

KDHE tiny-k Program Interim COVID-19 Guidance

Version #2 August 11, 2020

The following interim tiny-k program guidance for COVID-19 is in effect beginning September 1, 2020.

While we navigate this public health emergency it is important to remember that the evidence-based practices that tiny-k programs utilize have not changed and should continue to guide service provision regardless of the method or format being utilized. This includes the use of family centered, relationship- based practices delivered within the context learning opportunities found in every day activity and routines. The use of coaching with parents will be an invaluable tool at this time, one that Kansas providers and families have been using during visits for many years.

TOPIC AREA	GUIDANCE
General	<p>Follow the guidance, policies, and procedures of your home agency and local county health department/local health officer. The most current information always resides at the community level.</p> <ul style="list-style-type: none"> • Stay informed and know where to go for the most current information. Sources of accurate information include the CDC, KDHE, the Governor’s COVID-19 Response and Recovery website, and your local county health department/local health officer. • Develop or update emergency preparedness and continuity of operations plans to address possible disruptions in program operations that include the following: <ul style="list-style-type: none"> ○ Critical functions and positions and plan for alternative coverage in the event of staff absences or closure; ○ Methods to communicate with staff and parents in the event of closure; and ○ Flexible sick leave policies that encourage staff to stay home when sick or when caring for sick family members.
Scheduling and Conducting Visits	<p>KDHE supports the provision of services through tele-intervention (telephone, text, secure phone line and video conferencing through platforms such as Zoom), face-to face home visits, or a combination of the two, depending on state, county, and lead agency shelter in place or social distancing requirements. During the pandemic, it may be necessary for services to shift from face-to-face to tele-intervention or tele-intervention to face-to-face depending on the state/local health agency guidance and intensity or the spread of COVID-19 in a community/county. Decisions of face-to-face or tele-intervention should be made in conjunction with the family, should be flexible in type of delivery, and based on local health care information.</p> <p>For further information refer to Transition from Tele-Intervention to Face-to-Face Home Visits; Kansas tiny-k Programs Guidance and support Materials (Following State and/or County Shelter-in-Place Orders) 6-1-2020</p>

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Documentation	<p>Any interruptions in tiny-k services occurring as a result of COVID-19 must be clearly documented in the child and family’s early intervention record. All services delivered must be documented in the same format typically used (i.e. session documents, home visit notes, FSC logs).</p>
Service Delivery	<ul style="list-style-type: none"> • If the tiny-k local lead agency is closed due to public safety concerns, the tiny-k program is not required to provide services during the closure. • If the tiny-k local lead agency remains open, but Part C services cannot be provided in the child’s natural learning environment due to the COVID-19 public health emergency, then services must be offered through alternate means (such as by phone or videoconferencing technology) consistent with protecting the health and safety of the child, family, and those providing services. • Regardless of the status of the local lead agency, a family may choose to pause in-person EI visits at any time as a precaution against COVID-19. When this occurs, FSC services remain intact and may be conducted by phone or videoconference. • Programs do not determine if the family pauses in services, or the length of the pause (see below). Pre-planning before the pause begins is recommended as procedural guidelines must be met during any pause in service. <p>For all children referred or in services:</p> <ul style="list-style-type: none"> • Referrals must be responded to and entered into the database. • Referral to IFSP development still must occur within the 45-day timeline. • Use of “exceptional family circumstances” may continue to apply for individual children and families and must be clearly documented in the child’s file. • Eligibility determination, assessment for service planning, initial and annual IFSP meetings, IFSP reviews, and IFSP services (including family service coordination) may be conducted/delivered virtually. • Part C to Part B referrals: transition plan meetings and transition conferences may be held virtually and must be accomplished within the required timelines. • All children must have a current IFSP in order to provide any services including FSC. IFSPs cannot be allowed to expire for any child in current services, even those who have chosen to pause services due to COVID-19. • For all children receiving services, if a pattern of change emerges in the frequency or intensity of visits due to tele-intervention, an IFSP review should be held to update the services and support page. • Written consent must be obtained prior to implementing any services or changes to services. Electronic signatures are accepted as written consent. <p>Additional Considerations when families choose to pause services:</p> <ul style="list-style-type: none"> • An IFSP Review must be held when families determine there is a need for a pause in services. • The services page must be updated to explain the pause and document the planned start date when services will resume. • The FSC will provide at least monthly check-in calls or virtual visits with families pausing services due to COVID-19. The purpose of the check-in is to determine the family’s readiness to resume services either virtually or face-to-face. Check-ins must be documented in the child’s file. • All timelines for IFSP reviews and annual IFSP remain intact and the FSC holds these meetings virtually with the family.

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	<ul style="list-style-type: none"> • All Part C to Part B transition activities proceed according to required timelines.
Evaluation and Assessment	<ul style="list-style-type: none"> • As needed, evaluations and assessments may be completed with videoconferencing technology, record review, gathering information from community partners and parental report. • If a child is automatically eligible due to established risk for developmental delay, the child’s assessment can be completed over the phone or virtual visit. Only one assessment team member is required to participate in the phone/virtual contact – the second provider can participate through a paper review. • A program coordinator can exercise discretion in determining the number of assessment team personnel to send for in-home evaluations and assessments. <ul style="list-style-type: none"> ○ Two providers could complete the evaluation or assessment with one person going into the home and the other being available virtually. ○ If only one team member meets with the family in-person, the FSC must ensure that another team member completes a paper review and contributes to the recommendations concerning the child’s eligibility and service needs as applicable. • If an eligibility decision regarding informed clinical opinion or developmental delay needs to be made, at least two providers are still required however, virtual methods are allowed. • If a child is determined to be not eligible for services a prior written notice must be given to the family either electronically or by mail.
Virtual visits for IFSP Services	<p>Virtual visits for tiny-k services must be provided using videoconferencing technology in accordance with the following procedures:</p> <ul style="list-style-type: none"> • Virtual visits must be explained and discussed with the family and consent obtained before proceeding. • IFSP services must be provided within the context of the PSP model and evidence-based practices. Joint visits must also be held within the context of the PSP model. • Virtual visits must be conducted in accordance with the Family and Education Rights and Privacy Act (FERPA). <ul style="list-style-type: none"> ○ Providers must ensure that virtual sessions are conducted where other people can’t observe or hear. ○ Recording a virtual visit requires consent and the recording becomes part of the child’s EI record. • Visit notes for services delivered virtually must clearly document the method of delivery.
Consent	<p>From this point forward, securing consent means obtaining approval through written format. Beginning September 1, 2020 signatures will be required. Electronic signatures are accepted.</p>
Part C Regulations and Timelines	<ul style="list-style-type: none"> • Regulations and timelines per Part C of the Individual with Disabilities Education Act have not changed. • Under 34 C.F.R. §303.310, the initial evaluation and assessments of child and family, as well as the initial IFSP meeting, must be completed within 45 days of the lead agency receiving the referral. However, under 34 C.F.R. §303.310(a), the 45-day timeline does not apply if the family is unavailable due to “exceptional family circumstances that are documented” in the child’s

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	<p>early intervention (EI) records. The US Department of Education has previously provided guidance to states indicating that weather or natural disasters may constitute “exceptional family circumstances”. The COVID-19 pandemic could be considered an “exceptional family circumstance”.</p> <ul style="list-style-type: none"> • All timelines are the same.

Helpful links to additional resources:

Mental Health & Crisis Resources

- A variety of resources and information is available on the [KDHE COVID-19 Resource Center](#) including [mental health resources](#) for professionals and communities.
- The [Kansas Resource Guide](#) includes COVID-19, Mental Health, Substance Use, Anti-Violence, Parenting, Household, Agriculture, and Business/Legal resources.
- The Kansas: Stronger Together resources, including an [online media toolkit](#), are available here: <http://ksready.gov/>

Kansas Resources

- [KDHE COVID-19 Resource Center](#). Information Line 1-866-534-3463 (1-866-KDHEINF).
- [KDHE Home Visiting Guidance July 2020](#)
- [Plan to Reopen](#)
- [Information for Families](#)
- [KDHE tiny-k COVID-19 page](#)
- [Kansas Medicaid COVID-19 Resources](#)
- [KITS COVID-19 Resources](#)
- [Transition from Tele-Intervention to Face-To-Face Home Visits Documents](#)

Federal Resources

- [U.S. Department of Education COVID-19 Information and Resources](#)
- [Early Childhood Technical Assistance Center’s compilation of COVID-19 Resources](#)
- [U.S. Department of Health and Human Services Notification of Enforcement Discretion for Telehealth Remote Communications During COVID-19](#)