

NEW YORK CITY EARLY INTERVENTION COORDINATING COUNCIL (LEICC)		
6.26.20	10:00 AM	WebEx
<b>LEICC Member Attendees</b>	<p>Lidiya Lednyak, MA, PMP, Assistant Commissioner, Bureau of Early Intervention, NYC DOHMH            Jacqueline D. Shannon, Ph.D., Chair of LEICC            Cara Chambers, MS            Catherine Ayala            Christopher Treiber, LMSW            Elizabeth Leone            Jessica Wallenstein, Ph.D.            Mary McCord, MD, MPH            Rosanne E. Saltzman, LCSW            Simone C. Hawkins            Sonu Sanghoo, MS, CCC-SLP            Sundari Periasamy, MD            Yuriy Pawluk</p>	
<b>Welcome, Introductions, and Minutes Approval</b>	<p><b>Dr. Jacqueline Shannon</b> opened the meeting by reminding attendees that New York City’s Local Law No. 103 of 2013 and the New York State Open Meetings Law require “open” meetings to be both webcast and archived; therefore, today’s meeting was being recorded.</p> <p><b>Dr. Shannon</b> reviewed the procedures for LEICC meetings, including that for in-person LEICC meetings attendees should pre-register on the NYC Department of Health Early Intervention LEICC webpage. For web-based LEICC meetings, attendees will find a link on the NYC Department of Health Early Intervention LEICC webpage. Meetings are open to the public, but the audience does not address the LEICC members during the meeting. The Chat and Q&amp;A features should not be used for today’s web-based meeting. Members of the public were asked to submit written public comments by emailing <a href="mailto:arodriguez5@health.nyc.gov">arodriguez5@health.nyc.gov</a>.</p> <p><b>Dr. Shannon</b> stated that transcription will be available for this meeting, and that written meeting minutes will be made available.</p>	

	<p><b>Dr. Shannon</b> stated that we have two new members, Dr. Jessica Wallenstein and Dr. Mary McCord. She introduced Dr. Wallenstein and Dr. McCord to the council.</p> <p>LEICC members introduced themselves. Minutes from the November meeting were approved.</p>
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<p><b>SEICC Report and Bureau Updates</b></p>	<p><b><u>SEICC Report</u></b></p> <p><b>Lidiya Lednyak</b> provided a summary of the State Early Intervention Coordinating Council (SEICC) meeting held on 6/10/2020.</p> <p><b><u>Administrative Updates</u></b></p> <p>SDOH provided a synopsis on the SDOH COVID-19 Guidance that has been released, including:</p> <ul style="list-style-type: none"> <li>• Allowance to provide teletherapy services and evaluations during COVID-19</li> <li>• Consent Form for the Use of Teletherapy</li> <li>• FAQs regarding the use of teletherapy during COVID-19</li> </ul> <p>The June 30, 2020 transition accommodation was also discussed by several members. SDOH allowed for children who were turning 3 years old between 4/2020 and 6/2020 but were not able to get an eligibility determination for Committee on Preschool Education (CPSE) to remain in Early Intervention until 6/30/2020. SEICC made a resolution that SDOH extend that time until 8/31/2020.</p> <p><b><u>EI Hub Implementation.</u></b></p> <ul style="list-style-type: none"> <li>• SDOH announced that the implementation of the EI-Hub will be moved from 10/26/2020 to 5/2021</li> <li>• SDOH second Readiness Survey supported the decision to postpone the implementation of the EI-Hub</li> <li>• Next steps in EI-Hub implementation             <ul style="list-style-type: none"> <li>○ Hold virtual focus groups with stakeholders across the state</li> <li>○ Forums for feedback</li> <li>○ User Acceptance Testing (UAT)</li> <li>○ Training and Resources</li> <li>○ Additional surveys to assess user needs</li> </ul> </li> </ul>
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Provider Workforce Capacity Task Force Update.

Workgroup Recommendations:

- Reduce 1600-hour requirement to 1,000 hours by 1/3/2021
- Move this recommendation forward to Regulatory Change status
- Identify training requirements by identifying the core competencies for the professional practice of Early Intervention in New York State
- SEICC voted to recommend that SDOH amend EI regulations to reduce the 1600-hour requirement and to add telehealth to the scope of the Provider Workforce Capacity Committee
- Explore teletherapy as an additional and permanent service delivery method in Early Intervention

Discussion

**Dr. Jacqueline Shannon** inquired about the provider workforce advocating to diversify at the state level. **Lidiya Lednyak** responded that diversifying should be advocated for and the workforce should be expanded.

**Rosanne Saltzman** inquired about children who were turning 3 years old but were not able to get an eligibility determination for Committee on Preschool Education (CPSE) to remain in Early Intervention until 8/31/20. **Christopher Treiber** responded that he will make a proposal to have provisional approval for pre-school services. **Lidiya Lednyak** responded that BEI has been working closely with providers and the DOE and she believes that there will be an extension.

Early Intervention Program Response to COVID-19.

- Early Intervention Program was deemed to be an essential service by NYS during COVID-19
- To ensure the availability and delivery of Early Intervention services in NYC, keep children, families, providers, and staff safe, and reduce the community transmission of COVID-19, all Early Intervention functions were converted to remote operations:
  - Assigning service coordinators
  - Processing new referrals
  - Conducting quality reviews of evaluations
  - Ensuring that families have access to their due process rights
  - Conducting Individualized Family Service Plan meetings and developing service plans

- To facilitate the shift in Early Intervention operations, NYC BEI:
  - Developed and disseminated operational guidance, made adaptations to policy and procedure, and issued extensive clinical guidance
  - Provided technical assistance to providers
  - Shifted Provider Oversight activities from on-site monitoring visits to quality assurance work contacting families to verify that services were being delivered utilizing a teletherapy approach
  - Monitored trends in EI referrals, evaluations, and IFSP meetings, and indicators of Program health
  - Made continuous outreach to referral sources to ensure other systems were aware of our essential service status and that we were open for business.

Resumption of In-Person Service Delivery After the COVID-19 Restrictions Are Relaxed

- Teletherapy for services and evaluations will remain an option and will continue to be the preferred method of service delivery in EI during COVID-19.
- The plan for Reintroduction of In-Person Services is based on the NY Forward phases being used by NYS to re-open business. <https://forward.ny.gov/>
- NYC EI’s approach emphasizes flexibility and the understanding that it may be necessary to shift between in person and teletherapy based on health status of the team, family members, and local health metrics and updated guidance.
- Phase 1: Teletherapy Only
- Phase 2: Limited in-person Assistive Technology visits
  - One-time individual facility-based visit to conduct hearing tests and/or evaluations to determine the specific assistive technology device that a child needs
  - One-time home or facility based visit for the purpose of fitting a child for assistive technology or for assembly of an assistive technology device
- Phase 3:
  - In-person home/community-based Early Intervention services can be offered
  - In-person Multidisciplinary Evaluations to establish eligibility for the Program can be offered
  - In-person supplemental evaluations after eligibility has been established can be offered
  - Individual in-person facility-based services can be offered

- Phase 4:
- Early Intervention groups will resume with a specific timeline to be provided
- At the start of the applicable NY Forward Phase, EI Service Coordinators are required to call all families on their caseload to notify them that:
  - EI services are delivered using a teletherapy approach to the maximum extent possible
  - While EI service is now available to be delivered in the home, parents are required to sign a consent and follow specialized protocols to ensure the health and safety of everyone in the household during the provision of EI services and evaluations, as required by the NYC Health Department.
  - It is strongly recommended that families who want in-person services sign the Consent to Initiate or Resume In-person Services and the Consent for the Use of Telehealth to ensure that, if in-person services stop because of health reasons, the family can receive teletherapy seamlessly.
- All EI providers are required to put a plan in place that complies with NYC and NYS Guidance
- EI-Specific Precautions:
  - Face Covering Requirements
  - Physical Distancing
  - Hand Hygiene Before, During and After Any EI Session
    - Glove considerations for providers who practice more hands-on approaches
  - Use of Toys and Other Materials
    - The practice of bringing toys or other materials (except paper) into homes and community-based programs is prohibited
    - **NYC Department of Health Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone**
  - Increased Cleaning, Disinfecting, and Ventilation
  - Required Screening Protocols

**Please review the following documents:**

- NYC DOH Early Intervention Program’s Return to In-Person Services Action Plan During COVID-19 (6/22/2020)
- NYC DOH Early Intervention Program Consent to Initiate or Resume In-Person Services During COVID-19 (6/22/2020)

	<ul style="list-style-type: none"> <li>• NYC DOH Early Intervention Program Guidance for Using Materials Found in the Home/Community During Early Intervention Sessions by Developmental Milestone (6/22/2020)</li> </ul>
<p><b>Overview of Early Intervention Clinical Guidance Issued During thCOVID-19</b></p>	<p><b>Dr. Catherine Canary</b> spoke about Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19. She stated that MIS-C is a condition where different body parts can become inflamed: heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. Not all children will have the same symptoms. Most children have 4-5 days of fever and severe abdominal pain. The cause of MIS-C is unknown. Many children with MIS-C had the virus that causes COVID-19 or had been around someone with COVID-19. Most children diagnosed with this condition have gotten better with medical care. DOHMH is closely monitoring numbers of cases. The best prevention is to follow the guidelines to prevent COVID-19 exposure or illness.</p> <p><b>Dr. Canary</b> spoke about clinical guidance for service sessions and evaluations during COVID-19. The New York State Department of Health released COVID-19 Guidance on March 18, 2020. Guidance indicated that reimbursement is available for individual telehealth (virtual) early intervention services. That same day, NYC BEI released guidance around how to conduct Early Intervention evaluations and service sessions utilizing a teletherapy service delivery method. NYC BEI then issued guidance on March 23, 2020 that EI services in NYC were to be provided exclusively by teletherapy as of March 27, 2020. All guidance documents noted that evaluations and services must comply with PHL 69-4, Memoranda, Clinical Practice Guidelines, and NYC BEI Policy and Procedure Manual regardless of the fact that they are being conducted using telehealth.</p> <p><b>Dr. Canary</b> also spoke about how to provide EI teletherapy evaluations and/or services.</p> <ul style="list-style-type: none"> <li>• Obtain the parent consent for telehealth evaluation or services:             <ul style="list-style-type: none"> <li>○ <b>NYC BEI Checklist for Teletherapy Intervention During the Declared State of Emergency for COVID-19</b> (03/17/20).</li> </ul> </li> <li>• The consent form for the use of telehealth services must be signed by the parent and attached to the child’s integrated case in NYEIS for evaluations and/or for each EI service.</li> <li>• The use of email to exchange information is permitted once the parent has signed the <b>Parental Consent to Use E-mail to Exchange Personally Identifiable Information Form</b></li> </ul>

- Essential to contact the family prior to the first session to discuss what to expect during the tele-evaluation or teletherapy session. The interventionist/evaluator and the parents together:
  - Determine where the session will take place within the family home
  - Discuss household items that will be needed for the session (no test kit or no toy bag)
  - Jointly plan with the parent what the session will focus on (e.g., parent concerns and priorities) and finalize the schedule
  - Test both the provider and family’s smart devices, the platform to be used, and the internet connection prior to the session to ensure that both audio and visual components are working.
- The Clinical Guidance provides detailed instructions about tele-evaluation and teletherapy sessions including the types of information that should be gathered as part of the evaluation.

**Checklist for Evaluations During COVID-19 – April 10, 2020**

<b>APPENDIX A: New York City Department of Health and Mental Hygiene, Bureau of Early Intervention, Checklist for Teletherapy Evaluations During the COVID-19 Declared State of Emergency (4.10.2020)</b>	
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 (6.a. in Teletherapy Evaluation Guidance dated 3.18.2020)

- Teletherapy has been used successfully in medical, speech-language therapy, occupational therapy, ABA therapy, hard-of-hearing services, and EI services in other states.
- Research shows that teletherapy:
  - Increases workforce capacity
  - Provides greater scheduling flexibility for both parents and providers

- Is as effective as in-person therapy
- Produces greater cost savings for both families and providers when one considers mileage, parking, travel, and time savings
- Increases positive child outcomes
- Increases reports of parent engagement, self-efficacy, and empowerment.

The Clinical Guidance included the framework and examples about working and coaching parents and caregivers for teletherapy sessions on March 18, 2020 and added more information and examples for ABA services (e.g., discrete trial data, positive reinforcers, and prompts) on April 13, 2020. Resources in the form of links to papers and videos were also included in the Clinical Guidance regarding:

- Telehealth resources and research;
- Autism Spectrum Disorder resources;
- Family-centered best practices;
- NY SDOH Clinical Practice Guidelines; and
- About Coaching and Embedded Interventions.

Teletherapy sessions require interventionists to use parent coaching and family-centered best practices to support parents trying out strategies with their children during teletherapy. The requirements for NYC EIP Session Notes and Progress Notes remain unchanged for teletherapy sessions and the guidance included information about how to complete session notes.

Information about the NYC BEI professional development training regarding *Implementing Family-Centered Best Practices* was also provided:

<https://www1.nyc.gov/site/doh/providers/resources/early-intervention-professional-development-and-trainings.page>

Discussion

**Elizabeth Leone** asked if, once COVID-19 regulations are lifted, will both teletherapy and in-person services be provided. **Lidiya Lednyak** responded that we are at a critical point where we can make recommendations and really think through if we are going to have teletherapy available permanently and what it would look like moving forward.



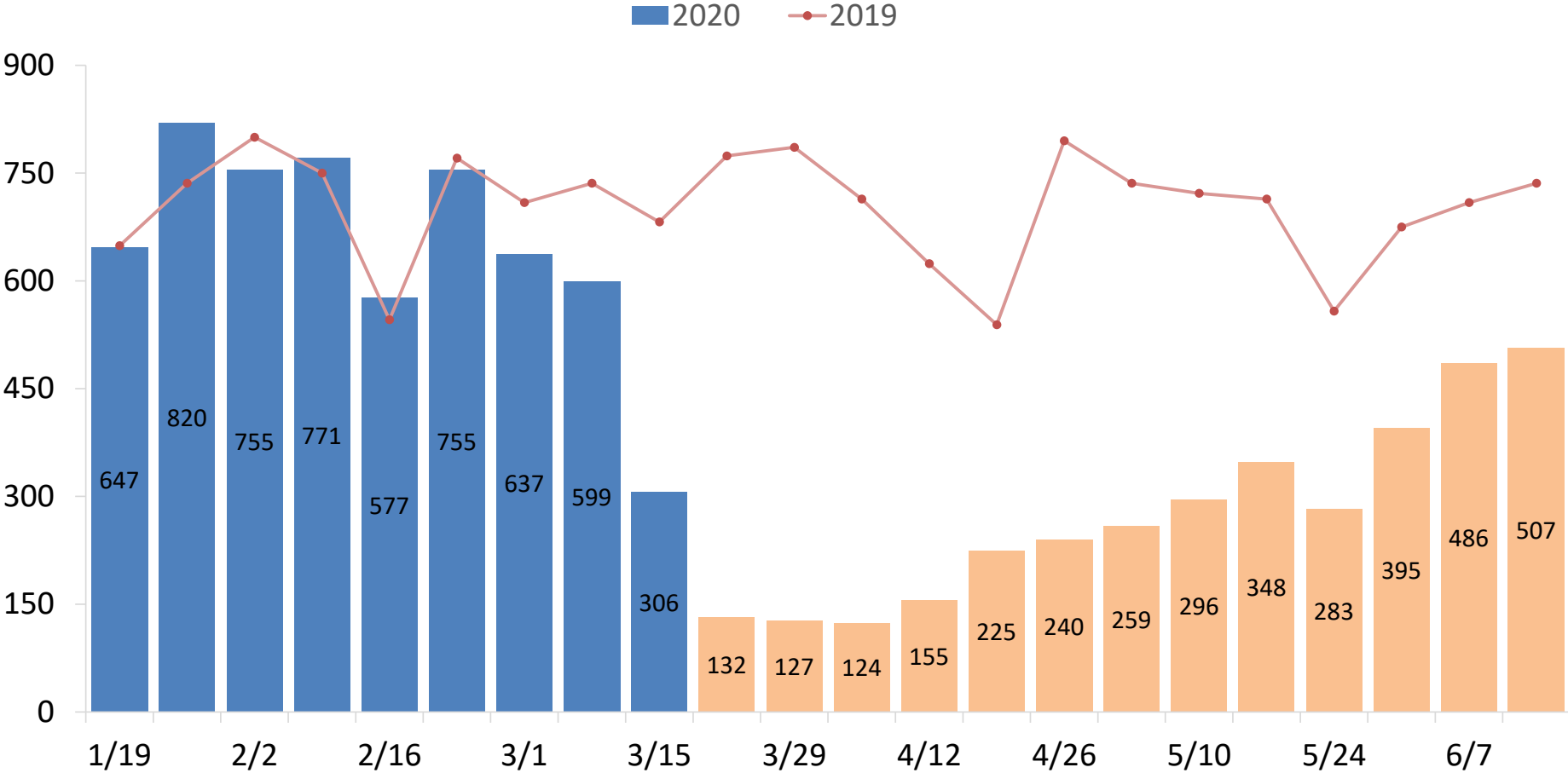
<p><b>Data Report and Provider Oversight</b></p>	<p><b>Nora Puffett</b> reviewed the data report. Data was presented on referrals, receipt of service, and children’s retention in the Program by borough and race. She also reviewed Provider Oversight results and discussed the Annual Monitoring Results.</p> <p><b>Patricia Pate</b> spoke about COVID-19 Pandemic Quality Assurance - Receipt of Telehealth Services. With the onset of the COVID-19 pandemic in March, the Provider Oversight Unit ceased on-site provider monitoring activities. In early April, Provider Oversight shifted to quality assurance activities, calling a random sample of families with active IFSPs. The calls are conducted using a standardized questionnaire. The purpose of the calls is to learn:</p> <ul style="list-style-type: none"> <li>• Are authorized services being provided? If not, why?</li> <li>• Is it the family’s choice?</li> <li>• Is it a technology limitation?</li> <li>• Is it a provider issue?</li> </ul> <p>Survey Results to Date:</p> <ul style="list-style-type: none"> <li>• 4,833 families have been surveyed to date, and calls continue.</li> </ul> <p>Reasons for Receiving Some but not all Services:</p> <ul style="list-style-type: none"> <li>• Some service types work for their child via teletherapy, other types don’t.</li> <li>• They have time for some services but not enough for all services.</li> <li>• Some families report that service coordinators or therapists have discouraged them from pursuing teletherapy.</li> <li>• Only 1% report that it is due to technology resources or issues.</li> </ul>
<p><b>Family Experience with EI Teletherapy</b></p>	<p><b>Dr. Katharine H. McVeigh</b> spoke about understanding experience with teletherapy. There will be 3 surveys to gather perceptions about experience with teletherapy:</p> <ul style="list-style-type: none"> <li>• Families</li> <li>• Interventionists</li> <li>• Provider Agencies</li> </ul> <p>Next Steps:</p> <ul style="list-style-type: none"> <li>• Complete internal development of surveys</li> <li>• LEICC reviews surveys</li> <li>• Implement surveys online and conduct outreach to encourage families and providers to participate</li> </ul>

<p><b>LEICC Committee Updates</b></p> <p><b>Public Comment</b></p>	<p>No updates were given.</p> <p>A public comment from Paola Jordan was read into the record regarding the extension of Early Intervention Services for children who have been unable to receive pre-school special education evaluations due to COVID-19.</p> <p>The meeting was adjourned at 12:09 PM.</p>
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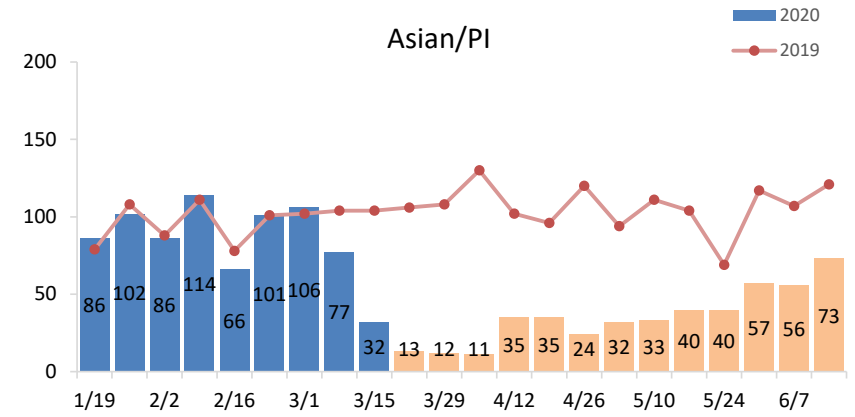
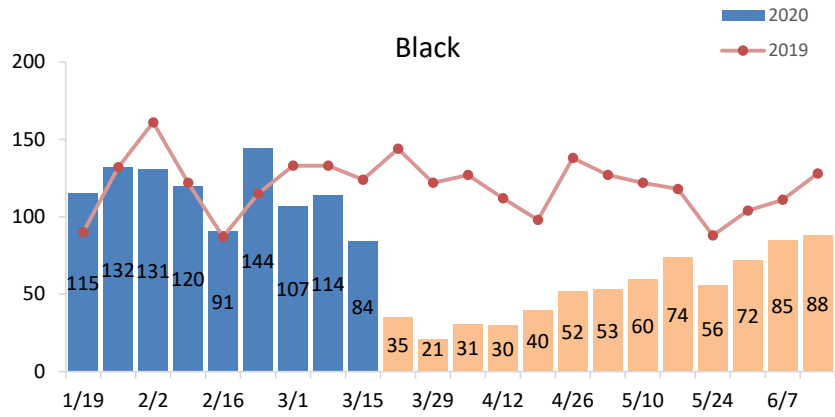
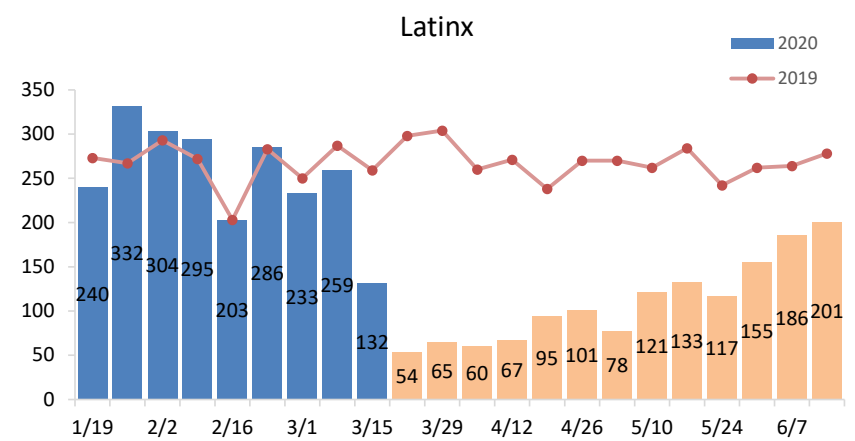
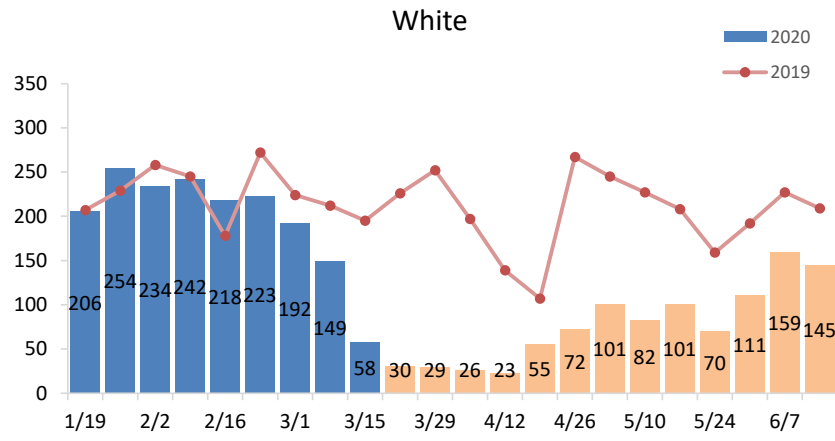
# Change in Referrals, Evaluations and IFSPs During the COVID-19 Pandemic

**Nora K. Puffett, Director, Administration & Data**

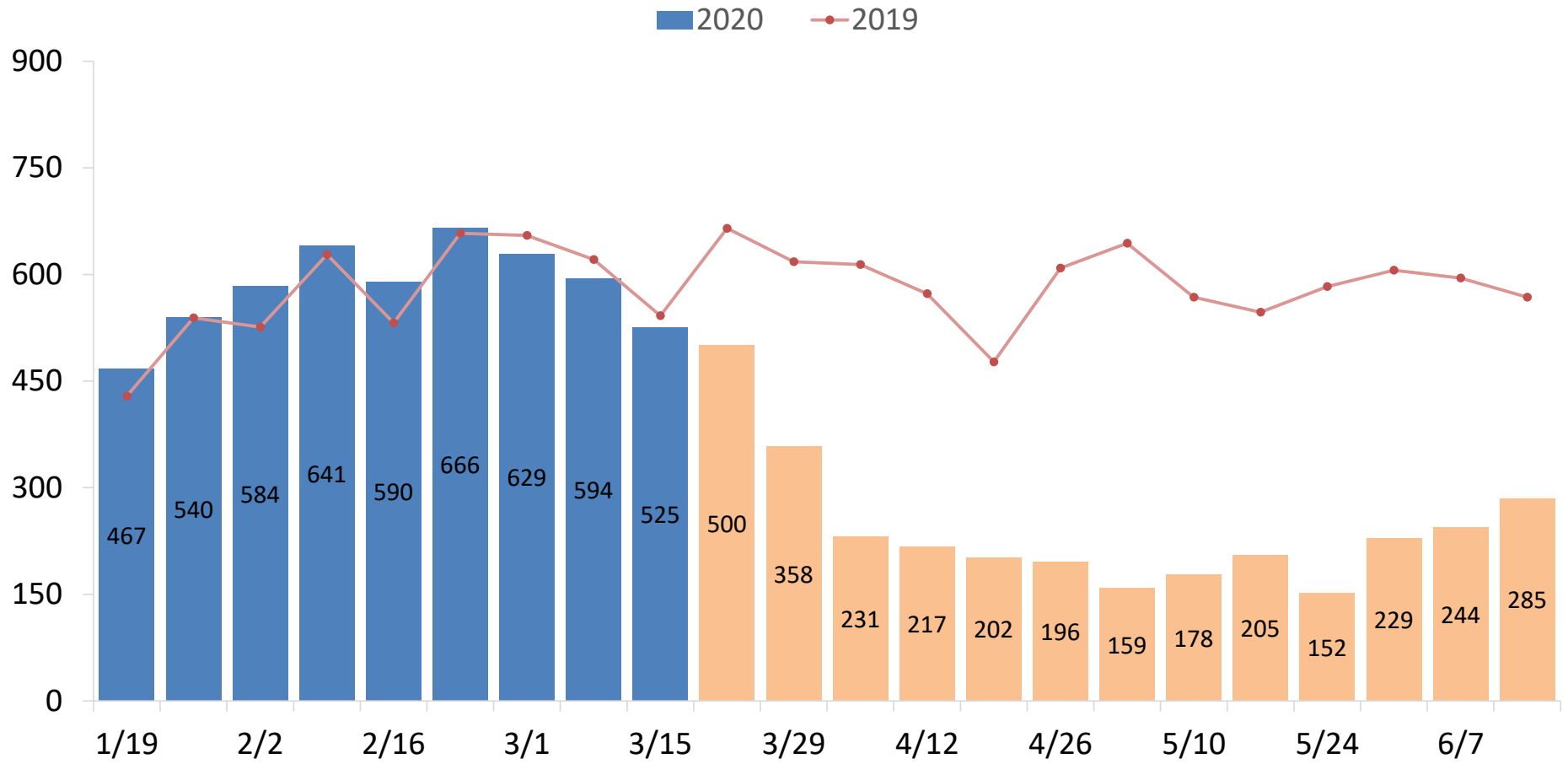
# Citywide Weekly Counts of Referrals 2020 vs 2019



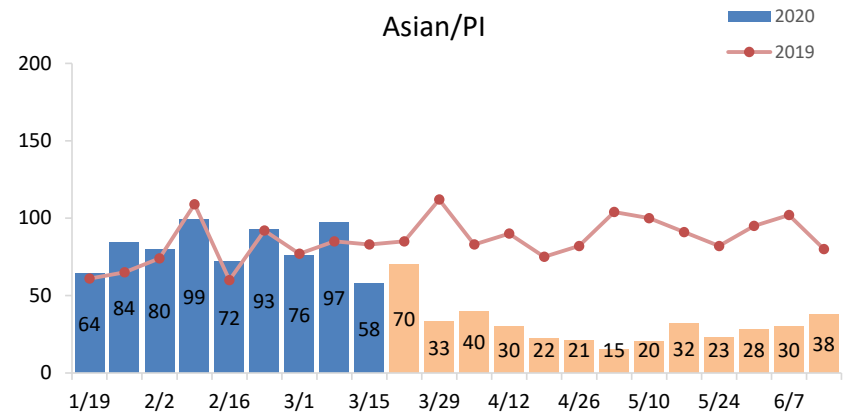
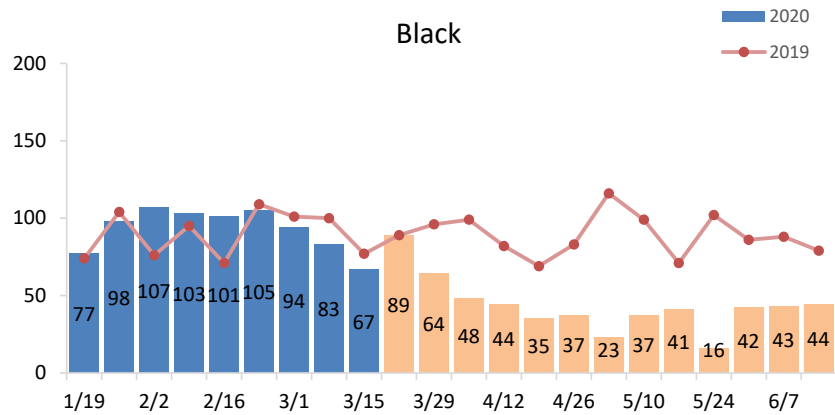
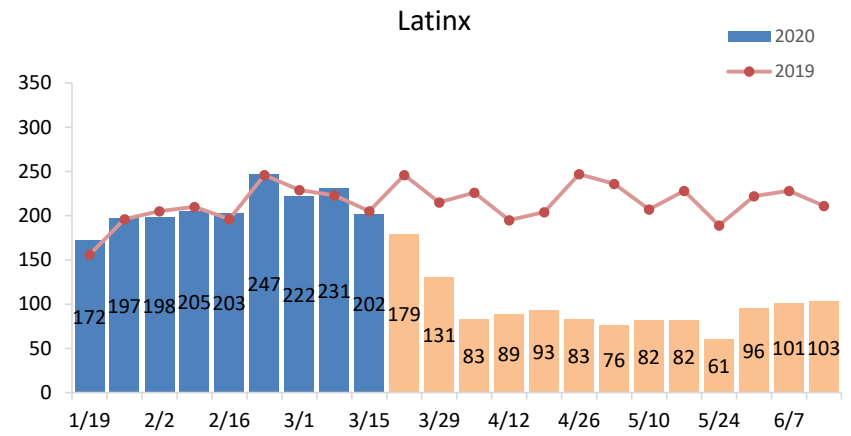
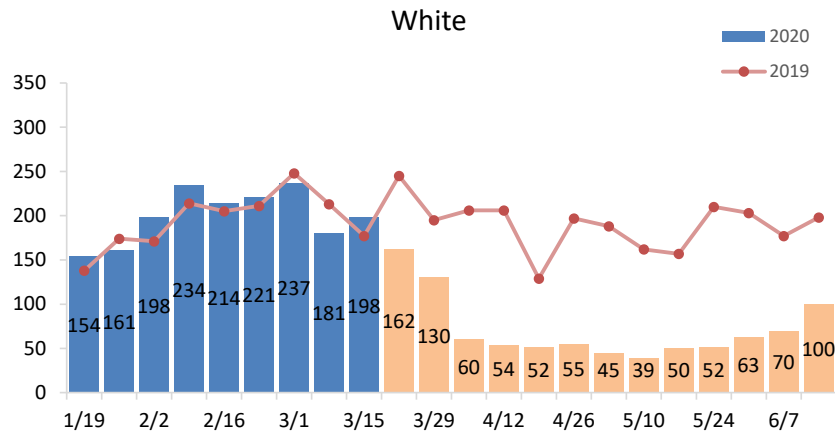
# Weekly Counts of Referrals by Race 2020 vs 2019



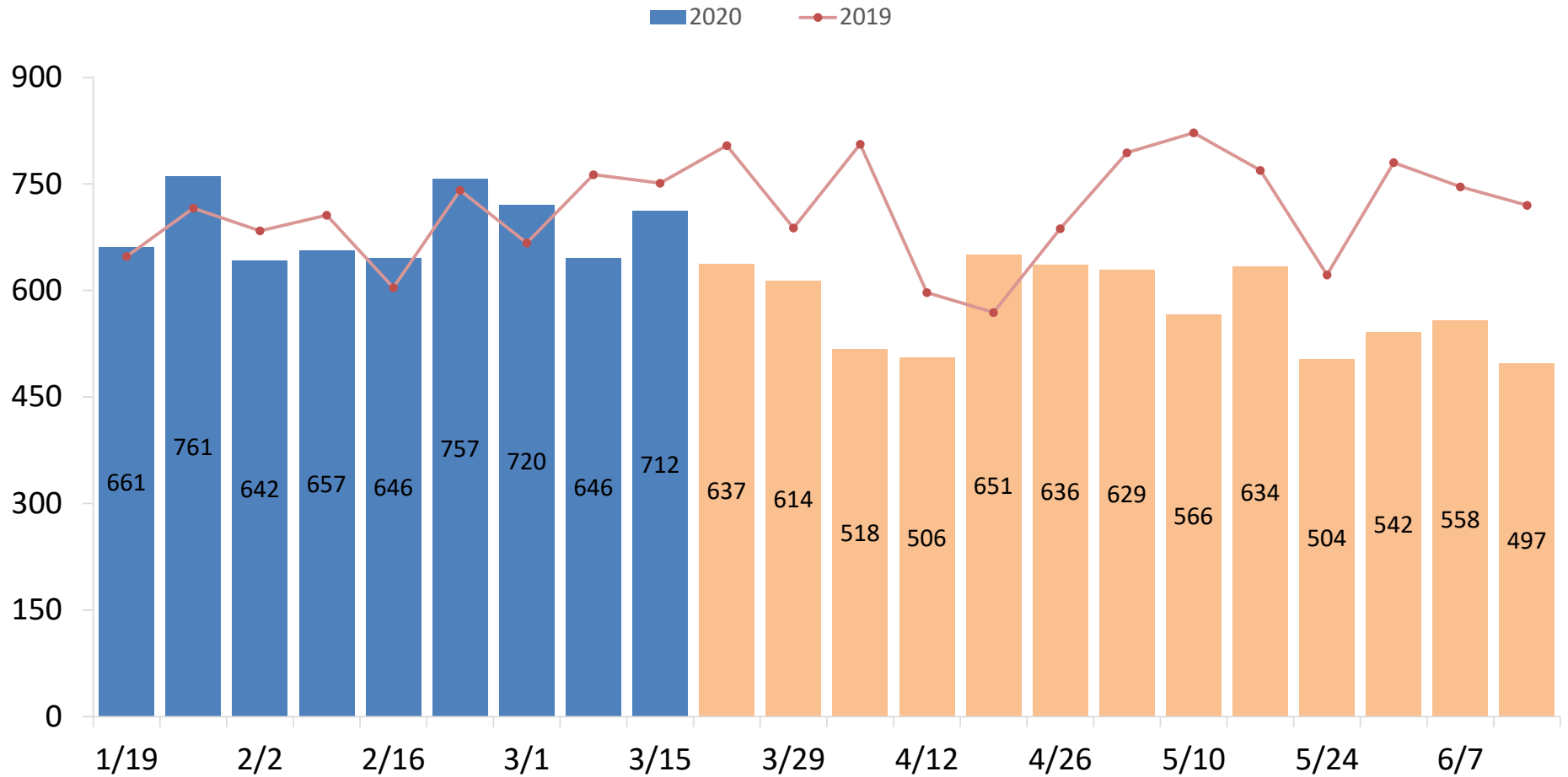
# Citywide Weekly Counts of MDEs 2020 vs 2019



# Weekly Counts of MDEs by Race 2020 vs 2019

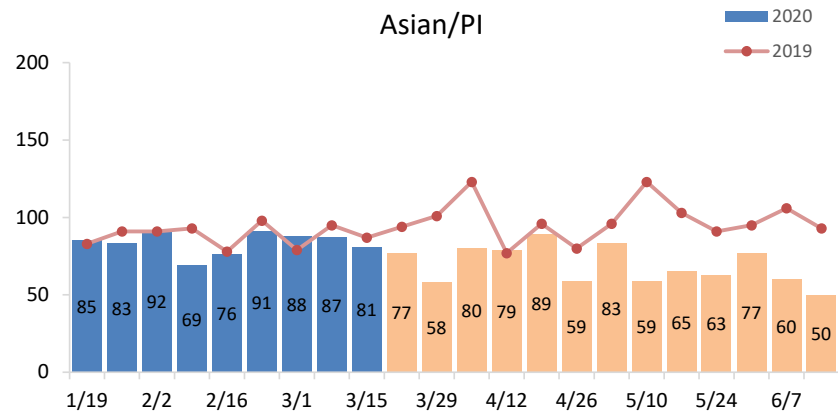
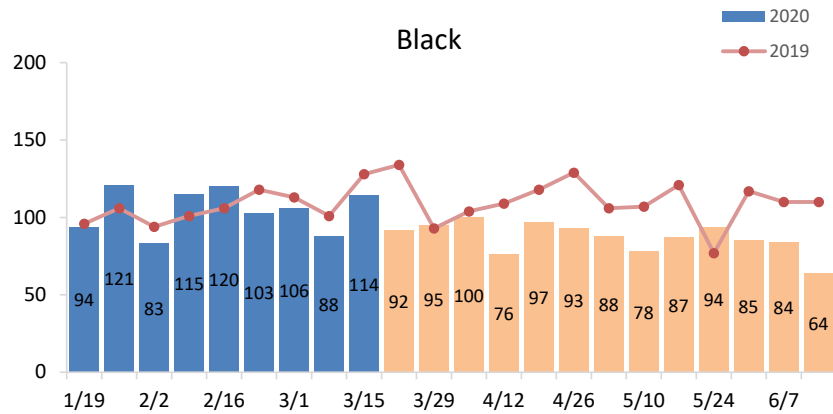
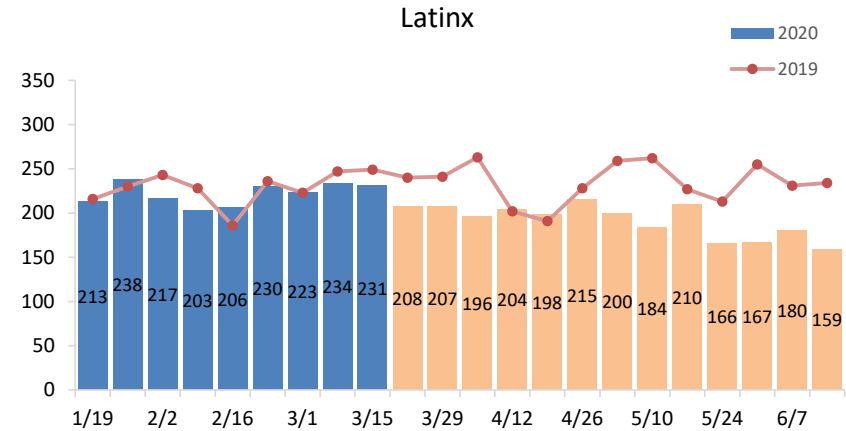
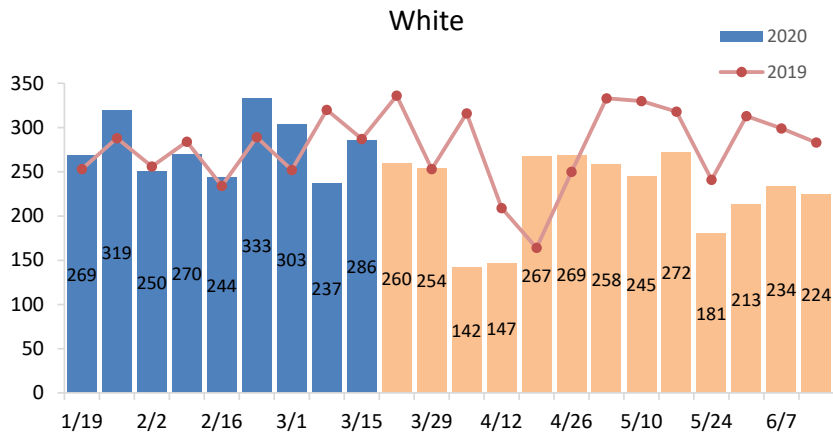


# Citywide Weekly Counts of IFSP Meetings 2020 vs 2019

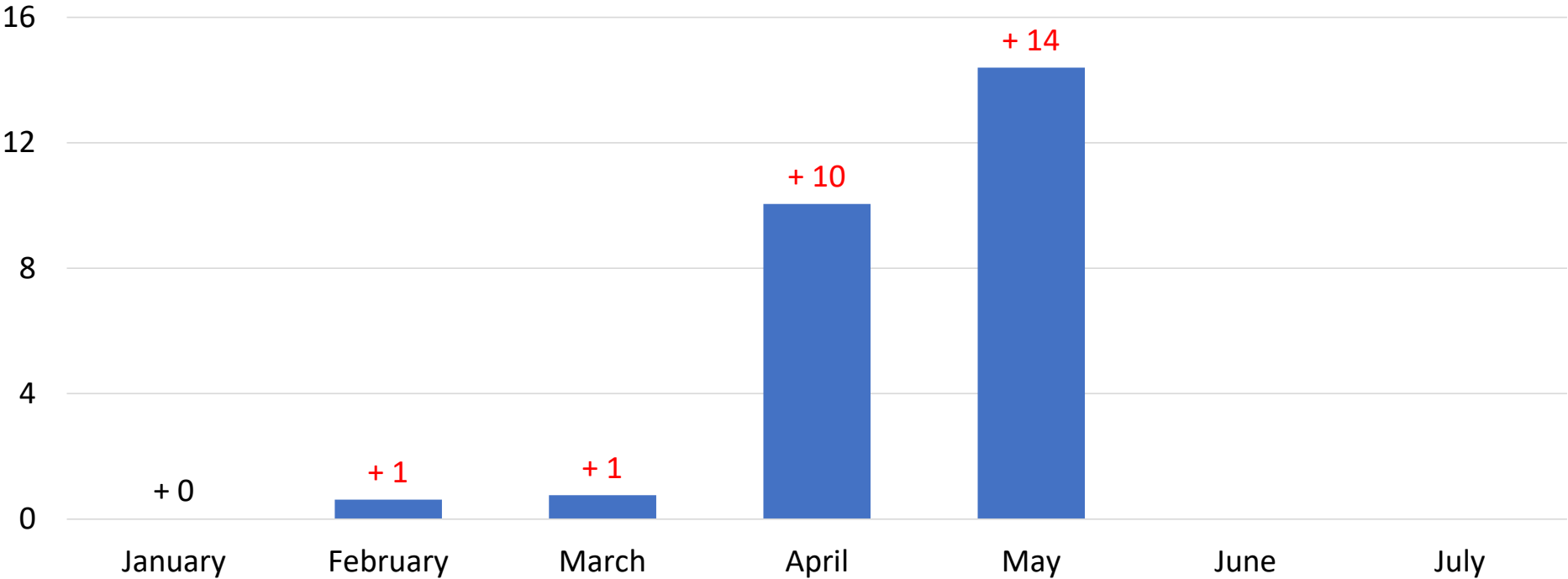




# Weekly Counts of IFSP Meetings by Race 2020 vs 2019



# Citywide **Increase** in Mean Number of Days from Referral to MDE Submission, 2020 vs 2019



## Citywide **Decrease** in Mean Number of Days from MDE to Initial IFSP Meeting, 2020 vs 2019

