible for the EIP.
- c. Observe caregiver/family and child interactions. Have there been changes in the usual caregiving arrangements? E.g. Was the child previously in daycare and is now being cared for elsewhere and/or by someone different due to COVID-19?
- d. Ask caregiver about their daily routines/who is involved in these routines. Have there been changes in the child's routines related to the COVID-19 pandemic?
- e. Ask about child's likes and dislikes/favorite activities.
- f. Ask what the child loves to do and does well. What are his/her strengths/needs.
  - *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.*
- g. Depending on parent/caregiver concerns, you will want to observe the child at different times of the day (e.g., during mealtimes or bath time). You may need to do a telehealth session with the parent more than once in order to obtain a complete representative picture of the child.

*(PHL 69-4.30 (c) (2) Multidisciplinary evaluation as defined in section 69-4.1 (m) of this Subpart and performed in accordance with section 69.4.8 of this Subpart. Reimbursable evaluations shall include core evaluations and supplemental evaluations. A provider shall submit one claim for a core or supplemental evaluation regardless of the number of visits required to perform and complete the evaluation.)*

- h. If the child's response to the telehealth evaluation is not sufficient for you to obtain a complete picture of him/her (e.g., asleep, crying inconsolably), you will

need to be prepared to have a telehealth session with the parent at another time, as stated above under item “g”.

- i. If a follow-up call still does not provide adequate information, a telehealth evaluation may not result in an eligibility determination. Whether it does or not, the evaluator should be prepared to make 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. The child can also be referred to Developmental Monitoring.
  - ii. If the EIO determines that the information obtained in the evaluation is not adequate to determine the child’s eligibility status, you may be required to obtain additional information through another telehealth session or other means as appropriate (e.g., history, external documentation)
- i. Evaluator should document how they modified assessment materials and/or procedures in order to account for the lack of physical contact. E.g., if the parent rather than the therapist handled or positioned the child, this should be documented and explained.
  - j. Evaluator should include date/s and time/s in/out of the evaluation. If observations were made on more than one day or multiple times on one day by an individual evaluator, this should be documented.
  - k. Special considerations for motor therapists
    - i. Physical set-up of the home
      - Area that child is usually in – when awake, when asleep
      - Furniture/positioning of child – e.g., bouncy seat, high chair, child-size furniture, bed, playpen
    - ii. 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) and seating (infant seat), parent lap
      - For a child who has begun to creep or crawl/change positions: a larger padded area and seating is needed (baby seat/high chair, 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 (high chair, 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)
    - iii. 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 objects
  - For older infants: containers/boxes/cans
  - For toddlers: shape sorter, big shape puzzles, markers, blocks are in the home environment
  - For toddlers older than 2 years: books, stacking rings, stacking cups, puzzles, threading toys
- iv. Key components of evaluation for a younger infant (which demands more physical handling)
- Observe child's presentation when s/he is placed in a position (ideally, child will have on only a diaper if situation (such as cleanliness or temperature) allows
  - Instruct the parent/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 parent move the child through range of motion of arms and legs
- v. For older infants/toddlers, parent/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.

## **6. MDE Team Collaboration**

- a. Once all individual evaluations have been completed, discuss findings as a team to determine eligibility. This could be done through a conference call.
- b. Decide which team member will contact parent to discuss results and eligibility status.

## **7. MDE Summary and Documentation**

- a. Reporting scores from a norm-referenced instrument is unlikely to be appropriate when doing evaluations via telehealth and determining a child's functional abilities and eligibility for the Program. What will be most helpful will be the use of detailed behavioral observations and informed clinical opinion.
- b. Section IV of MDE Summary: assessment process and conditions

- i. Each evaluator must document the length of time of the evaluation, start/end times, and whether it was conducted in more than one session.
  - ii. Each evaluator must document how the telehealth session occurred; whether there were distractions or interruptions; if and how an interpreter was used via telehealth; who else was present during the evaluation and how their presence may or may not have affected the evaluation process and results; and how using telehealth for the assessment impacted the child's responses.
- c. Section VI of MDE Summary: The child's responses and the family's belief about whether the responses were optimal
- i. MDE team must document that they elicited from the family whether the observations made during the telehealth evaluation were typical for the child.
  - ii. MDE team must also consider that the use of video/audio technology as opposed to the presence of a live evaluator may have impacted/distracted the child during the evaluation.
  - iii. The MDE team must take this into consideration when they determine the child's developmental domain statuses and eligibility status.

## **II. Delivering Early Intervention Service Sessions Utilizing a Telehealth Service Delivery Method**

### **1. Preparation prior to the initial telehealth Early Intervention (EI) session with parent and child**

- a. Do not initiate the delivery of Early Intervention service sessions utilizing telehealth until the assigned Service Coordinator has obtained consents from parent/guardian via the service providers and has completed the **Westchester DOH Sample Checklist for Telehealth Intervention During the Declared State of Emergency for COVID-19 (3/19/2020)**.
- b. Ensure that the early interventionist has space that is quiet and free from distractions (e.g., noises, other conversations, and other people in the space).
- c. Ensure that both the parent and early interventionist have the appropriate equipment available (e.g., smart phone, tablet, iPad, or computer) to support simultaneous visual and auditory interactions between the parent(s) and the early interventionist.
  - This can be assessed by the early interventionist when they schedule the session with the parent.
  - During that telephone discussion, they may try out the video and auditory connection prior to the scheduled session to ensure telehealth can occur.
  - Parents must always be present during the telehealth sessions.



Notes:

- The requirements for Session Notes and Progress Notes remain unchanged for telehealth sessions. ( See Westchester County Early Intervention Protocol Manual <https://health.westchestergov.com/information-for-providers>)
- 2. Conduct a phone call with the parent/guardian:**
- a. Set parents’/guardians’ expectations of what this unique type of session will look like.
  - b. (New Cases Only) Provide the therapist name, discipline, agency name
    - *Sample script: Hi, my name is \_\_\_\_\_. I am a \_\_\_\_\_therapist/teacher from \_\_\_\_\_agency. Your child has been authorized to receive early intervention (state service type) services.*
  - c. (New Cases Only) Confirm identity of child by comparing information below to EI referral information/NYEIS
    - i. Name
    - ii. DOB
    - iii. Address/phone number
    - iv. Parent’s name
  - d. Confirm the identity of the adult who will be present during the telehealth session and their relationship to the child.
  - e. Ask about the parent/guardian concerns and what they would like to see for their child
    - *Sample text: Tell me more about your concerns about your child. What would you like us to work on? From your IFSP outcomes, I saw you were concerned about \_\_\_\_\_. This way we can figure out the time to schedule our session. For example, if the parent is concerned about drinking from the bottle, the session would be scheduled during a usual meal time and not when the child is sleepy or not hungry.*
  - f. What device(s) does the family have available? (e.g., smart phone, tablet, iPad, computer)
  - g. Describe how the service session will be conducted virtually.
    - *Sample text: Because of the Corona virus pandemic, aka COVID-19, we’re having to do things a bit differently. We’re going to be doing*

*services 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 do you have that will allow for this? What do you think will work? Because this is new to all of us, we need to figure out how to do this and troubleshoot together.*

**3. Embedding interventions within family routines, coaching parents/caregiver, and family-centered best practices should be conducted during telehealth.**

**During telehealth sessions, the interventionists will find they need to ask parents/caregivers more questions to gather information and to use a range of coaching strategies to support parents and caregivers. Below are some questions the therapist/teacher can ask to support collaboration, coaching, and communication with families and caregivers:**

- a. Ask the parent about:
  - i. How the child has been doing since the last session. You may observe the parent and child in the routine activity to see what progress has been made.
  - ii. How the strategies worked or did not work from the last session (EIP Session Note Question #1).
    - *Ask the parent/caregiver about whether it is easier to use the strategy since the last session. Does the parent think the child is functioning better? Is the child more engaged? Is the child getting bored?*
  - iii. If the strategy did not work, you may observe the parent trying it 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 and ideas.
    - *Ask the parent/caregiver for feedback about using the strategy.*
  - iv. Review with the parent what IFSP functional outcome/objective they would like to focus on during this session (Session Note Question #2).
    - *Based on the child's progress, ask the parent whether they want to continue working on this functional outcome/objective or whether they prefer to work on another.*
  - v. Inquire with the parent/caregiver about what other strategies the rest of the EI team is recommending they do to support the child (if this applies).
- b. The therapist/teacher should jointly decide with the parent/caregiver what the focus of the session will be. To create new strategies (embedded interventions within the routine activities) with the parent, the therapist/teacher will
  - i. Observe the parent and child during the routine activity in order 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 (Session Note Question #3). Every family has their individual culture. It is important to respect each family's culture, values, and the way they live. This is why observations (authentic assessments) are important when creating new strategies in partnership with parents. This also helps to individualize their EI services.

- For example, explain to the parent 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 the baby?*
- ii. Discuss with the parent what they have tried before that worked and didn't work and what are their ideas to support the child's engagement.
  - *After the observation occurs, the interventionist may have a discussion with the parent to gather more information. The interventionist may ask the parent about the frequency, amount, type of milk/formula/food, etc. The teacher/therapist 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 that feeds the child or are there others? Show me the different ways the baby is held during feeding.*
- iii. Determine what strategy to try out with parent and child during the session based on the discussion with the parent and the observation.
- iv. Decide what techniques to use to coach the parent on how to use the strategy. Coaching helps to strengthen the parents' capacities to support their children's functioning and development. For example, early interventionist models with a doll while explaining to the parent what they are doing so parent can try the strategy with their child OR early interventionist observes the parent trying out the strategy while the interventionist provides verbal guidance and coaching (Session Note Question #4).
  - *The interventionist can ask the parent/caregiver what they would like to do to understand the strategy better.*
- v. While the parent is trying out the new strategy with their child during the routine activity, the early interventionist should encourage feedback from the parent about whether they feel comfortable doing this strategy between sessions. If the parent does not or if the strategy does not fit the way the family does their routine, the strategy will never be used by the parent to support the child.
  - *Ask the parent/caregiver: How did that feel? Was it easy to do? Do you think you can try this during feeding times between now*

*and the next session? Would you like to change anything? Do you have any questions?*

- c. Toward the end of the telehealth session, the interventionist and the parent must decide together what strategy will be used between sessions. The early interventionist, along with the parent:
  - i. Reviews how to do the strategy (Session Note question #5)
  - ii. Discusses how to know when the child has made progress
  - iii. Reinforces reflection, feedback and problem solving between sessions
  - iv. Identifies areas for generalization across other routine activities when the child has met the criteria for progress
  - v. 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

### **Resources:**

**Family-centered best practices** recognize that parents are the experts on their children and are equal team members. In 2019, the Early Childhood Personnel Center at the University Center for Excellence in Developmental Disabilities (at the University of Connecticut) reported on the cross-disciplinary personnel agreement regarding the four core areas of competence for EI professionals working with infants and toddlers. This consensus was made by seven national organizations representing disciplines providing early intervention and early childhood services: American Occupational Therapy Association (AOTA); the American Physical Therapy Association (APTA); the American Speech-Language-Hearing Association (ASHA); the Council for Exceptional Children (CEC); the Division of Early Childhood (DEC); the National Association for the Education of Young Children (NAEYC); and Zero to Three.

The four core competencies include:

- a) **Family-Centered Practice** (e.g., parent partnership and help giving, parent education in child development, and family involvement in assessment);
- b) **Coordination and Collaboration** (e.g., general teaming, resources and referrals, and effective communication);
- c) **Interventions as Informed by Evidence** (e.g., knowledge of typical child development and behavior, observations, progress monitoring, and accommodations and adaptations);
- d) **Professionalism and Ethics** (e.g., laws, policies, and practice standards, professional development and self-reflection, and administrative leadership).

Early Childhood Personnel Center at the University Center for Excellence in Developmental Disabilities (2019) *Cross-Disciplinary Personnel Competencies Alignment*. University of Connecticut. <https://ecpcta.org/cross-disciplinary-alignment-2/>

- It is important that the Early Intervention team also remembers to do the **three Cs**: Consistently Communicate and Collaborate with each other and with the parents, whether they are doing telehealth or working with parents or caregivers like childcare providers and babysitters.

TaCTICS: Therapists as Collaborative Team members for Infant/Toddler Community Services. <http://fgrbi.fsu.edu/index.html>

- Evidenced-based components to coaching parents include:

Rush, D. and Shelden, M.L. (2005). CASEinPoint: Evidence-Based Definition of Coaching Practices.

[https://fipp.org/static/media/uploads/caseinpoint/caseinpoint\\_vol1\\_no6.pdf](https://fipp.org/static/media/uploads/caseinpoint/caseinpoint_vol1_no6.pdf)

Rush, D. ASHA Professional Development: Using Coaching Strategies to Engage with Families in an EI Context. <https://www.youtube.com/watch?v=dJvriZEFkI>

Rush, D.D. & Shelden, M.L. (2006). Coaching Practices Rating Scale for Assessing Adherence to Evidence-Based Early Childhood Intervention Practices. *FIPP CASEtools*, Vol. 2 No. 2. <http://www.eiexcellence.org/intervention-tools/>

Rush, D. and Shelden, M. (2020) Coaching Quick Reference Guide. The Early Childhood Coaching Handbook, 2<sup>nd</sup> Edition. Brookes Publishing Co.

<http://archive.brookespublishing.com/resourcelibrary/tipsheets/coaching-quick-reference-guide.pdf>

Hanft, B., Rush, D., & Shelden, M. (2004). *Coaching families and colleagues in early childhood*. Baltimore, MD: Paul H. Brookes.

- The early childhood recommended best practices from the Division of Early Childhood and the Office of Special Education Program:

Division of Early Childhood. (04/14/2014). *Recommended Practices*

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

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

[http://www.ectacenter.org/~pdfs/topics/families/Principles\\_LooksLike\\_DoesntLookLike\\_3\\_11\\_08.pdf](http://www.ectacenter.org/~pdfs/topics/families/Principles_LooksLike_DoesntLookLike_3_11_08.pdf)



## Interim Guidance for Home Care Services Regarding COVID-19

March 16, 2020

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*This document provides agencies and organizations with information about home and community-based services as it relates to the 2019 novel coronavirus disease (COVID-19).*

### **Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV2)**

Health officials are still learning how a newly discovered respiratory virus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), spreads and how severe the infection can be. SARS-CoV2 is the virus that causes COVID-19 illness. As surveillance activities continue and additional cases are detected, we will update information about the community spread of COVID-19.

### **Important Information About How COVID-19 Spreads**

- The virus is thought to spread mainly from person to person.
  - Between people who are in close contact with one another (within 6 feet).
  - Through respiratory droplets produced when an infected person coughs or sneezes.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.
- People are thought to be most contagious when they are most symptomatic (the sickest).
- Spread before people show symptoms may be possible.

### **Considerations About Your Agency's Services**

- Is it critical that this service be provided now, can it be postponed until the risk of COVID-19 is lower, or can this service be done remotely by other mechanisms (e.g., phone call, video conference)?
- If NO, then staff should call ahead and ask the clients or family members, if applicable, the questions in the algorithm in **Appendix A**.

### **General Infection Prevention Strategies**

Organizations should encourage staff to routinely employ infection prevention strategies to reduce transmission of common respiratory viruses (e.g., influenza or “flu” or “the common cold”).

- Stay home if you are sick.



**ANDREW M. CUOMO**  
Governor

**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

- Cover your mouth and nose with a tissue when coughing or sneezing (in the absence of a tissue, cough or sneeze into your shirt sleeve or bent arm).
- Keep your hands clean (wash your hands often with soap and water for at least 20 seconds). Use an alcohol-based hand sanitizer, if soap and water are not available.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Get the flu shot (at this time, there is no current vaccination for coronaviruses).

The routine use of these infection prevention strategies cannot be overemphasized, especially washing your hands often with soap and water. Alcohol-based hand sanitizers are also effective.

#### About Facemasks:

In line with the Centers for Disease Control and Prevention (CDC), the NYS Health Department does not recommend the routine use of masks if you are healthy. Facemasks are not warranted for general/routine tasks by staff – even those who have frequent interaction with the general public.

#### **Guard Against Stigma**

Organizations should work to prevent actions that could perpetuate stigma attached to COVID-19 or appear to be targeted at one group of people. There is absolutely no excuse for using the outbreak as a way to spread racism and discrimination. Organizations should encourage that staff stay informed, remain vigilant and take care of each other.

#### **More information:**

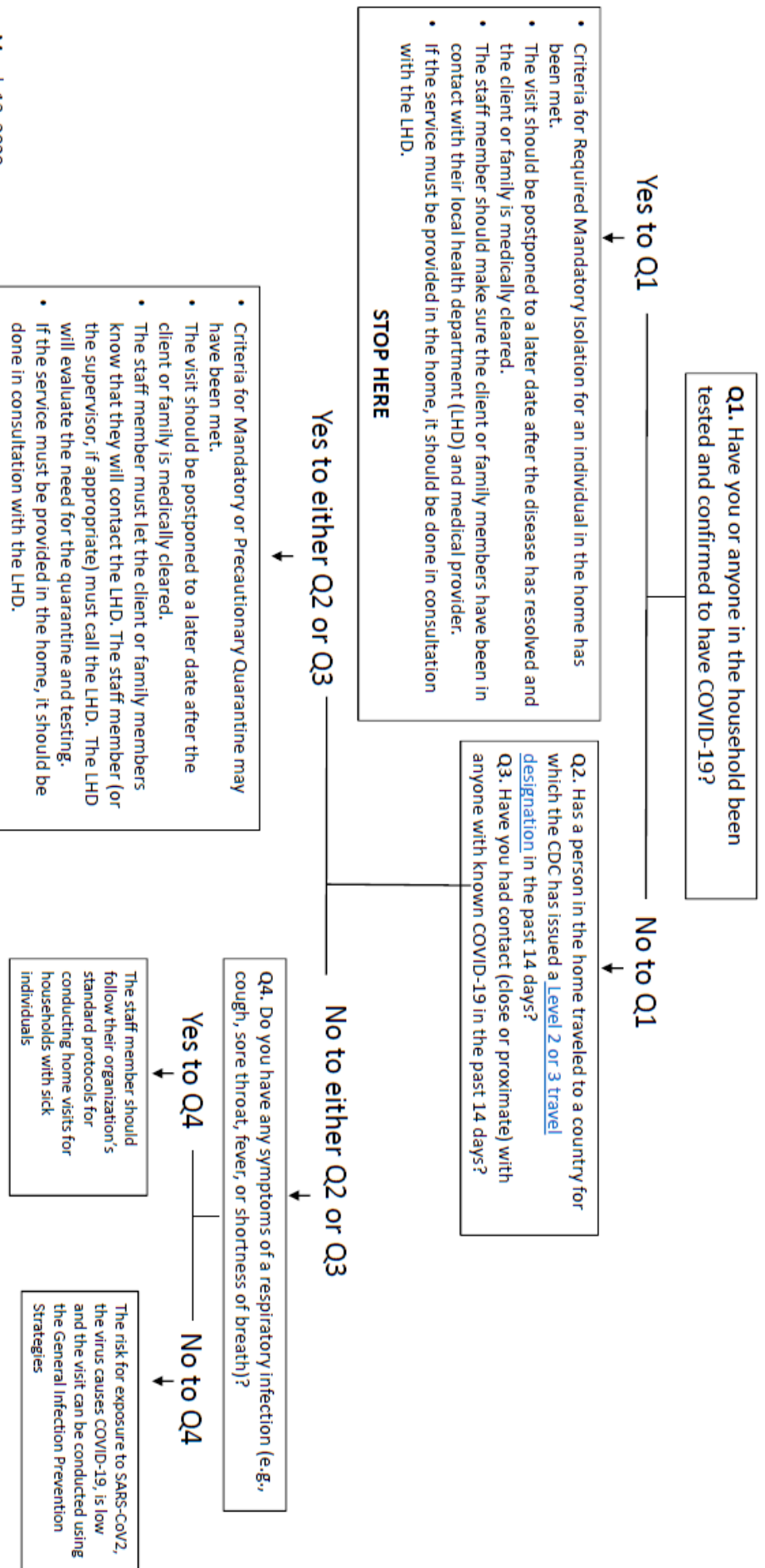
NYS Department of Health Novel Coronavirus hotline: **1-888-364-3065**.

New York State Department of Health's COVID-19 Webpage:  
<https://www.health.ny.gov/diseases/communicable/coronavirus/>

Local Health Department Contact Information:  
[https://www.health.ny.gov/contact/contact\\_information/index.htm](https://www.health.ny.gov/contact/contact_information/index.htm)

Centers for Disease Control and Prevention Webpage:  
<https://www.cdc.gov/coronavirus/2019-ncov/>

## Appendix A. Recommended Questions and Guidance for Home Care Services Regarding COVID-19



March 13, 2020



## **New York State Department of Health Bureau of Early Intervention Guidance to Early Intervention Providers Regarding Novel Coronavirus (COVID-19)**

The New York State Department of Health (Department) Bureau of Early Intervention is aware of stakeholder concerns regarding the COVID-19 outbreak, and Governor Andrew M. Cuomo's Executive Order 202 declaring a state of emergency on March 7, 2020. As circumstances across the State evolve, it is also important to follow all directives from your local health department during this outbreak, to prevent community spread.

*The following guidance will be in effect until April 6, 2020.*

### **Early Intervention Service Delivery**

Guidance titled **Interim Guidance for Home Care Services Regarding COVID-19** serves as a companion to this information for early intervention providers delivering home and community-based services. It is available at:

[https://www.health.ny.gov/diseases/communicable/coronavirus/docs/03-16-20\\_home\\_care\\_services.pdf](https://www.health.ny.gov/diseases/communicable/coronavirus/docs/03-16-20_home_care_services.pdf)

In instances where families choose to suspend participation in an evaluation or early intervention services due to concerns about COVID-19, providers shall notify the service coordinator and the Municipality within two (2) business days, when a parent voluntarily withdraws their child from early intervention services with a Provider, for any reason (Early Intervention Provider Agreement section VII. Notifications-(F)).

If a family decides to delay, suspend or terminate services or close their case due to COVID-19, this should be documented as follows:

- Record the family's decision in service coordination notes.
- Record the family's decision in session notes.
- On the child's Integrated Case Page in the New York Early Intervention System (NYEIS), create a note using the left-hand navigation "Notes" link.
- If closing a service authorization in NYEIS, information should be added in the "Comments" field regarding the reason for closure.
- If a parent is closing their child's EIP case due to COVID-19, "Family Refused" should be selected for the closure reason.

## **Telehealth/Virtual Early Intervention Visits**

Telehealth (virtual) visits are not currently reimbursable under the Early Intervention Program. However, *during the declared state of emergency*, reimbursement will be available for individual telehealth (virtual) early intervention services provided in accordance with the child's Individualized Family Service Plan (IFSP) and for which there is a service authorization under the following circumstances:

- The family expresses a need for and agrees to use of virtual early intervention visits during the time of this declared emergency.
- Prior to initiating telehealth services, the family must sign a consent for service to be delivered virtually and that the family understands that virtual services pursuant to their IFSP will be in place of and not in addition to their IFSP mandate. Signing the consent can take place via email (if the family has consented to use of email), or via US postal service or fax).
- Providers and families have the necessary platform to conduct virtual therapy services. This means that the service must include video and audio components 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's IFSP.
- Virtual therapy services must be a minimum of 30 minutes in duration.
- Providers must maintain all required documentation of the therapy service and note that it was provided virtually. See additional documentation guidance below.
- Group services cannot be conducted virtually; however, the child's IFSP may be amended to reflect individual services if appropriate.

When the declared state of emergency is no longer in place, there will be no reimbursement available for virtual early intervention services until formal guidance on the delivery of early intervention services via telehealth is issued.

## **Documentation**

### *Families*

Documentation of communications with families regarding delay, suspension or termination of services due to COVID-19 concerns is important not only for immediate case planning, but also to explain the gaps in service that will be identified later during monitoring. Documentation should specify whether the family is only concerned about COVID-19, or is directly affected by it (e.g., a family member has traveled to an affected country, or is ill or in self-quarantine). In cases where the family or a service provider is directly affected, providers should refer to the municipality's guidance regarding make-up sessions and adhere to the child's IFSP.

### *Providers*

In general, providers must adhere to Early Intervention regulations, especially section 69-4.9(g) and the terms of the Provider Agreement with regard to providing appropriate notice of their need to cancel services. All early intervention providers who identify COVID-19 as the reason for declining or ceasing to provide services, should also clearly document this in their notes and make all required notifications.

### **Individualized Family Service Plan (IFSP)**

If the circumstances of the family and/or provider prohibit an initial, 6 Month or Annual Review of the child's IFSP from taking place in person, the IFSP meeting may still be convened and required participants can utilize telephone conferencing to discuss and develop the child's IFSP.

In addition, we encourage everyone to review the resources about Novel Coronavirus (COVID-19) at: <https://www.health.ny.gov/diseases/communicable/coronavirus/>

Please refer to the **Health Advisory on Criteria for Discontinuation of Quarantine of Patients with COVID-19** for additional information:

[https://www.health.ny.gov/diseases/communicable/coronavirus/docs/health\\_advisory\\_discontinuation\\_of\\_quarantine.pdf](https://www.health.ny.gov/diseases/communicable/coronavirus/docs/health_advisory_discontinuation_of_quarantine.pdf)

For questions regarding any of the information in this document please contact the Bureau of Early Intervention at [beipub@health.ny.gov](mailto:beipub@health.ny.gov) .

**NYS EARLY INTERVENTION PROGRAM  
 CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF EMERGENCY  
 FOR COVID-19**

Child's Name:	EI#:	DOB:    /    /
Address:		Apt #:
City/Town:	State: New York	Zip Code:
Services Type to Be Delivered Using Telehealth:	NYEIS Service Authorization #:	
Name of Therapist/Teacher:	Phone #:	
Service Provider Agency:	Phone #:	
Service Coordinator	Phone #:	
Service Coordinator Agency	Phone #:	

**Instructions:** A consent form such as this sample 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 as an early intervention service delivery method is only available *during the declared state of emergency* for COVID-19 (until April 6, 2020).

A consent form for the use of Telehealth can be returned by email if the parent/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 attached to the child's integrated case in NYEIS. A separate consent form is required for each early intervention service.

I, (Parent/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 as an early intervention service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my Child's IFSP after April 6, 2020.

I understand that Telehealth means that early intervention services will be delivered using an audio and video at the same time for the duration of the session. Telehealth does not mean having a telephone call with my child's therapist/teacher.

I understand that I will have access to all early intervention information resulting from the sessions conducted via Telehealth in the form of Session Notes and Progress Notes if I request them from my child's Service Coordinator.

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

\_\_\_\_\_  
 Parent Name (Print)

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

**New York State Department of Health  
Bureau of Early Intervention  
Technical Assistance**

**Frequently Asked Questions Related to Virtual Early Intervention Visits  
During COVID-19 Declared State of Emergency  
March 19, 2020**

**Platform**

1. What type of platform can be used to deliver virtual early intervention services during this declared state of emergency?

Response: Any non-public facing remote communication product that is available to communicate with families for the entire duration of the authorized EI visit is permissible during this state of emergency. Please see the following link for guidance from HHS-- <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

**Parental Consent Documentation/Service Log Documentation**

2. Do providers need signatures from parents on session notes in order to bill. And since they will not be in personal contact, how would that be done?

Response: In accordance with Early Intervention Program 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 as 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 furnished must be maintained by the provider and both the signed service log and the session note must be available on audit.

3. Is a typed signature ok if they convert the document to a fillable form?

Response: A typed signature is not acceptable. Please refer to options in the response to question 2.

4. If the provider mails the consent form to the parent, can the parent sign it, take a picture and email or text it back to the provider?

Response: Yes, if a provider mails the consent form to the parent, they can sign the form and return it to the provider electronically.

5. If a parent agrees to telehealth visits and agrees to sign documentation, can a provider treat while awaiting the signed consent?

Response: No. Parental consent must be in place prior to delivering EI services virtually.

6. Do the Ongoing Service Coordinators (OSCs) need to get parental consent for telehealth sessions?

Response: Either the OSC or the provider can obtain written parental consent for virtual EI services allowed under the current state of emergency. Parental consent is specific to each EI service being furnished virtually and must be obtained prior to initiating any early intervention service via telehealth.

### **IFSP/Session Length/Makeup Sessions**

7. The EIP's guidance states that "virtual therapy services must be a minimum of 30 minutes in duration." If a child's IFSP states that services are to be provided for 45 minutes, would 30-minute telehealth visits be reimbursable?

Response: No. Services must be delivered in accordance with the child's IFSP to be reimbursable. If the child's IFSP calls for a 45-minute service, the service must be 45 minutes in duration.

8. Are 30-minute sessions sufficient for the children with 45-minute authorizations?

Response: No, all EI services, including those via telehealth, must be delivered pursuant to the IFSP. If the IFSP authorization is for 45 minutes, the session must be delivered for that length of time.

9. Will there be an extension for makeup sessions? If so, can telehealth sessions be used to make up in-person missed sessions that occurred prior to EIP allowing telehealth due to the COVID-19 state of emergency?

Response: Guidance on telehealth is prospective, telehealth should not be used for make-up sessions that are occurring due to missed sessions prior to issuance of this emergency guidance. Additionally, services must be delivered in accordance with the IFSP and follow what is included in the IFSP regarding makeup visits as well as the requirements of the provider's county or municipality regarding makeup sessions.

## Operational/Logistical Questions

10. When does this guidance go into effect?

Response: This guidance regarding virtual EI visits is effective as of the date of issuance, March 18, 2020.

11. Are there any services that cannot be provided by telehealth/virtual visit?

Response: All EI services included in a current IFSP can be provided virtually. However, all professional services must be administered in accordance with the applicable NYS practice act.

12. Will waivers be issued for those professions that are not allowed to provide telehealth services like occupational therapy assistants (OTAs) and physical therapy assistants (PTAs)?

Response: No, not at this time.

13. Can evaluations including Multidisciplinary Evaluations (MDEs) be provided via telehealth?

Response: Yes. Additional guidance regarding conducting the MDE via telehealth will be forthcoming.

14. If the local county Early Intervention Program has suspended all EI services, can providers render services via telehealth?

Response: Services cannot be rendered until a municipality has unsuspended early intervention services. The Bureau of Early Intervention is working to notify municipalities of the availability to provide EI services virtually and will assist municipalities in understanding how such services should be rendered. Please consult with your municipality for the most current guidance and direction.

15. Should all home-based face-to-face services be canceled/suspended due to COVID-19?

Response: Providers must follow guidance issued by the State Department of Health regarding face-to-face service delivery, titled ***Interim Guidance for Home Care Services Regarding COVID-19***, and the directives of their local health department regarding face-to-face visits.

16. What are the rates for telehealth services? Is it the same as they are for face-to-face visits?

Response: As long as services are delivered in accordance with the child's Individualized Family Service Plan, as outlined in the COVID-19 guidance and any subsequent FAQs, they are reimbursable, and the usual rates apply.

17. What CPT code(s) should be used when billing for EI service via telehealth?

Response: Providers should use the same CPT code they would normally use. Providers must document in their session notes that the visit was delivered using telehealth. In addition, providers must have a signed parent consent form prior to initiating service delivery via telehealth.

18. Are new service authorizations (SAs) in NYEIS needed for virtual home/community sessions or are existing SAs applicable?

Response: Existing service authorizations for home/community sessions are applicable for virtual EI sessions.

19. Can/should providers continue with the current frequency/duration of sessions approved on the IFSP?

Response: Providers should consult with families regarding the frequency of services parents would like to have during this declared state of emergency. Early Intervention services delivered virtually cannot exceed the visits included in the child's IFSP. In order to be reimbursable, services must be delivered in accordance with the duration listed in the child's IFSP. That is, if the IFSP calls for a 45-minute service, the virtual visit must be 45 minutes in length to be reimbursable.

20. Do municipalities need copies of the consent for teletherapy in their child's record or only the service provider?

Response: The provider must retain a copy of the signed parental consent for teletherapy in the child's record. Providers should also upload the signed parental consent in the child's Integrated Case in NYEIS.

21. Is written justification of medical necessity and/or a written order/prescription required specifically for teletherapy?

Response: No. The written referral/order on file for EI services is sufficient for delivery of such services virtually.



## **Transition from Early Intervention**

22. Some children who are currently in the evaluation process with the Committee on Preschool Special Education (CPSE) have not yet had their initial Individualized Education Program (IEP) meeting to determine eligibility. Now such children may not be able to sit for their eligibility meeting or be able to complete evaluations prior to their third birthday due to the state of emergency. What will happen with EI services in these situations?

Response: The Department will seek guidance from the Office of Special Education Programs (OSEP) regarding this situation. Additional guidance will be forthcoming.

**Westchester County Department of Health-Early Intervention Program: Documenting Family Decisions to Suspend Services or the Early Intervention Process Due to COVID-19 Concerns (3/13/2020)**

Given community concerns about transmission of COVID-19, some families may choose to suspend services or the EI process, or even close their case. The reason for the suspension or closure should be documented in the appropriate paperwork and NYEIS sections, specifying whether the family is only concerned about COVID-19, or is directly affected by it (someone in the household has fever, cough, or trouble breathing AND has traveled outside the US or had contact with a person who is suspected or confirmed to have infection with COVID-19 in the past 14 days). This document provides guidance regarding the responsibilities of service coordinators, evaluators, interventionists and provider agencies for documenting family decisions related to COVID-19.

Note: If the child is in foster care, the SC should notify the foster care agency case planner and/or education specialist of any changes to the child’s EI status or services.

**Service Coordinators**

Note: Service Coordinators are expected to meet all regulatory requirements regarding activities and timelines. COVID-19 does not suspend any of these requirements. However, the steps below outline the steps to document family reasons for delay that are due to COVID-19, which may impact regulatory timelines.

- If the family delays or terminates the EI process after referral: At the time the family elects to not continue the EI process, the SC must inform the EIOD with the reason for closure (family is concerned about COVID-19, or family is directly affected by COVID-19) clearly indicated. This reason for closure should also be documented in the SC notes and EIOD notes. In closing the integrated case in NYEIS, the SC will document this reason for closure in the comment section of the closing page. The SC should encourage the family to re-refer their child later. Following closure, the SC should follow up with the family within 2 months to re-refer the child.
- If the family delays or terminates the evaluation process: If there is a delay in the evaluation process which will result in late submission of the Multidisciplinary Evaluation (more than 30 days post referral), the SC should document in their SC notes indicating that the family is concerned about COVID-19, or is directly affected by COVID-19. If the parent/guardian continues to delay the process or is unresponsive, the SC must document attempts to re-engage the family. If at that time the family elects to not continue the process, the SC should inform the EIOD (family is concerned about COVID-19, or family is directly affected by COVID-19) clearly indicated. This reason for closure should also be documented in the SC notes and EIOD notes. In closing the integrated case in NYEIS, the SC will document this reason for closure in the comment section of the closing page. Following closure, the SC should follow up with the family within 2 months to re-refer the child.

- If the family delays the IFSP meeting: When the family decides to delay the IFSP meeting, the SC should record the reason for delay (family is concerned about COVID-19, or family is directly affected by COVID-19) in their notes and in the Integrated Case Comments. When the meeting is convened; the SC should select IFSP delay reason “3 – Family cancelled”. In the IFSP Comments section, the SC should record the reason for the delay (family is concerned about COVID-19, or family is directly affected by COVID-19).
  - If after unsuccessful documented attempts to schedule the IFSP meeting, the family elects to not continue the process: The SC inform the EI/OD of the reason for closure (family is concerned about COVID-19, or family is directly affected by COVID-19) clearly indicated. The SC submits a closure packet.
- **In scheduling any IFSP meeting, the SC must ensure that all options to schedule the IFSP at a time and place convenient to the family have been considered.**
- If the family seeks to delay the start of services at the IFSP meeting: On the service authorization(s), under OSEP Service Delay, “4 – Family – delayed response/consent” should be selected. In the IFSP Comments section, the SC should record the reason for the delay (family is concerned about COVID-19, or family is directly affected by COVID-19). The SC must complete the Late Start of Service Form indicating the family’s reason for delay of services (family is concerned about COVID-19 or family is directly affected by COVID-19) and upload the form.
- If the family suspends services: The SC should document the parent’s decision and the reason for suspension (family is concerned about COVID-19, or family is directly affected by COVID-19) in their notes. Please note that in all cases of family suspension of services, the parent/guardian must be informed that the same service provider may not be available to resume care.
- If the family closes their case: If at the time the family elects to not continue the services, the SC should inform the EI/OD with the reason for closure (family is concerned about COVID-19, or family is directly affected by COVID-19) clearly indicated and submit a closure packet. The reason for closure should also be documented in their notes. SC should encourage the family to re-refer their child later.

If an evaluation is cancelled due to family concerns about COVID-19, evaluators should immediately notify their agency and the family’s SC about the cancellation, including the reason (family is concerned about COVID-19, or family is directly affected by COVID-19).

### **Interventionists**

Families concerned about COVID-19 may choose to cancel a session, suspend services or terminate services. In all of these cases, the interventionist must create a session note to document the missed, suspended or terminated session(s), with the reason (family is concerned about COVID-19, or family is directly affected by COVID-19) clearly indicated. All sessions may be documented on a single note.

- If services are suspended if the family identifies a date to resume services, that date should be included in the session note.
- If services are terminated: The interventionist should immediately notify their agency and the child's SC, including telling them that COVID-19 was the family's reason for termination.

The Westchester County make-up policy remains in effect. However, if the reason for canceling sessions is due to the fact that the family is directly affected by COVID-19 (anyone in the household has fever, cough, or trouble breathing AND has traveled outside the US or had contact with a person who is suspected or confirmed to have infection with COVID-19 in the past 14 days), the EIOD will consider authorizing make-up sessions or amending service plans, based on the individual needs of the family. In addition, for children or families who required a 14-day quarantine period, make-up sessions would be delivered within the IFSP period following the 14-day quarantine period. **Exceptions will be considered on an individual basis.**

### **Provider Agencies**

Provider agencies should document any instances including the dates when:

- SCs, evaluators or interventionists identify COVID-19 as their own reason for declining or dropping cases
- Families identify COVID-19 as their reason for suspending or terminating services or closing their case.

Provider agencies should take special care to document if the family is directly affected by COVID-19. BEI reminds everyone to review and adhere to policies, procedures, and guidance described in:

- <https://health.westchestergov.com/eip-early-intervention-program>
- [The New York State Department of Health, Bureau of Early Intervention's Health and Safety Standards for The Early Intervention Program and Frequently Asked Questions Guidance Document.](#)
- The New York State Department of Health, Bureau of Early Intervention Provider Agreement.
- [The Westchester County Early Intervention Program's Policy and Procedure Manual 2018.](#)



**NYS EARLY INTERVENTION PROGRAM  
 CONSENT FOR THE USE OF TELEHEALTH DURING DECLARED STATE OF EMERGENCY  
 FOR COVID-19**

Child's Name:	EI#:	DOB:    /    /
Address:		Apt #:
City/Town:	State: New York	Zip Code:
Services Type to Be Delivered Using Telehealth:	NYEIS Service Authorization #:	
Name of Therapist/Teacher:	Phone #:	
Service Provider Agency:	Phone #:	
Service Coordinator	Phone #:	
Service Coordinator Agency	Phone #:	

**Instructions:** A consent form, such as this sample 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 as an early intervention service delivery method is only available *during the declared state of emergency* for COVID-19.

A consent form for the use of telehealth can be returned by email if the parent/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 attached to the child's integrated case in NYEIS. A separate consent form is required for each early intervention service.

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I, (Parent/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 as an early intervention service delivery method is only available during the declared state of emergency for COVID-19 and that my child's services will be delivered using the method authorized in my child's IFSP after the declared state of emergency for COVID-19 ends.

I understand that telehealth means that early intervention services will be delivered using an audio and video at the same time for the duration of the session. Telehealth does not mean having a telephone call with my child's therapist/teacher.

I understand that I will have access to all early intervention information resulting from the sessions conducted via telehealth in the form of Session Notes and Progress Notes if I request them from my child's Service Coordinator.

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

\_\_\_\_\_  
 Parent Name (Print)

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date



## Evaluación de salud de COVID-19 del Departamento de Salud del Condado de Westchester

Según lo ordena el Departamento de Salud del Condado de Westchester, este formulario debe completarse para cada grupo familiar y proveedor **antes de cada sesión o evaluación** para detectar posible exposición al virus COVID-19. Las respuestas serán **confidenciales**, de acuerdo con las leyes estatales y federales, y las mantendrá el proveedor.

<b>Sección 1</b>		<b>Proveedor</b>	
Fecha:	Nombre:	Apellido:	
<input type="checkbox"/> Proveedor independiente	<input type="checkbox"/> Nombre de la agencia:		
Número de teléfono del proveedor:		Email del proveedor:	
Tipo de servicio/evaluación:		Lugar del servicio de sesión/evaluación: <input type="checkbox"/> casa <input type="checkbox"/> comunidad <input type="checkbox"/> oficina/instalación	
Dirección de la sesión/evaluación:			

<b>Sección 2</b>		<b>Información del padre, madre o tutor</b>	
Fecha:	Nombre:	Apellido:	
Nombre del niño:		Fecha de nacimiento del niño:	
Número de teléfono del padre/madre/tutor:			

<b>Sección 3</b>		<b>Temperatura de registro (debe ser inferior a 100 °F sin medicamentos para reducir la fiebre)</b>				
Proveedor	Miembro del grupo familiar	Miembro del grupo familiar	Miembro del grupo familiar	Miembro del grupo familiar	Miembro del grupo familiar	Miembro del grupo familiar

<b>Sección 4</b>	<b>Preguntas</b>	<b>Respuesta del proveedor</b>	<b>Respuesta del padre/tutor para todos</b>
	¿Ha dado usted o alguien en su grupo familiar un resultado positivo de COVID-19 en los últimos 14 días?	Sí <input type="checkbox"/> -o- No <input type="checkbox"/>	Sí <input type="checkbox"/> -o- No <input type="checkbox"/>
	¿Ha sufrido alguien síntomas de COVID-19 en los últimos 14 días? (los síntomas incluyen, entre otros: tos, falta de aire o dificultad para respirar, fiebre, escalofríos, dolor de cabeza, dolores musculares o corporales, dolor de garganta, congestión o escurrimiento de nariz, náuseas o vómitos, diarrea, fatiga o nueva pérdida de sabor u olor)	Sí <input type="checkbox"/> -o- No <input type="checkbox"/>	Sí <input type="checkbox"/> -o- No <input type="checkbox"/>
	¿Ha estado alguien en contacto cercano en los últimos 14 días con alguna persona que haya dado positivo en la prueba de COVID-19, o que tenga o haya tenido síntomas de COVID-19?	Sí <input type="checkbox"/> -o- No <input type="checkbox"/>	Sí <input type="checkbox"/> -o- No <input type="checkbox"/>
Nota: Cualquier respuesta "Sí" debe seguirse con una llamada a la agencia proveedora que puede comunicarse con el Departamento de Salud del Condado de Westchester para orientación.			

**Firma del proveedor:** Por la presente afirmo que, según mi leal saber y entender, todas las respuestas de arriba son verdaderas.

\_\_\_\_\_  
Nombre del proveedor

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

**Firma del padre/tutor legal:** Por la presente afirmo que, según mi leal saber y entender, todas las respuestas de arriba son verdaderas.

\_\_\_\_\_  
Nombre del padre/tutor

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

*Al finalizar, mantenga este formulario como parte del archivo del caso del niño.*

24/06/2020



<b>Westchester County Department of Health Early Intervention Program – Resumption of In-Person Services</b>	<b>Re-Issued: 8/26/2020</b>
<b>Childs Name:</b>	<b>Childs DOB:</b>

<b>Agency Name:</b>	
<b>Teacher/Therapist/On-going Service Coordinator/Evaluator’s (Provider) Name:</b>	
<b>Provider/Parent Considerations</b>	
EI services should continue to be provided via telehealth, to the greatest extent possible.	
If it is critical that this service/evaluation should be provided in-person, the following acknowledgment should be reviewed and signed once by the provider and family member.	

**Provider and Family Acknowledgment for Home and Community-Based Services Regarding COVID-19**

<b>Section</b>	
1.	Prior to every session the therapist must complete the attached Health Screening Assessment for themselves and call the family to complete the Health Screening Assessment on all household members. These assessments must remain on file with the therapist as part of the child’s record.
2.	<p>On a weekly basis, the therapist must discuss with the parent/guardian the potential risk to household members at high-risk for severe illness from COVID-19.</p> <p>These include:</p> <ul style="list-style-type: none"> <li>➤ People 65 years and older</li> <li>➤ People who live in a nursing home or long-term facility</li> </ul> <p>People of all ages with underlying medical conditions, particularly if not well controlled, including:</p> <ul style="list-style-type: none"> <li>➤ People with chronic lung disease or moderate to severe asthma</li> <li>➤ People who have serious heart conditions</li> <li>➤ People who are immunocompromised</li> </ul> <p>Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications</p> <ul style="list-style-type: none"> <li>➤ People with severe obesity (body mass index [BMI] of 40 or higher)</li> <li>➤ People with diabetes</li> <li>➤ People with chronic kidney disease undergoing dialysis</li> <li>➤ People with liver disease</li> </ul>
3.	<p><b><u>Precautions:</u></b></p> <ul style="list-style-type: none"> <li>• Ensure that therapist and family have appropriate PPE.</li> <li>• Ask the family if the visit can be conducted outside. If the visit cannot be conducted outside, ask to conduct the session by an open window for increased ventilation.</li> <li>• Require that only one parent/guardian participate in the session with no other family members in the same room or outdoor space.</li> <li>• Prior to the start of the visit the provider should wash their hands and request the parent and child wash their hands. Hands should be washed with soap and water for at least 20 seconds before and after all individual contact, after contact with potentially infectious material, and before putting on and after removing PPE, including facemask and gloves. Hand hygiene</li> </ul>

	<p>after removing PPE is particularly important, to get rid of any germs that might have been transferred to bare hands during the removal process. If soap and water are not immediately available, an alcohol-based hand sanitizer containing at least 60% alcohol, may be used. Please note, soap and water should be used if hands are visibly dirty.</p> <ul style="list-style-type: none"> <li>• Sanitize the space you will be using in the office/home/outside prior to beginning your session with an appropriate disinfectant solution.</li> <li>• Maintain a distance of at least 6 feet between yourself and the child/family member/caretaker when possible.</li> <li>• Minimize physical contact with the child and frequently touched surfaces in the home.</li> <li>• Have the child use toys that are within the home. Providers cannot bring any toys and materials into the home/daycare until further notice.</li> <li>• All children over two years of age are encouraged to wear a face covering when possible and all providers and present household members must wear a face covering. Providers will change masks daily.</li> <li>• Avoid touching eyes, nose, and mouth.</li> <li>• Exit the home immediately if any person is found to be ill within the home.</li> <li>• If you feel ill during the day, immediately return home, monitor symptoms, and contact your supervisor and/or healthcare provider.</li> </ul>
4.	<p><b><u>Take precautions after visit:</u></b></p> <ul style="list-style-type: none"> <li>• <i>Provider:</i> Sanitize the handles and inside of your car at the start of each day, at the conclusion of each day, and in between visits when possible.</li> <li>• <i>Parent/Guardian:</i> Sanitize any toys and materials as needed and store in an open area with plenty of air flow.</li> </ul>
5.	<p><b><u>Practitioners should also consider the following:</u></b></p> <ul style="list-style-type: none"> <li>• Establishing communication and notification protocols if he/she tests positive for COVID-19.</li> <li>• Consider hybrid service delivery (i.e., combination of remote and in-person services) for individual families based on their needs and as appropriate.</li> </ul>
6.	<p><b><u>Guard Against Stigma</u></b>  Organizations should work to prevent actions that could perpetuate stigma attached to COVID-19. There is no excuse for using the outbreak as a way to spread racism and discrimination. Organizations should encourage that staff stay informed, remain vigilant and take care of each other.</p>
7.	<p><b>NOTE: This continues to be a rapidly evolving situation. It is the Provider responsibility to follow all New York State Department of Health guidelines, and those of the Centers for Disease Control and Prevention (CDC).</b></p>

Provider Signature:		Date:	
Parent/ Guardian Signature:		Date:	

Instructions: Attach this document to the child’s integrated case in NYEIS.

08/2020

<b>Programa de Intervención Temprana del Departamento de Salud del Condado de Westchester - Reanudación de los servicios en persona</b>	<b>Emisión: 24/6/2020</b>
<b>Nombre del niño:</b>	<b>Fecha de nacimiento del niño:</b>

<b>Nombre de la agencia:</b>	
<b>Coordinación de servicios/Nombre del evaluador (proveedor):</b>	
<b>Consideraciones sobre el proveedor y los padres</b>	
Los servicios de IE deben continuar prestándose a través de telesalud, en la mayor medida posible.	
Si es crítico que este servicio/evaluación se preste en persona; el proveedor y el familiar deben completar las siguientes evaluaciones.	

<b>Evaluación de proveedores y familias para servicios basados en el domicilio y la comunidad en relación con COVID-19</b>	
<b>Sección</b>	
1.	Antes de cada consulta domiciliaria, el terapeuta debe completar la Evaluación de salud adjunta y llamar a la familia para completar la Evaluación de salud de todo el grupo familiar. Estas evaluaciones deben permanecer en el archivo del terapeuta como parte del registro del niño.
2.	<p>Cada semana, el terapeuta debe discutir con el padre/tutor el riesgo potencial para los miembros del grupo familiar con alto riesgo de enfermedad grave por COVID-19.</p> <p>Estos incluyen:</p> <ul style="list-style-type: none"> <li>➤ Personas mayores de 65 años</li> <li>➤ Personas que viven en residencias para adultos mayores o centros de atención a largo plazo</li> </ul> <p>Personas de todas las edades con condiciones médicas previas, en especial, si no están bien controladas, incluyendo:</p> <ul style="list-style-type: none"> <li>➤ Personas con enfermedad pulmonar crónica o con asma de moderada a grave</li> <li>➤ Personas con condiciones cardíacas graves</li> <li>➤ Personas inmunodeprimidas</li> </ul> <p>Hay muchas condiciones que pueden hacer que una persona esté inmunodeprimida, incluidos los tratamientos contra el cáncer, fumar, el trasplante de órganos o médula ósea, las inmunodeficiencias, el VIH o SIDA mal controlados, y la toma prolongada de corticoesteroides y otros medicamentos que debilitan el sistema inmunitario</p> <ul style="list-style-type: none"> <li>➤ Personas con una obesidad importante (índice de masa corporal [IMC] de 40 o más)</li> <li>➤ Personas con diabetes</li> <li>➤ Personas con enfermedad crónica de los riñones con tratamiento de diálisis</li> <li>➤ Personas con enfermedad del hígado</li> </ul>
3.	<p><b>Precauciones:</b></p> <ul style="list-style-type: none"> <li>• Asegúrese de que el terapeuta y la familia tengan el equipo de protección personal (PPE) adecuado.</li> <li>• Pregúntele a la familia si la consulta se puede hacer afuera. Si la consulta no se puede hacer afuera, pídale hacerla al lado de una ventana abierta para aumentar la ventilación.</li> <li>• Pídale a la familia que desinfecte el espacio que usará para la consulta, justo antes de su llegada</li> <li>• Exija que solo un padre/tutor participe en la sesión sin ningún otro familiar en la misma habitación o espacio al aire libre.</li> <li>• Antes del comienzo de la consulta, el proveedor debe lavarse las manos y solicitar que los padres y el niño se laven las manos. Las manos deben lavarse con agua y jabón durante al menos 20 segundos antes y después de todo contacto individual, después del contacto con material potencialmente infeccioso y antes de ponerse y después de quitarse el PPE, incluidos la mascarilla y los guantes. La</li> </ul>

	<p>higiene de las manos después de quitarse el PPE es particularmente importante para eliminar los gérmenes que podrían haberse transferido a las manos desnudas durante el proceso de extracción. Si el agua y el jabón no están disponibles inmediatamente, puede usar un sanitizante para manos a base de alcohol que contenga al menos un 60% de alcohol. Tenga en cuenta que se debe usar agua y jabón si las manos están visiblemente sucias.</p> <ul style="list-style-type: none"> <li>• Desinfecte el espacio que usará en la casa/ exterior antes de comenzar su sesión con una solución desinfectante adecuada.</li> <li>• Mantenga una distancia de al menos 6 pies entre usted y el niño/familiar cuando sea posible.</li> <li>• Minimice el contacto físico con el niño y las superficies de contacto frecuente en la casa.</li> <li>• Haga que el niño use juguetes que están dentro de la casa. Los proveedores no pueden traer juguetes y materiales a la casa hasta nuevo aviso.</li> <li>• Todos los adultos <b>deben</b> usar mascarilla, a menos que el uso inhiba o perjudique la salud del individuo. Esto debe comunicarse al proveedor antes de la consulta. Se debe recomendar a los niños mayores de 2 años que se cubran la cara cuando sea posible. Los proveedores cambiarán su mascarilla después de cada consulta.</li> <li>• Evite tocarse los ojos, la nariz y la boca.</li> <li>• Salga de la casa inmediatamente si descubre que alguna persona está enferma dentro del domicilio.</li> <li>• Si se siente enfermo durante el día, regrese inmediatamente a casa, controle los síntomas y comuníquese con su supervisor o proveedor de atención médica.</li> </ul>
4.	<p><b><u>Tome precauciones después de la consulta:</u></b></p> <ul style="list-style-type: none"> <li>• <i>Proveedor:</i> Desinfecte las manijas y el interior de su auto al comienzo y al final de cada día, y entre consultas cuando sea posible.</li> <li>• <i>Padre/tutor legal:</i> Desinfecte los juguetes y materiales, según sea necesario, y guárdelos en un área abierta con abundante flujo de aire.</li> </ul>
5.	<p><b><u>Los profesionales también deben tener en cuenta:</u></b></p> <ul style="list-style-type: none"> <li>• Establecer protocolos de comunicación y notificación si son positivo para COVID-19.</li> <li>• Considerar la prestación de servicios híbridos (es decir, combinación de servicios remotos y en persona) para familias individuales, según sus necesidades y según corresponda.</li> </ul>
6.	<p><b><u>Protegerse del estigma</u></b> Las organizaciones deben trabajar para evitar acciones que puedan perpetuar el estigma asociado al COVID-19. No hay excusa para usar el brote como una forma de propagar el racismo y la discriminación. Las organizaciones deberían animar al personal a mantenerse informado, permanecer alerta y cuidarse mutuamente.</p>
7.	<p><b>NOTA: Esta situación evoluciona rápidamente. Es responsabilidad del proveedor seguir todas las directrices del Departamento de Salud del Estado de Nueva York y de los Centros para el Control y la Prevención de Enfermedades (CDC).</b></p>

Coordinador de servicios Firma		Fecha:	
Firma del padre/tutor legal:		Fecha:	

Instrucciones: Adjunte este documento al caso integrado del niño en NYEIS.

REVISADO EL 2/07/2020

**Westchester County Department of Health**  
**Checklist for Teletherapy Evaluations During the COVID-19 Declared State of Emergency**  
**(4.24.2020)**

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

<input type="checkbox"/>	1. Date of <b>initial Phone Call</b> with parent/guardian and content of discussion
<input type="checkbox"/>	2. Date of <b>Video Tour</b> and content of discussion, including: <ul style="list-style-type: none"> <li>a. Questions or concerns raised by parent/guardian.</li> <li>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.</li> <li>c. The household items or toys that were discussed that could be used during the evaluation</li> <li>d. The instructions or guidance given to the parent about their role during the evaluation</li> <li>e. If the evaluator is being asked to consider an ASD diagnosis, what preparations were considered and discussed with the parent as to how the specific DSM-5 criteria could be observed or elicited during the telehealth evaluation?</li> </ul>
<input type="checkbox"/>	3. Description is provided of the <b>telehealth modalities used</b> ; e.g. “parent used iPad; evaluator used. ”
<input type="checkbox"/>	4. Description of <b>how the evaluation was actually carried out</b> . 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 _____.”
<input type="checkbox"/>	5. Indication is made that teletherapy was able to be <b>successfully completed</b> 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?
<input type="checkbox"/>	6. <b>Start and end times</b> for each individual evaluation are included, as well as whether or not each evaluation was completed in <b>more than one session</b> .
<input type="checkbox"/>	7. Details of <b>developmental and behavioral history</b> are included <ul style="list-style-type: none"> <li>a. Family History</li> <li>b. Social history <ul style="list-style-type: none"> <li>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</li> </ul> </li> <li>c. Child’s temperament</li> <li>d. If regression is reported, detailed descriptions of when it was first noted, child’s functioning and skill level prior to regression, and child’s current skill and functional level.</li> <li>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?</li> </ul>
<input type="checkbox"/>	8. Details of <b>birth and past medical history</b> are included <ul style="list-style-type: none"> <li>a. Does child see any medical specialists or has s/he been referred to any? What was the outcome?</li> <li>b. Results of any pending medical or hearing tests</li> <li>c. Hospitalizations, diagnoses</li> <li>d. Birth complications</li> </ul>
<input type="checkbox"/>	9. Detailed observations of the <b>parent-child interaction</b> are included. Also include any observations of child-sibling interactions or child’s interactions with any other significant persons.

<input type="checkbox"/>	10. Observations of <b>child's performance in arranged tasks and spontaneous activities</b> . Descriptions should include HOW child performed the task or activities.
<input type="checkbox"/>	11. Observation and description of how the child <b>communicated</b> with others during the evaluation.
<input type="checkbox"/>	12. Detailed description of the <b>child and family's routines</b> pre-COVID-19, and how these may have recently changed due to COVID-19. <ul style="list-style-type: none"> <li>a. How is the child adapting to the change in routine?</li> <li>b. Ask questions about dressing, mealtime, play time, watching TV, travel, nap time, bath and bedtime or while hanging out.</li> <li>c. 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 (Some of these contacts may have changed due to COVID-19.)</li> <li>d. What routines/activities does child enjoy doing and what makes this routine/activity enjoyable?</li> <li>e. What routines/activities are difficult or challenging for the child? <ul style="list-style-type: none"> <li>i. What makes it challenging or difficult? Do these challenges occur with all caregivers? Are there better times of the day or locations that are more comfortable for these routines/activities? Are the challenges new since the onset of COVID-19 and likely to be temporary and situation-specific? Are they within expectations developmentally?</li> </ul> </li> </ul>
<input type="checkbox"/>	13. Parent report of <b>child's likes/dislikes</b> and of the <b>child's strengths</b> and what s/he does well.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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. <ul style="list-style-type: none"> <li>b. Evaluator should not administer or describe test items as behavioral observations.</li> <li>c. Evaluator should provide details as to how the child's functioning was determined based on the responses that were successfully or unsuccessfully elicited.</li> <li>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.</li> </ul>
<input type="checkbox"/>	17. Detailed description of the <b>child's responses to the parent</b> as outlined above in 16. <ul style="list-style-type: none"> <li>b. What were the child's responses?</li> <li>c. What was the child able to do or not do and how does this compare to the child's typical functioning?</li> <li>d. How did the child's performance change with additional support or facilitation by the parent, or other parental involvement or encouragement?</li> </ul>
<input type="checkbox"/>	18. Discussion of whether or not the child's observed "performance" was felt to be typical and an <b>accurate picture</b> of the child, and how this determination was made. <ul style="list-style-type: none"> <li>b. 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?</li> </ul>

<input type="checkbox"/>	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, 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?
<input type="checkbox"/>	20. Detailed description as to how child's functional abilities were determined by the MDE Team that <b>DO NOT include the use of norm referenced instrument/s</b> . None of the norm referenced instruments were normed on telehealth evaluations. There should not be any developmental domain statuses entered into NYEIS with a 2.0 SD or 1.5 SD as the developmental domain status.

**Westchester County Department of Health, Children with Special Needs**

**Early Intervention Sample Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19 (3/19/2020)**

**Instructions:** The Service Coordinator must complete this checklist to ensure that the parent/guardian understands what teletherapy entails. A single check list can be completed per child.

Child's Name:	EI#:	DOB: / /
Address:		Apt #:
City/Town:	State: New York	Zip Code:
Service Types to Be Delivered Using Telehealth: (pending agreed upon discussion with each EI interventionist)	NYEIS Service Authorization(s) #:	
Name of Therapist(s)/Teacher(s):	Phone #(s):	

**Checklist**

<input type="checkbox"/>	SC contacts family about the possibility of using telehealth as a service delivery method.
<input type="checkbox"/>	Parent/Guardian has access to a Wi-Fi Connection.
<input type="checkbox"/>	Confirm that family has access to a smartphone/tablet/computer with webcam and speakers. <ul style="list-style-type: none"> <li>• Family'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"/>	Check bandwidth (at least 1.5 Mbps) at the family's home using <a href="http://www.Bandwidthplace.com">www.Bandwidthplace.com</a> or another online option.
<input type="checkbox"/>	Parent/Guardian has used video conferencing in the past (this is not required but can help determine the parent/guardian's comfort level).
<input type="checkbox"/>	Parent/Guardian understands that a responsible caregiver must be present to participate for the entire duration of the sessions and that they will be actively participating throughout the session.
<input type="checkbox"/>	Parent/Guardian understands that virtual services pursuant to their IFSP will be in place of and not in addition to their IFSP mandate.
<input type="checkbox"/>	Parent/Guardian understands that Telehealth as an Early Intervention service delivery method is only available during the declared state of emergency for COVID-19 and that their child's services will be delivered using the method authorized in the child's IFSP once a state of emergency is no longer declared for COVID-19.
<input type="checkbox"/>	Service Coordinator or Provider has obtained signed consent from each provider for the family to initiate telehealth therapy
<input type="checkbox"/>	Service Coordinator or Provider has uploaded the signed consent(s) into the Child Integrated Case in NYEIS.

**Please note that the Westchester County and NYS Early Intervention Program is not able to purchase items for families or pay for internet access.**



## Update to the current Covid-19 Procedures

For the 2021-2022 school year, The Westchester County Department of Health Children with Special Needs (CSN) will follow the most updated guidance issued by the NYSED and NYSDOH for school bus transportation. Bus companies contracted with the Westchester County Department of Health Children with Special Needs (CSN) will follow health and safety procedures put in place to ensure your child receives safe transportation.

**UPDATE:** Bus companies will no longer be required to limit seating students in every other row of the bus. When needed, each seat may be occupied, as long as the overall capacity of the vehicle does not exceed 50%. Students must still travel one per bus seat, unless they are siblings, and they should be near the window when possible.

**The following procedures from the September 2020 Handbook remain in effect until further notice:**

### NYSED Guidance

**TRANSPORTATION** The school bus is an extension of the classroom; therefore, many of the recommendations that apply to school buildings (like social distancing and frequent cleaning) should be applied to the school bus, as well. Pupil transportation also presents certain unique challenges, especially with regard to the transportation of homeless students, students in foster care, students in nonpublic and charter schools, and students with disabilities. Therefore, it is critical that schools and school districts must be sure to include Transportation Department staff in all school re-opening planning.

**School Bus Mandatory Requirements Assurances** of the following will be required: Students who are able will be required to wear masks and social distance on the bus; All buses (conforming and non-conforming to Federal Motor Carrier Safety Standards, as well as type A, C or D) which are used every day by districts and contract carriers must be cleaned/ disinfected once a day. High contact spots must be wiped down after the am and pm run depending upon the disinfection schedule. (For example, some buses might be cleaned between the am and pm runs while other buses may be cleaned/disinfected after the pm run); School districts have the authority to install hand sanitizer dispensers on buses as well as allow students and district staff to have personal-size quantities while aboard the bus.

Wheelchair school buses must configure wheelchair placement to ensure social distancing of 6 feet.

### CSN Bus Company Procedures

- Students will be required to wear masks whenever possible. Students who are unable to medically tolerate a face covering, students where such covering would impair their physical health or mental health, or students with a disability which would prevent them from wearing a mask will not be forced to do so. These students cannot be denied transportation. **The student's school district must notify Westchester County prior to the start of school if a student is unable to wear a face mask.**
- The expectation is that your child will wear a face covering before he/she boards the bus and for the entire bus ride. If your child needs a face covering, please contact your school district. Your district is responsible to provide your child with a face mask. If your child does not have a face covering, he/she will not be permitted to board the bus, **unless he/she is unable to do**

**so as noted above.** The bus company will maintain a supply of masks in case a student is occasionally missing his/her mask, but the parents must be responsible for providing the daily masks.

- Students must will be physically distances (six feet separation) on the bus.
- The number of students transported on each bus will be limited to ensure proper physical distancing. Travel time on the bus will remain within 60-75 minutes.
- The safety harnesses will be installed so that only one student is seated per bus seat and in every other row of the bus to allow for proper distancing between students.
- All bus companies contracted with CSN to provide bus service to 4410 Preschool Programs and Early Intervention Toddler Development Groups will follow the above standards for cleaning/disinfecting vehicles. See page 8. CSN inspectors will monitor for compliance.
- Bus company staff will carry hand sanitizer wipes or personal-size hand sanitizer

### NYSED Guidance

**School Bus Considerations** Districts and other applicable schools may want to consider adding the following best practices:

School bus companies may choose to install sneeze guards by the driver's seat and in between each seat to protect children and increase capacity. If installed, the sneeze guards must be made of a material approved by the Department of Transportation. Sneeze guards will need to be disinfected every day; Sneeze guards may be installed on wheelchair buses between securement stations with the approval of the Department of Transportation; When temperatures are above 45 degrees, school buses should transport passengers with roof hatches or windows slightly opened to provide airflow.

### CSN Bus Company Procedures

- The New York State DOT inspectors have informed our bus companies sneeze guards are not permissible, for safety reasons, on our vehicles.
- The bus companies will open windows and roof hatches when appropriate.

### NYSED Guidance

**School Bus Staff Mandatory Requirements** School bus drivers, monitors, attendants and mechanics shall perform a self-health assessment for symptoms of COVID-19 before arriving to work. If personnel are experiencing any of the symptoms of COVID-19 they should notify their employer and seek medical attention; School bus drivers, monitors, attendants and mechanics must wear a face covering along with an optional face shield; Transportation staff (drivers, monitors, attendants, mechanics and cleaners) will be trained and provided periodic refreshers on the proper use of personal protective equipment and the signs and symptoms of COVID-19; Transportation departments/carriers will need to provide Personal Protective Equipment such as masks and gloves for drivers, monitors and attendants in buses as well as hand sanitizer for all staff in their transportation locations such as dispatch offices, employee lunch/break rooms and/or bus garages. Drivers, monitors and attendants who must have direct physical contact with a child must wear gloves.

### CSN Bus Company Procedures

- Bus company staff will follow all of the above recommendations. The bus drivers and bus monitors will wear face mask. The bus monitors will wear gloves and change them each time they handle a student.

## NYSED Guidance

**Considerations** Districts and other applicable schools may want to consider adding the following best practices:

The driver, monitor, and attendant may wear gloves if they choose to do so but are not required unless they must be in physical contact with students; Transportation staff should be encouraged to wash their hands with soap and water before and after am and pm runs to keep healthy and prevent the spread of respiratory and diarrheal infections from one person to the next. Germs can spread from other people or surfaces when you:

- touch your eyes, nose, and mouth with unwashed hands
- touch a contaminated surface or objects
- blow your nose, cough, or sneeze into hands and then touch other people's hands or common objects

## CSN Bus Company Procedures

- Bus company staff will follow all of the above recommendations.

## NYSED Guidance

**Students on Transportation Students** on Transportation Mandatory Requirements As was outlined in the Health and Safety section of this guidance, all parents/guardians will be required to ensure their child/children are not experiencing any signs and symptoms of COVID-19 and do not have a fever of 100 degrees or more prior to them boarding their method of transportation to school; Students must wear a mask on a school bus if they are physically able. Students who are unable to medically tolerate a face covering, including students where such covering would impair their physical health or mental health are not subject to the required use of a face covering; Students must social distance (six feet separation) on the bus; Students who do not have a mask can NOT be denied transportation; Students who do not have masks must be provide one by the district; Students with a disability which would prevent them from wearing a mask will not be forced to do so or denied transportation.

## CSN Bus Company Procedures

- **Parents must check their child's temperature at home before bringing him/her to the bus each day.** Upon arrival at the bus, the bus monitor will ask the parent/guardian the following Health Status Attestation questions:
  - 1) Did you take your child's temperature today, was it within normal range and less than 100.4?
  - 2) Have you or anyone in your household tested positive for COVID-19 in the past 10 days?
  - 3) Has anyone experienced symptoms of COVID-19 in the past 10 days? (Symptoms include but not limited to: cough, shortness of breath or difficulty breathing, fever, chills, headache, muscle or body aches, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, fatigue, or new loss of taste and/or smell or temperature of 100° or more.
  - 4) Has anyone been in close contact in the past 10 days with anyone who has tested positive for COVID or who has or had symptoms of COVID in your household, tested positive for COVID-19 in the past 10 days?

- The student **may only** board the bus if the parent has taken his/her temperature, is within the normal range and the parent has answered “no” to questions 1-4. All answers will remain confidential in accordance with State and federal law.
- The bus monitor will note on the attendance sheet or their health screening assessment form that the parent answered the Health Status Attestation.
- The student will be helped into his/her seat by the bus monitor.
- The monitor will change his/her gloves to prepare for the next student.
- Students who do not have a mask can NOT be denied transportation (see page 8).

### NYSED Guidance

**Students on Transportation Considerations** Districts and other applicable schools may want to consider adding the following best practices: Siblings or children who reside in the same household should be encouraged to sit together. A student without a mask may be provided a mask by the driver/monitor/attendant. Students who are unable to medically tolerate a face covering, including students where such covering would impair their physical health or mental health are not subject to the required use of a face covering. In such a situation the seating will have to be rearranged so the student without a mask is socially distanced from other students. Students who are transported in a mobility device should use seating positions that provide the required social distancing or have NYS-approved sneeze guards installed. Students should be reminded of the bus rules, like, to not eat or drink on the school bus, which would require them to remove their mask. When students embark and disembark the bus, they should follow social distancing protocols. This will increase the time required to load and unload buses at stops.

### CSN Bus Company Procedures

- Bus companies will allow siblings to ride together on the bus to increase capacity and efficiency.
- Bus companies can provide a student with a mask occasionally (see page 8).
- Bus companies will ensure all students are travelling at a safe distance from one another on the bus; only one student per bus seat (except siblings) but no sneeze guards will be installed (see page 9).
- No student is permitted to eat or drink on the bus.

### NYSED Guidance

**Protocols Once Students Disembark from Transportation** Districts and other applicable schools may want to consider adding the following best practices. When students embark and disembark the bus, they should follow social distancing protocols. This will increase the time required to load and unload buses at schools in the morning and afternoon.

- Schools should consider staggered arrival and departure times to ensure social distancing.
- Schools should reconfigure the loading and unloading locations for students who are transported by bus, car or are pedestrians.

CSN Bus Company Procedures

- When meeting the students at the bus, the school staff will check the attendance sheets, or the bus company health screening assessment form, to verify that the parent answered the Health Status Attestation questions.
  - School staff will follow their procedures for ensuring physical distancing while meeting students at the bus and bringing them into the school building.
  - School protocols may include taking the child's temperature to ensure it is within the normal range before permitting the child to participate in the program that day.
  - The bus company will not be responsible for transporting home any students not permitted to participate in the program.
  - Speak to the staff at your child's school about their procedures for what to do when your child is not able to attend his/her program that day.
- .....

Please be aware all 4410 Preschool Programs and several Early Intervention Toddler Development Groups have resumed to their regular schedule. Please note that throughout the school year, occasionally there may be changes to your child's transportation schedule as new students are added to existing bus routes.

We are looking forward to a new school year. If you have any questions or concerns with bus service, please contact your bus company directly; the bus company telephone numbers are on page 2.

Additionally, please share any bus service concerns with the contact person from the EI or Preschool program your child attends, your School District CPSE Chairperson, Ongoing Service Coordinator and the County Transportation Coordinator.

## Actualización de los procedimientos actuales por la pandemia de COVID-19

Para el año escolar 2021-2022, el Departamento de Salud del Condado de Westchester y Niños con Necesidades Especiales (CSN) seguirán la guía más actualizada publicada por el Departamento de Educación del Estado de Nueva York (NYSED) y el Departamento de Salud del Estado de Nueva York (NYSDOH) sobre el transporte en autobús escolar. Las compañías de autobuses contratadas por el Departamento de Salud del Condado de Westchester y Niños con Necesidades Especiales (CSN) seguirán los procedimientos de salud y seguridad establecidos para garantizar que su hijo reciba un servicio de transporte seguro.

**NOVEDADES:** Las compañías de autobuses ya no estarán obligadas a limitar los asientos de los estudiantes a filas alternadas en el autobús. Cuando sea necesario, se podrá ocupar cualquier asiento, siempre y cuando la capacidad total del vehículo no supere el 50 %. Los estudiantes aún deberán viajar en un asiento del autobús por persona, salvo que sean hermanos, y deberán estar cerca de la ventana cuando sea posible.

**Los siguientes procedimientos del Manual de septiembre de 2020 seguirán vigentes hasta nuevo aviso:**

### Guía del NYSED

**TRANSPORTE:** El autobús escolar es una extensión del aula; por lo tanto, muchas de las recomendaciones que se aplican a las instalaciones escolares (como el distanciamiento social y la limpieza frecuente) también deben aplicarse al autobús escolar. El traslado de estudiantes también presenta ciertos retos singulares, en especial en lo que respecta al traslado de estudiantes sin hogar, estudiantes en crianza temporal, estudiantes de escuelas no públicas y de escuelas *charter* y estudiantes con discapacidades. Por lo tanto, es fundamental que las escuelas y los distritos escolares se aseguren de incluir al personal del Departamento de Transporte (DOT) en la planificación de la reapertura de las escuelas.

Se exigirán las siguientes **garantías de los requisitos obligatorios del autobús escolar:** Los estudiantes que puedan hacerlo deberán usar mascarilla y practicar el distanciamiento social en el autobús; todos los autobuses (que se ajusten o no a las Normas Federales de Seguridad de Autotransportes [Federal Motor Carrier Safety Standards], y los tipos A, C o D) que usan los distritos y las compañías de transporte contratadas todos los días deben limpiarse/desinfectarse una vez al día. Los puntos de contacto frecuente deben limpiarse después de los recorridos de la mañana y de la tarde según el horario de desinfección. (Por ejemplo, algunos autobuses pueden limpiarse entre los recorridos de la mañana y de la tarde, mientras que otros autobuses pueden limpiarse/desinfectarse después del recorrido de la tarde); los distritos escolares tienen la autoridad de instalar dosificadores de desinfectante de manos en los autobuses, y de permitir que los estudiantes y el personal del distrito lleven una cantidad para uso personal mientras estén a bordo del autobús.

Los autobuses escolares aptos para sillas de ruedas deben modificar la ubicación de las sillas de ruedas para garantizar el distanciamiento social de 6 pies.

### Procedimientos de la compañía de autobuses de CSN

- Los estudiantes deberán usar mascarillas siempre que sea posible. Los estudiantes que no puedan usar mascarilla por motivos médicos, aquellos cuya salud física o mental podría verse afectada por la mascarilla o aquellos con alguna discapacidad que les impida usar mascarilla, no estarán obligados a usarla. No se puede negar el transporte a estos estudiantes. **El distrito escolar del estudiante debe informar al condado de Westchester antes del comienzo de clases si un estudiante no puede usar mascarilla.**

- Se espera que su hijo use mascarilla antes de subir al autobús y en todo el viaje. Si su hijo necesita una mascarilla, comuníquese con su distrito escolar. Su distrito es responsable de darle a su hijo una mascarilla. Si su hijo no tiene mascarilla, no le permitirán subir al autobús, **a menos que no pueda usarla, como se indica arriba**. La compañía de autobuses mantendrá un suministro de mascarillas en el caso de que en algún momento le falte la mascarilla a un estudiante, pero los padres deben ser responsables de darles las mascarillas diarias.
- Los estudiantes deberán mantener el distanciamiento social (seis pies de distancia) en el autobús.
- La cantidad de estudiantes que viaje en cada autobús se limitará para garantizar un distanciamiento físico adecuado. El tiempo de viaje en el autobús seguirá siendo de 60 a 75 minutos.
- Los cinturones de seguridad se instalarán de manera que solo un estudiante esté sentado en cada asiento del autobús y quede vacía la otra fila para permitir un distanciamiento adecuado entre los estudiantes.
- Todas las compañías de autobuses contratadas por CSN para prestar el servicio de autobús a los Programas de Preescolar 4410 y a los Grupos de Intervención Temprana para el Desarrollo de Niños Pequeños seguirán las normas de arriba para la limpieza/desinfección de los vehículos. Consulte la página 8. Los inspectores de CSN supervisarán el cumplimiento.
- El personal de la compañía de autobuses llevará toallitas desinfectantes de manos o desinfectante de manos de tamaño personal.

### Guía del NYSED

**Consideraciones sobre los autobuses escolares:** Los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas:

Las compañías de autobuses escolares pueden optar por instalar protectores contra estornudos junto al asiento del conductor y entre los asientos para proteger a los niños y aumentar así la capacidad del autobús. Si se instalan, los protectores contra estornudos deben estar hechos de un material aprobado por el Departamento de Transporte. Estos protectores deberán desinfectarse todos los días. Los protectores contra estornudos pueden instalarse en los autobuses aptos para sillas de ruedas entre las estaciones de seguridad con la aprobación del Departamento de Transporte. Cuando la temperatura supere los 45 grados, los autobuses escolares deberán trasladar a los pasajeros con las escotillas del techo o las ventanas algo abiertas para permitir la circulación del aire.

### Procedimientos de la compañía de autobuses de CSN

- Los inspectores del DOT del Estado de Nueva York han informado a nuestras compañías de autobuses que, por motivos de seguridad, no se permiten los protectores contra estornudos en nuestros vehículos.
- Las compañías de autobuses abrirán las ventanas y las escotillas del techo cuando corresponda.

### Guía del NYSED

**Requisitos para el personal del autobús escolar:** Los conductores, los supervisores, los auxiliares y los mecánicos de los autobuses escolares deberán hacerse una autoevaluación médica para la detección de síntomas de COVID-19 antes de llegar al trabajo. Si el personal tiene alguno de los síntomas de COVID-19, debe informar a su empleador y buscar atención médica. Los conductores, los supervisores, los auxiliares y los mecánicos de los autobuses escolares deben usar mascarilla junto con un protector facial opcional. El personal de transporte (conductores, supervisores, auxiliares, mecánicos y el personal de limpieza) recibirá capacitación

y hará cursos periódicos de actualización sobre el uso adecuado del equipo de protección personal y sobre señales y síntomas de COVID-19. Los departamentos/las compañías de transporte deberán dar equipos de protección personal, como mascarillas y guantes, a los conductores, los supervisores y los auxiliares de los autobuses, y desinfectante de manos para todo el personal en sus lugares de transporte, en las oficinas de despacho, en las salas de almuerzo/descanso de los empleados o en los garajes de los autobuses. Los conductores, los supervisores y los auxiliares que deban tener contacto físico directo con un niño deben usar guantes.

#### Procedimientos de la compañía de autobuses de CSN

- El personal de la compañía de autobuses seguirá todas las recomendaciones de arriba. Los conductores y los supervisores de autobuses usarán mascarilla. Los supervisores de autobuses usarán guantes y se los cambiarán cada vez que sujeten a un estudiante.

#### Guía del NYSED

**Consideraciones:** Los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas:

El conductor, el supervisor y el auxiliar pueden usar guantes si así lo deciden, pero no son obligatorios, a menos que deban estar en contacto físico con los estudiantes; se recomienda al personal de transporte lavarse las manos con agua y jabón antes y después de los recorridos de la mañana y de la tarde para mantenerse sanos y evitar la propagación de infecciones respiratorias y diarreicas de una persona a otra. Los gérmenes pueden propagarse de otras personas o superficies cuando usted:

- Se toca los ojos, la nariz y la boca sin haberse lavado las manos.
- Toca una superficie u objetos contaminados.
- Se suena la nariz, tose o estornuda en las manos y después toca las manos de otras personas u objetos de contacto frecuente.

#### Procedimientos de la compañía de autobuses de CSN

- El personal de la compañía de autobuses seguirá todas las recomendaciones de arriba.

#### Guía del NYSED

**Estudiantes en el transporte:** Requisitos obligatorios para estudiantes en el transporte. Como se indicó en la sección de salud y seguridad de esta guía, todos los padres/tutores deberán asegurarse de que sus hijos no tengan ninguna señal ni síntoma de COVID-19, ni tengan fiebre de 100 °F o más antes de que suban al medio de transporte para ir a la escuela. Los estudiantes deben usar mascarilla en el autobús escolar si tienen la capacidad física para hacerlo. Los estudiantes que no puedan usar mascarilla por motivos médicos, incluyendo los estudiantes cuya salud física o mental podría verse afectada por la mascarilla, no estarán obligados a usarla. Los estudiantes deben mantener un distanciamiento social (seis pies de distancia) en el autobús. A los estudiantes que no tengan mascarilla NO les pueden negar el transporte. El distrito debe dar una mascarilla a los estudiantes que no la tengan. Los estudiantes con una discapacidad que les impida usar mascarilla no estarán obligados a usarla ni les negarán el transporte.

#### Procedimientos de la compañía de autobuses de CSN

- **Los padres deben controlar la temperatura de su hijo en casa antes de llevarlo al autobús todos los días.** Cuando lleguen al autobús, el supervisor hará al padre/tutor estas preguntas de la Declaración de estado de salud:



- 1) ¿Tomó la temperatura de su hijo hoy? ¿Estaba en el rango normal y era menor de 100.4?
- 2) ¿Dio positivo en la prueba del COVID-19 usted o alguien en su grupo familiar en los últimos 10 días?
- 3) ¿Tuvo alguien síntomas de COVID-19 en los últimos 10 días? (Los síntomas incluyen, entre otros, tos, falta de aire o dificultad para respirar, fiebre, escalofríos, dolor de cabeza, dolores musculares o corporales, dolor de garganta, congestión o goteo nasal, náuseas o vómitos, diarrea, cansancio, pérdida reciente del gusto o del olfato, o temperatura de 100° o más.)
- 4) ¿Tuvo alguien de su grupo familiar contacto cercano en los últimos 10 días con alguna persona que haya dado positivo para COVID-19, o que tenga o haya tenido síntomas de COVID-19, y dio positivo para COVID-19 en los últimos 10 días?

- El estudiante **solo puede** subir al autobús si el padre o la madre le tomó la temperatura, estaba en el rango normal y el padre o la madre respondió “No” a las preguntas 1 a 4. Las respuestas serán confidenciales, de acuerdo con las leyes estatales y federales.
- El supervisor del autobús anotará en la hoja de asistencia o en su formulario de evaluación de la salud que el padre o la madre contestó la Declaración de estado de salud.
- El supervisor del autobús ayudará al estudiante a encontrar su asiento.
- El supervisor se cambiará los guantes para prepararse para el siguiente estudiante.
- NO se puede negar el transporte a los estudiantes que no tengan mascarilla (consulte la página 8).

## Guía del NYSED

**Consideraciones sobre los estudiantes en el transporte:** los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas: Se recomienda que los hermanos o los niños que vivan en la misma casa se sienten juntos. Un estudiante sin mascarilla puede recibir una mascarilla del conductor/supervisor/auxiliar. Los estudiantes que no puedan usar mascarilla por motivos médicos, incluyendo los estudiantes cuya salud física o mental podría verse afectada por la mascarilla, no estarán obligados a usarla. En dicha situación, tendrán que reacomodarse los asientos para que el estudiante sin mascarilla quede socialmente distanciado de los demás estudiantes. Los estudiantes que se trasladan en un dispositivo de movilidad deben usar asientos que mantengan el distanciamiento social requerido o que tengan instalados protectores contra estornudos aprobados por el estado de Nueva York. Se recordará a los estudiantes las reglas del autobús, como no comer ni beber en el autobús escolar, lo que requeriría que se quiten la mascarilla. Cuando los estudiantes suban y bajen del autobús, deberán seguir los protocolos de distanciamiento social. Esto aumentará el tiempo necesario para completar y vaciar los autobuses en las paradas.

## Procedimientos de la compañía de autobuses de CSN

- Las compañías de autobuses permitirán que los hermanos viajen juntos en el autobús para aumentar la capacidad y la eficacia.
- Las compañías de autobuses ocasionalmente pueden dar una mascarilla a un estudiante (consulte la página 8).
- Las compañías de autobuses garantizarán que todos los estudiantes viajen a una distancia segura entre sí en el autobús; solo un estudiante por asiento de autobús (excepto los hermanos), pero no se instalarán protectores contra estornudos (consulte la página 9).
- Los estudiantes no tienen permitido comer ni beber en el autobús.

## Guía del NYSED

**Protocolos para después de que los estudiantes bajen del transporte:** los distritos y otras escuelas que correspondan podrían considerar agregar las siguientes buenas prácticas. Cuando los estudiantes suban y bajen del autobús, deberán seguir los protocolos de distanciamiento social. Esto aumentará el tiempo necesario para completar y vaciar los autobuses en las escuelas por la mañana y por la tarde.

- Las escuelas deben considerar el escalonamiento de las horas de llegada y de salida para garantizar el distanciamiento social.
- Las escuelas deben volver a modificar los lugares de subida y de bajada para los estudiantes que viajan en autobús o en auto, o son peatones.

#### Procedimientos de la compañía de autobuses de CSN

- Cuando el personal de la escuela se reúna con los estudiantes en el autobús, revisará las hojas de asistencia o el formulario de evaluación de la salud de la compañía de autobuses para verificar que el padre o la madre contestaron las preguntas de la Declaración de estado de salud.
- El personal de la escuela seguirá sus procedimientos para garantizar el distanciamiento físico cuando se reúna con los estudiantes en el autobús y los lleve al edificio de la escuela.
- Los protocolos de la escuela pueden incluir tomar la temperatura del niño para asegurarse de que esté en el rango normal antes de permitir que el niño participe en el programa ese día.
- La compañía de autobuses no será responsable de llevar a casa a los estudiantes que no tengan permitido participar en el programa.
- Hable con el personal de la escuela de su hijo sobre los procedimientos que se deben seguir cuando su hijo no pueda asistir al programa ese día.

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Tenga en cuenta que todos los Programas de Preescolar 4410 y varios Grupos de Intervención Temprana para el Desarrollo de Niños Pequeños reanudaron su programa habitual. Tenga en cuenta que, a lo largo del año escolar, a veces puede haber cambios en el programa de transporte de su hijo cuando se agreguen estudiantes nuevos a las rutas de autobuses.

Esperamos con ansias el nuevo año escolar. Si tiene alguna pregunta o preocupación sobre el servicio de autobús, comuníquese directamente con su compañía de autobuses; los números de teléfono de la compañía de autobuses están en la página 2.

Además, comparta sus preocupaciones sobre el servicio de autobús con la persona de contacto del Programa de Intervención Temprana o del Programa de Preescolar al que asiste su hijo, con el presidente del Comité de Educación Preescolar Especial (CPSE) de su distrito escolar, con el coordinador del servicio actual y con el coordinador de transporte del condado.