



**Department
of Health**

Telehealth in the Early Intervention Program (EIP)

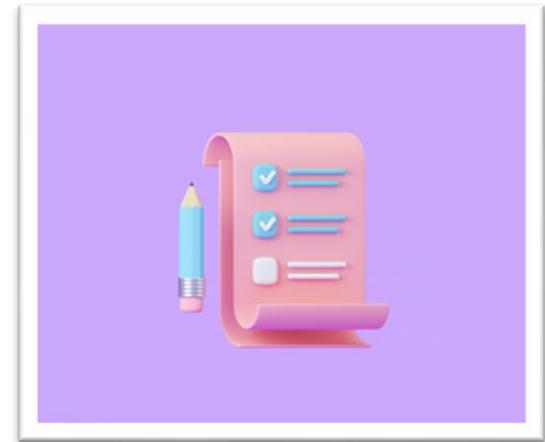
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Agenda

- New telehealth guidance/materials under development or being revised to be reissued
- Feedback from stakeholders
- Next steps



Telehealth Guidance

- Combined Covid (telehealth) Frequently Asked Questions (FAQs) # 1- 62
- Revised Telehealth Consent Form – removed State of Emergency language
- Telehealth brochure for families
- Draft Telehealth Guidance Document



Telehealth Guidance

- Combined COVID (telehealth) Frequently Asked Questions (FAQs) # 1- 62
- Removed outdated FAQs
- Added new FAQs
- Added revised consent form
- Added new resources



Draft Telehealth Guidance Document

- Background
- Benefits, Barriers, and Approaches to Teletherapy
- Considerations Before Conducting Early Intervention (EI) Evaluations Utilizing Teletherapy
- Conducting Evaluations
- Developing the Individualized Family Service Plans (IFSPs)
- Introducing and Effectively Incorporating Teletherapy into EI Supports and Services
- Appendices
 - Checklists (parents and providers)
 - References and Resources
 - Revised and Updated Consent for Telehealth



Draft Telehealth Guidance Document – Stakeholder Feedback

- New York State Association of County Health Officials (NYSACHO)
- Early Intervention Coordinating Council (EICC) Provider Capacity Task Force (counties, providers, parents)
- Agencies for Children’s Therapy Services (A.C.T.S)
- The New York State Alliance for Children with Special Needs



Draft Telehealth Guidance - Stakeholder Feedback

Major themes from stakeholder feedback:

- Best practice is for services to be delivered in person
- Prohibit telehealth multidisciplinary evaluations (MDEs) and subsequent supplemental evaluations conducted pursuant to the Individualized Family Service Plan (IFSP)
- Use a hybrid approach and require justifications for telehealth evaluations
- Concerns about the use of standardized assessment instruments
- Initial home visit with family/IFSP meetings - service coordinators – in person
- Hybrid approach to services – require telehealth and in person (not telehealth only)

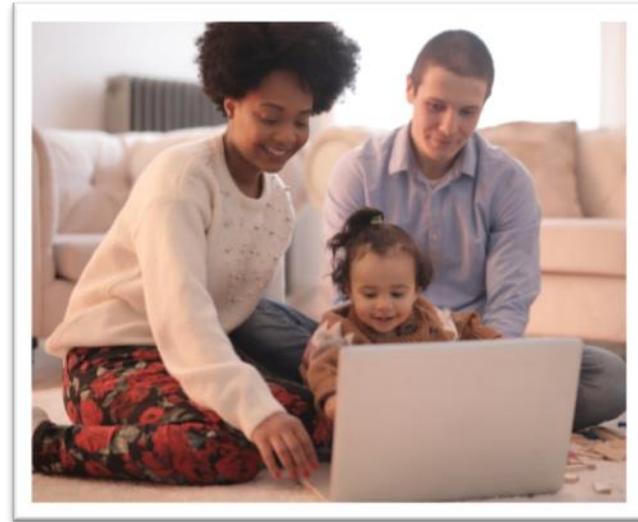


Stakeholder Feedback

Purpose and Background and History of Telehealth in the NYS EIP

Stakeholder Feedback:

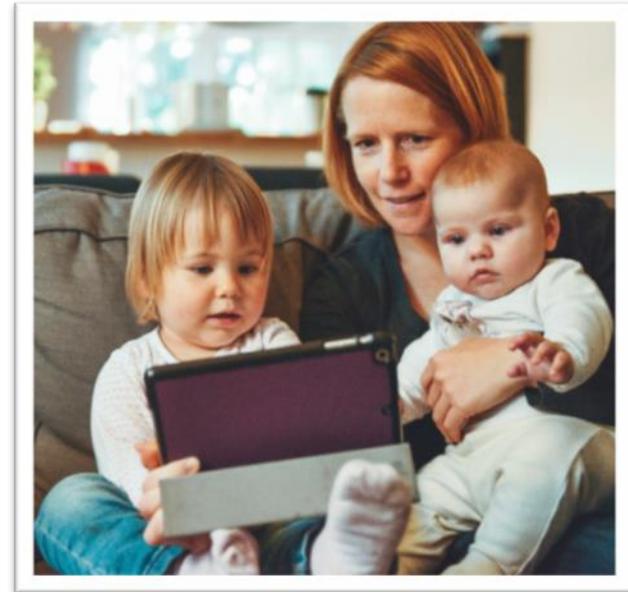
- Purpose and Background/History
- Current Use of Telehealth
 - Revise the telehealth definition
 - Not the “preferred” method of service provision or primary
 - Telehealth should remain an option for evaluations and services
 - Rates should stay the same for in person and telehealth until a rate study is conducted
 - “Sunset Provision” on the guidance
 - Share data from families on telehealth (Family Outcomes Survey)



Stakeholder Feedback – *Benefits, Potential Barriers, and Approach to Equitable Access*

Stakeholder Feedback:

- Benefits
 - Not for the convenience of the evaluator/provider
 - Option for interim services
- Potential Barriers
 - No feedback
- Approach to Equitable Access
 - Family centered
 - Technology



Stakeholder Feedback - *Introducing and Effectively Incorporating Telehealth into EI Supports and Services*

Stakeholder Feedback:

- Service Coordination:
 - Discuss full range of service options with families
 - Documentation in child's record
 - Initial home visit – in person
 - IFSP meetings – in person



Stakeholder Feedback – *Multidisciplinary Evaluations (MDEs) and Supplementals*

Stakeholder Feedback:

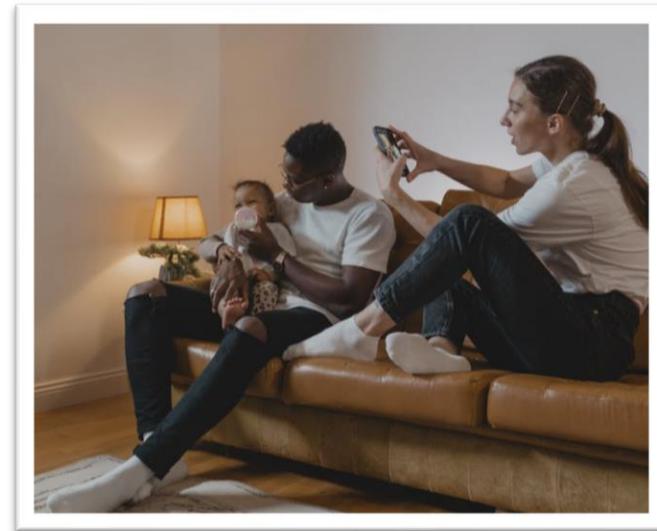
- Prohibit evaluations via telehealth
- Permit MDEs via telehealth in very specific circumstances only (travel, medically frail child, language)
- Allow fully remote MDEs if requested by the family
- Telehealth MDES (Hybrid only) – allow telehealth MDEs, but require one qualified personnel (QP) to be in person (area of concern) – feeding, swallowing, autism spectrum disorder (ASD), etc.
- Require a justification if the MDE is conducted via telehealth only – subject to municipal review



Stakeholder Feedback – *Multidisciplinary Evaluations (MDEs) and Supplementals*

Stakeholder Feedback:

- Non-payment for insufficient telehealth evaluations
- Concerns about standardized developmental assessment tools
- Evaluators should select the tool – not county or State
- Suggest BEI offer a list of tools that can be used via telehealth
- Require an in-person MDE if the family does not have access to a device
- Add a subsection on telehealth evaluations for a child with a possible behavioral or Autism Spectrum Disorder
- If the evaluator is not able to conduct the evaluation using items in the home, conduct an in-person evaluation
- Require a justification for telehealth supplemental evaluations and for telehealth only MDEs



Draft Telehealth Guidance – Services

Stakeholder Feedback:

- In-person service delivery “preferred”
- Outline specific circumstances for telehealth services
- Honor parent preference (family-centered services)
- Equitable services
- Require a justification for telehealth services – should not be based on family location
- Discuss key role parents play in service delivery
- Services should not be exclusively telehealth unless requested by the family
- All in-person services or a hybrid approach (in person and telehealth)
 - Key times for in-person services: Initial sessions, IFSP meetings, ongoing service coordination, new service(s), new provider, transition
- Require simultaneous audio and video components for telehealth
- 45-minute sessions for telehealth
- Permit group services via telehealth (parent/child, parent/caregiver support)



Revisions to Draft Telehealth Guidance

- The Department is revising the draft guidance document based on stakeholder feedback
- Policy development is underway
- Presentations at the June EICC Meeting by the Provider Capacity Task Force and BEI



Draft Telehealth Guidance - Your Feedback

- What are your thoughts on multidisciplinary evaluations (MDEs)?
- What are your thoughts on service delivery?
- Service Coordination – initial visits, IFSP meetings
- Use of Justifications to support why telehealth was selected?
- Additional feedback/thoughts?



Questions?

