

Montana Milestones and Family Education and Support Program Services

Tele-Practice Guidance

The following content provides practical and logistical guidance to conduct Montana Milestones and Family Education and Support (FES) Programs while in-person visits may be suspended due to the COVID-19 pandemic and as a future framework for the provision of Part C of the IDEA (Montana Milestones) and FES intervention services extending beyond the duration of the pandemic.

As Montana begins to return to normal business operations, we must continue to focus on safety and remember that we must all take personal responsibility to prevent the spread of COVID-19. Our behaviors set an example for other Montanans. Agency management and individual employees will be asked to ensure that health, safety, and cleaning protocols are followed at worksites as we continue working together to meet operational needs and to serve the citizens of Montana.

Agencies and employees must follow recommended social-distancing guidelines, including:

- Staying six feet away from others as a normal practice.
- Eliminating physical contact with others, such as handshakes or embracing clients, coworkers, or visitors.
- Avoiding touching surfaces that are touched by others as much as possible.
- Avoiding anyone who appears to be sick or who is coughing or sneezing.
- Whenever possible, workstations in common workspaces should be separated by at least six feet. When it is not possible to maintain physical separation, consider split shifts, flex schedules, or physical barriers to separate employees.

Self-Screening

- Before returning or reporting to work, employees should self-screen for illness using the *COVID_19 Symptom Self-Check List* (See Appendix). If an employee selects yes for any of the questions on the checklist, the employee should not go

to the worksite or provide in-person visits. Instead, the employee should contact their supervisor and stay home. Employees experiencing symptoms should contact their healthcare providers for further guidance. Additional information can be found at [cdc.gov](https://www.cdc.gov).

Effective July 15, 2020, Governor Bullock's mask directive requires individuals to wear cloth face coverings when in public. Wearing cloth face coverings is intended to protect employees and others in public settings. However, it is important to remember that wearing the cloth face covering does not replace social distancing. Employees who cannot wear a mask for medical reasons, should contact the agency's Human Resources representative(s). Employees may be required to provide medical documentation indicating they are unable to wear face masks.

Throughout all stages of returning to worksites, each Montana Milestones and FES Program provider must make informed decisions — based on the specific needs and circumstances for the regional catchment area, staff, and the families served — to determine when and how to safely reopen offices and return to delivering in-person visits. Remote work and other flexible work arrangements are encouraged to continue to meet business needs and the personal needs of employees. Agencies should be flexible with in-person visits and onsite working conditions. The guidelines that follow are derived from the Centers for Disease Control and Prevention's (CDC) Coronavirus webpage; the State of Montana; Montana's Department of Public Health and Human Services (DPHHS); and guidance for Part C programs from the Early Childhood Technical Assistance (ECTA) Center.

EQUITABLY SERVING CHILDREN WITH DISABILITIES DURING CORONAVIRUS (COVID-19)

During this time when Part C of the IDEA services are being delivered virtually or at a distance, we must take intentional steps to make certain services are occurring equitably. Montana Milestones is committed to the close scrutiny of our systems to ensure that services for children and families are appropriately differentiated and individualized. The view of systems through an equity framework requires the State and local leaders to recognize the difference between equal (the same) and equitable (fair) opportunities for children and families to receive services individualized to their needs and contexts (<https://ectacenter.org/topics/disaster/coronavirus-equity.asp>).

The Individuals with Disabilities Education Act (IDEA) makes available a free appropriate public education (FAPE) to eligible children with disabilities throughout the nation and ensures special education and related services to those children. The goal of IDEA is to ensure children with disabilities have the same opportunity for education as those children who do not have a disability. Throughout the COVID-19 pandemic, the tenets of IDEA remain the same.

Evidence-based practices include family-centered practices that recognize and are responsive to each family's unique circumstances. During the COVID-19 pandemic, families' unique experiences and contexts affect their engagement in services. A strong partnership between professionals and family members includes collaborative, ongoing decision-making grounded in the family culture and identity to ensure the team is working together to achieve mutually agreed upon outcomes and goals.

All children served in IDEA Part C have the right to equitable and specialized services, including online and other remote delivery methods tailored to the needs and resources of their family. When programs offer a combination of online and offline and synchronous and asynchronous supports, families are able to identify delivery methods to match their needs and contexts. This facilitates equitable access and allows all families to participate in services meeting their needs and supports the accomplishment of their IFSP outcomes. **Online and synchronous strategies** include supporting child and family access to tele-intervention, online learning and video-based coaching. **Offline and asynchronous strategies** include supporting child and family access to offline, and asynchronous strategies in addition to online, synchronous strategies (particularly when online options are not possible).

Montana Milestones leadership is dedicated to developing and implementing professional development systems that provides Family Support Specialists/Service Coordinators a variety of supports to promote their knowledge and skill acquisition to implement evidence-based practices thereby supporting early intervention for infants, toddlers, and their families:

- Coaching Interaction Style
- Family-guided routines
- Home Visits

We have varied circumstances, knowledge, and expertise in providing physically distanced services and supports. Montana Milestones and agency leaders must work together to understand the needs of their workforce and provide professional development and other resources to effectively support Family Support Specialists/Service Coordinators in developing the knowledge and skills needed. This document serves as a starting point to promote a hybrid model of tele-practice and face-to-face Part C and FES planned intervention services and supports.

COMPREHENSIVE CHILD FIND ACTIVITIES AND REFERRAL SYSTEM:

Montana Milestones Program providers have the legal duty to develop and maintain a system of policies and procedures to support coordination between State and local agencies involved in Child Find activities. This includes pre-referral procedures, public awareness activities within the catchment region, access to a centralized directory within the catchment region; referral procedures, timelines and participation by the primary referral sources; and post-referral procedures including screenings, evaluations, assessments and timelines. Montana Milestones Program providers target regional primary referral sources to refer all children, birth through age 2, who may have a disability regardless of the severity of their disability or need including:

- hospitals (including prenatal and postnatal care facilities)
- physicians
- parents and primary caregivers
- child care programs and early learning programs
- local education agencies, and schools (both public and private)
- public health facilities
- social service agencies and other clinic and health care providers
- public agencies and staff in the child welfare system, including child protective services and foster care, homeless family shelters and domestic violence shelters and agencies.

MT DPHHS, Early Childhood and Family Services Division, along with the Family Support Services Advisory Council ensures that the system is coordinated with all other major efforts to locate and identify young children by other State agencies and programs such as Healthy Montana Families Home Visiting Program, Early Periodic Screening, Diagnosis, Treatment (EPSDT), Children's Health Insurance Program (CHIP), Children's Special Health Services, Early Hearing Detection and Intervention

(EDHI), Early Head Start, child protection and child welfare programs including foster care and Child Abuse Prevention and Treatment Act (CAPTA), programs that provide services under the Family Violence Prevention and Services Act, child care programs, and tribal agencies.

Each regional agency may consider the following strategies during the COVID-19 pandemic and for continued provision of Part C of the IDEA and Family Education and Support Programs:

- An effective public awareness program to reach the general public, including persons with disabilities, using a variety of methods. Examples: posters, pamphlets, displays, billboards, toll free-numbers, Web sites, videos, TV, radio, newspaper releases, and advertisements.
- Memorandums of understanding outlining the agreements between the regional Program provider and referral sources bringing together the thoughts and expectations of both parties regarding pre-and post-referral procedures, timelines, and participation.
- Written communication to referral sources describing the delivery of planned intervention services during the COVID-19 pandemic and as provided via teleintervention (Appendix A).
- Provide verbal and/or secure email follow-up to all referral sources documenting the outcome(s) of the referral (Appendix A).
- Conduct virtual Child Find screening events with local education agencies and child care programs.
- Conduct virtual outreach presentations to primary referral sources describing pre- and post-referral procedures and timelines.

EVALUATION AND ASSESSMENT

Montana Milestones and FES Program providers complete a timely and comprehensive multidisciplinary evaluation of the needs of an infant, toddler or child and a family-directed identification of the needs of each family following the 45-day timeline for children referred to the Programs: evaluation for eligibility; assessments of the child and family; the initial IFSP meeting; and the writing of the initial IFSP. This timeline requirement includes two allowable exceptions:

- 1) The child or parent is unavailable to complete the initial evaluation, the initial assessments of the child and family, or the initial IFSP meeting due to

- exceptional family circumstances that are documented in the child's early intervention records; or
- 2) The parent has not provided consent for the initial evaluation, or the initial assessment of the child, despite documented, repeated attempts by the regional agency to obtain parental consent.

The Office of Special Education Programs (OSEP) has historically also applied this documented “exceptional family circumstances” exception when clear circumstances outside the local agency’s control, such as a hurricane or blizzard, do not permit the underlying activity to occur and thus the child and family are unavailable as a practical matter. In these very limited circumstances, the agency staff must:

- 1) document in the child’s early intervention record the exceptional family circumstances; and
- 2) complete the activities as soon as possible after the documented exceptional family circumstances no longer exist.

OSEP acknowledges that it may not be possible to complete some or any of the activities required within the 45-day timeline remotely. Given that in-person meetings may not be feasible or advisable due to the COVID-19 pandemic, such restrictions can constitute a documented exceptional family circumstance that qualifies for an exception to the 45-day timeline. In these situations, the local agency must document application of the exception in the child’s early intervention record, complete the delayed evaluation, assessment, or initial IFSP as soon possible after the exceptional circumstances no longer exist. Determinations regarding whether an exceptional family circumstance exists must be made on a case by case basis with the State’s leadership.

The 45-day timeline cannot be extended for all children within the State under the assumption that COVID-19 is an exceptional family circumstance for all families.

The Individuals with Disabilities Education Act (IDEA) requires that multiple sources of information be used to determine eligibility for intervention. One of those sources is an assessment that is norm-referenced to produce a score that provides a percent delay or standard deviations below the mean. Some norm-referenced tools require a trained practitioner to administer structured items directly to the child using a specific script and strict procedures. When these tools are not administered according to the required procedures, the resulting scores should be suspect.

Because of the strict administration requirements, these kinds of tools are not well suited for situations where the practitioner(s) and the child and parent/guardian cannot meet in person. There are, however, other norm-referenced assessments that rely on the parent or caregiver as the source of information about the child's behavior and what the child knows and can do. There also are tools that use observation. Depending on what needs to be observed, the practitioner(s) may use videoconferencing or videos created by the parent/guardian to observe the child. Tools that do not require a practitioner(s) to be present with the child are better suited for remote administration. Many publishers of norm-referenced tools have published statements guiding practitioners in the use of tools in a remote setting. (See *Norm-Referenced Assessment Tools for Children Birth to Age Five Years with Potential for Remote Administration for Eligibility Determination* in the Appendix.)

Intentional planning of evaluation and assessment with team members promotes practitioners using a variety of formal and informal methods including observations and interviews to gather assessment information from multiple sources including the child's family. Practitioners obtain information about the child's skills in daily activities and routines in the child and family's natural environments. Informed clinical reasoning is one procedure the team members use to gather information about the child's developmental functioning forming an accurate picture of the child's developmental status in order to decide about the child's eligibility for services and then to plan for intervention supports, resources, and services. If the assessment information is ambiguous, the team is encouraged to err on the side of finding the child eligible knowing that the team may re-assess later.

Preparing families for evaluation and assessment

Intake Coordinators or Family Support Specialists/Service Coordinators may be the first contact for a family. They provide an explanation of the virtual platform being used and learn if the family has access to technology to support virtual conferencing. The procedural safeguards are explained to the family beginning with acquiring the family's consent to participate in an evaluation and assessment of their child and family using virtual means. Documents are provided to the family via secure email or through another secure virtual means. Additionally, the family is guided on what familiar items found in the home to gather for the evaluation and assessment. They provide the family with a quick tech check and planning session before the actual tele-assessment. They

meet with the family for 10-15 minutes a few days before the tele-assessment to test technology and help the family connect and plan together about where to position the device for the best view. They explain what to expect and talk with the family about any routines they might like the assessment team members observe. (See *RBI Key Steps during Telehealth* and *RBI Reminders for Telehealth* from the University of Illinois, April 2020 in the Appendix.)

Family Preparation Strategies from the field of Part C Programs:

- By sitting out a mat or blanket in front of the camera, the family and other members of the team can clarify that if they can see the mat or blanket, they will be able to see the child.
- Provide the family and other team members with troubleshooting guides that include graphics for ease in understanding.
- Encourage the family to have the child's favorite toys handy. Watching what the child can do with the toys available is a prime example of functional observation.
- To promote understanding of what is going to happen during the evaluation and assessment meeting, do a trial run for the family.
- Breaks are always available – naptime, feeding, diaper change. These also are great observation opportunities. We do not necessarily need the child to be sitting in front of the computer, TV, etc. Walking around and following the child is helpful to engage the family and child.
- As the meeting concludes, take time to debrief by asking what was helpful and how we can do better next time.

Preparing the evaluation and assessment team

The Intake Coordinator or Family Support Specialist/Service Coordinator meets with the team of specialists before the evaluation and assessment team meeting in the virtual environment to troubleshoot and clarify process and procedure. This individual provides the team with information and data already collected. Fillable forms may also be provided to the team members prior to the evaluation and assessment team meeting. The meeting's facilitator works with the team to structure the meeting: who is writing the narrative; who is completing the tool; who is leading the discussion of the family's routines, etc. The team is collecting as much information as possible prior to the meeting with the family so all team members are well-prepared and intentional when the

assessment begins; asking family members for updates; and moving into the discussion of concerns, priorities, and resources.

Evaluation and Assessment Strategies from the field of Part C Programs:

- Have strategies to gather information from all team members, observations, and complete the tool.
- Ask families to show the team members their concerns, talking them through the actions requested, and watching.
- Affirm what the family is saying and doing. Team members repeat back what is heard and seen by talking, exploring the routines; and asking for things that the team is not seeing that they would like to see. Coaching families through the assessment process promotes the family's understanding of what the team is looking for: *we want to see how...what kinds of things have you seen...what types of toys does she/he like to play with...what happens if...* Some team members may use props to portray positioning requests.
- The type of blocks doesn't matter – stacking skills do! Many toys can be stand-ins for an assessment tool's recommended manipulatives.
- Observing child while the RBI is being completed provides an opportunity to see much more than when the team members are observing - three strangers are not right on top of the child and family leading to better child and family assessment.
- Let go of stress about the assessment tool and toys. Acknowledge that you and other team members will not have the assessment kit with you, and you will not be able to observe every item on the test. Use coaching skills to help the parent facilitate activities that help the team see what is needed to see. While information must still be gathered to summarize the child's developmental strengths and needs, this situation is an opportunity to grow assessment skills.
- Use knowledge of development and professional experiences to help observe the child's abilities during natural activities. Encourage the team to think creatively and consider how the same concepts and abilities may be observed in natural activities.
- Look through a functional lens by practicing translating assessment items into their functional equivalents. Team members can observe the child, even in the background while discussing with the parent: what goes well and what's challenging. How does the child interact with others in their environment?

- Give everyone grace in being flexible – the goal is functional assessment. In most cases, the team will be able to learn enough about the child and family to plan for the IFSP. Follow up if additional information is needed and lean on colleagues for ideas and support.

INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) AND SERVICE COORDINATION AND PERSONAL SUPPORT PLANS (PSP)

The FSS works with the family as well as the team members to determine how any paperwork is sent to or returned by the family or team members (email, mail, fax). The Family Support Specialist/Service Coordinator is responsible for all activities related to IFSP development and implementation including any periodic reviews, the required six-month review, and the required annual IFSP meeting. Until the child reaches age 16, the Family Support Specialist/Service Coordinator plans for and facilitates all IFSP meetings via private telecommunication and/or video conferencing.

Regardless of the ability to meet in-person including regular contacts, progress note reviews including documentation on how and what services are provided, data entry, case notes, authorization updates, and IFSP facilitation. Together with the family, the Family Support Specialist/Service Coordinator has the continued responsibility of planning, accessing, coordinating all intervention services, and monitoring the delivery of planned intervention services and FES service coordination must continue up to age 16. The FSS serves as a single point of contact in helping families to obtain the services and assistance they need. At age 16, the Developmental Disabilities Program's (DDP) Targeted Case Manager assumes all service coordination responsibilities and follows all policies and guidance as provided by DDP. FES intervention services other than service coordination may continue until the child reaches age 21.

Having a working knowledge of a community's resources, especially during a national emergency, is one of the most important attributes of the Family Support Specialist/Service Coordinator. However, no one person can be consistently well-informed of all the resources all of the time. Working together with the combined knowledge and expertise of the IFSP/PSP team will aid in accessing appropriate intervention services and supports for families.

HOME VISITS

Montana Milestones and FES Program providers have the experience and expertise to determine what is necessary to focus related to the needs of families and staff during the pandemic and as Montana returns to normal business operations. During the suspension of in-person services, all communication with families and team members, are held via private telecommunication and video conferencing tools. In line with OCR Guidance (<https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>), Family Support Specialists/Service Coordinators should not use any public facing platforms that would allow the general public to access the communication between the early intervention service provider and/or the FSS and the family, either in real-time or via a recording. During the COVID-19 national emergency, Family Support Specialists/Service Coordinators must explain the suspension of in-person services and meetings and the agency's commitment to providing meaningful virtual home visits.

Home Visiting Strategies from the field of Part C Programs

- From the start, name what might be challenging or hard about meeting in this unique way.
- Discuss special issues of privacy and confidentiality specific to teleintervention; in some families, they may feel more exposed, vulnerable, or sensitive to this format.
- Consider what parameters you may need to set up for this to be most effective.
- Establish a “back-up” model of communication in case primary mode fails.
- Consider having a conversation after the first 2-3 sessions to discuss how communication is flowing via this new mode of talking with one another.
- Reduce lighting behind you. Close window shades to reduce backlighting.
- Use headphones and change your mic and speaker settings to headphones.
- When structuring a parent-child activity, consider the developmental age of the child as to what activities are chosen and screen time recommendations followed.
- Cultural considerations: Early intervention service providers and Family Support Specialists/Service Coordinators should assess the family's previous exposure, experience, and comfort with technology/video conferencing. They should be aware of how this might impact initial teleintervention interactions. Early

intervention service providers and Family Support Specialists/Service Coordinators should conduct ongoing assessment of the family's level of comfort with technology over the course of enrollment in Montana Milestones or FES Programs.

PLANNED INTERVENTION SERVICES AND SUPPORTS

Appropriate planned intervention services based on scientifically based research, to the extent practicable, continue to be available to all infants and toddlers with disabilities and their families, including Indian and homeless infants and toddlers. In the case the State and agency determines that face-to-face Part C or FES services should not be provided for a period of time, Montana Milestones and FES Programs are offering tele-intervention as an alternative to in-person visits, the agency staff must inform families of the suspension of in-person services. The Family Support Specialists/Service Coordinators will consult with the parent or guardian through a teleconference or other alternative method (such as e-mail or video conference), consistent with privacy interests, to provide consultative services, guidance, and advice as needed. Family Support Specialists/Service Coordinators must continue service coordination, family training, and special instruction activities with families during this time, including regular contacts, progress note reviews, data entry, case notes, authorization updates and PSP quarterly reviews, and the facilitation of the IFSP.

Tips for Aligning the Early Intervention Principles to Live Video Visits (Tele-practice)

Support families in promoting their child's development and facilitate participation in family and community activities.

- Ask questions related to family priorities, strengths, activities and routines. (See *RBI Key Steps during Telehealth* in Appendix).
- Be aware that priorities, routines and activities may have changed.

Encourage active participation of families by embedding intervention strategies into family routines.

- Focus on the family priority, let the family lead.
- Find out what is working well and what challenges to address.

A collaborative relationship with equal participation and an ongoing parent-professional dialogue is needed to develop, implement, monitor, and modify therapeutic activities.

- Discuss fun and helpful ways to include activities/strategies within routines.
- Consider ways that siblings and other family members can be involved.

Intervention must be linked to specific goals that are family-centered, functional, and measurable and strategies should focus on facilitating social interaction, exploration, and autonomy.

- Review/discuss IFSP outcomes/strategies.
- Listen and be flexible to adapt to the families changing needs/priorities.
- Understand families may be busy and stressed, so avoid adding more to their plate.

Intervention is integrated into a comprehensive plan; includes transdisciplinary activities; avoids unnecessary duplication of services; is built around family routines; may include written home activities to encourage family participation in therapeutic activities on a daily basis.

- Partner with other team members to ensure you are not duplicating services, supports, or phone calls.
- Consider how to best support the family if routines changed.
- Ask the family to tell you about the strategies they tried and/or are seeking support within daily routines/activities.

Intervention should be monitored periodically to assure that the strategies implemented are successful in achieving outcomes.

- Ask the family to help determine the frequency based on their needs (periodically doesn't necessarily mean weekly).

Children and families in early intervention deserve to have services of the highest quality possible.

- Engage in ongoing professional learning opportunities such as modules/webinars, offerings from your professional association(s), and the videos, books and other resources offered through technical assistance centers such as NCPMI, ECTA, Zero to Three, Illinois Early Intervention Clearinghouse).
- Build positive and supportive relationships with fellow early intervention service providers/team members (e.g. establish a community of practice, video chat, etc.).

Potential benefits of virtual planned intervention services and supports:

Planned intervention services provided virtually may be less disruptive to the family's daily routine, while still allowing the Family Support Specialist/Service Coordinator or early intervention service provider to join the family virtually in their natural environment.

The evidence-based practices used by Family Support Specialists/Service Coordinators (coaching interaction style and family-guided routines) align well during virtual home visits:

- The evidence-based practices include teaching parents or guardians the skills they need to facilitate their child's development between early intervention visits during everyday routines.
- The Family Support Specialists/Service Coordinators or early intervention service providers rely on coaching through virtual visits to encourage and support parents or guardians to implement strategies with their child in their natural environment.
- The focus shifts from an early intervention service provider or Family Support Specialist/Service Coordinator and the child to the family and the child during teleintervention.

Research studies demonstrate that the outcomes of children and families receiving early intervention in a virtual environment are equal to children and families receiving in-home services. (Connected Health Policy, August 2018)

PROCEDURAL SAFEGUARDS

The Family Support Specialist/Service Coordinator always informs families of their rights and the availability of advocacy supports and services.

Parental Consent:

Parents/guardians provide informed written consent for their child's screening, evaluations and assessments, and before the provision of planned intervention services, including before the initiation of each early intervention service. Parental consent is also required before the disclosure of personally identifiable information (PII) under certain circumstances or prior to the use of public benefits or insurance or private insurance. Because of social distancing and other restrictions during the pandemic, it may not be possible to obtain a parent's signed, written consent in-person. The agency

may, but is not required to, accept an electronic signature or digital signature provided it adopts the appropriate safeguards that the electronic signature:

- Is signed and dated;
- Identifies and authenticates a particular person as the source of electronic consent;
- Indicates such person's approval of the information contained in the electronic consent; and
- Is accompanied by a statement that the person understands and agrees.

Prior Written Notice and Procedural Safeguards Notice:

If the parent or guardian has previously agreed, or agrees during the pandemic, the prior written notice and procedural safeguards notice can be provided through electronic mail (email). The agency must provide parents or guardians written notice a reasonable time before it proposes or refuses to initiate or change the identification, evaluation, or placement of their infant or toddler, or the provision of planned intervention services to the infant or toddler with a disability and his or her family. The prior written notice must include information regarding all procedural safeguards that are available under Part C:

- Informal complaints
- Mediation
- Montana's State Complaint Procedures; and
- Due Process Hearing Procedures

The term "reasonable time" is not defined in the regulation. Considering factors such as the closure of agencies and public facilities such as schools, social distancing, and other health-related orders during the pandemic in determining what constitutes a reasonable time for this purpose is appropriate. The agency will make every effort to ensure that written notice is provided as soon as possible prior to the proposed or refused action. The determination of when prior written notice is required will depend on the particular facts and circumstances, but agencies will work to ensure that parents or guardians are fully informed of how their infant's or toddler's early intervention service needs are addressed during the time that IDEA Part C services are provided remotely.

Access to Early Intervention Record:

Each agency must permit parents or guardian of a child referred to, or served under Part C, to inspect and review all early intervention records relating to their child and family. Under IDEA, the agency must comply with a request without unnecessary delay, and before any individualized family service plan (IFSP) team meeting, or a due process hearing, or a resolution session and, in no case more than 10 days after the request has been made.

In light of the social distancing and physical contact restrictions during the pandemic, parents and agencies may identify a mutually agreeable timeframe and method for providing access to the infant's or toddler's early intervention records. If the parent asks to inspect and review specific documents from the infant's or toddler's early intervention records while agencies and public facilities are closed during the pandemic, the agency staff and the parent should work together to identify mutually agreeable options to provide access to the early intervention records. For example, the agency staff could provide the parent with the requested information from the infant's or toddler's records via email, a secure on-line portal, or postal mail until the agency offices reopen. The agency staff must use reasonable methods when transmitting PII in early intervention records through email or an on-line portal. Products that apply best practices like encryption, strong identity authentication, and a statement and terms of service that explain how the vendor's use of PII from student education records complies with the Family Educational Rights and Privacy Act (FERPA).

TRANSITION:

Children served in Part C who may be eligible for services in Part B, 619 should experience smooth transitions. Throughout the COVID-19 pandemic, the seamlessness of this process for children and families remains the same. Early intervention programs and school districts should continue to provide IDEA services consistent with the need to protect the health and safety of children and families. Although all services may not be provided as they have been typically, all transition processes and timelines under IDEA are still required.

Montana Milestones and Montana Part B/619 Programs collaboratively developed transition guidance. If the transition process is unable to be followed, the local agency should clearly document details including dates of the pandemic's impact on transition

conferences, evaluations, and Part B/619 program openings, reasons for any delay, and family preferences.

The local agency is required to notify the local education agency of residence, if the toddler may be eligible for preschool services under Part B following the required timeline. A transition plan must be developed in the IFSP following the required timelines including a transition meeting.

A parent or guardian may delay the transition meeting. If a parent or guardian chooses to participate in the transition meeting, the meeting may be held via phone conference or secure video connection, and school district personnel are invited and encouraged to attend if the district is open and available. Part B continues to be responsible for IDEA requirements and timelines for children who are transitioning from Part C.

If the local agency receives a late referral for a child with a summer birthday, and a referral to Part B cannot be made as the district is closed due to the pandemic, then the local agency staff will print documentation of the district's closure and a fax receipt or dated email indicating the referral was provided to the district. Once the school district is back in session, local agency personnel will verify that the referral is now in process.

Signatures may be obtained via secure electronic signature software, mail, or other method.

MONTANA MILESTONES AND FES PROGRAMS HYBRID MODEL

Family Requests to Continue Phone Consultation/Teletherapy for home visits, IFSP Team Meetings and/or the delivery of planned intervention services.

If a family requests to continue with phone consultation and/or video conference for home visits and IFSP Team meetings, then the Family Support Specialist/Service Coordinator follows the tele-practice guidelines and resources found in this document and through Part C of the IDEA technical assistance centers and programs.

If a family requests to continue phone consultation or teletherapy as the early intervention service delivery method, and the early intervention provider is willing to offer the specialized service in this manner, then the early intervention provider will follow their respective association's guidance for providing tele-therapy as well as

private and public insurance rules for teletherapy reimbursement. If the early intervention provider is not willing to continue visits via phone consultation or teletherapy, then the Family Support Specialist/Service Coordinator has a discussion with the family regarding the option of accessing a different early intervention provider who offers phone consultation or teletherapy services.

Family Requests to Resume Face-to-Face Meetings and Services.

If a family requests face-to-face evaluation, assessment, home visits, and IFSP meetings, the meetings may resume if the local agency's established health, safety, and cleaning protocols are followed to meet operational needs and to safely serve families enrolled in the Programs. Following State of Montana current guidance, an agency's protocol will include employee self-screening, social distancing, and the use of masks or face coverings. The family and Family Support Specialist/Service Coordinator may consider meeting in alternate locations, such as outdoors or in a safe community location. Local agencies are encouraged to provide staff and families with information on how a child's social-emotional needs might be impacted by COVID-19. The ECTA Center has a variety of resources on their [COVID-19 webpage](#). Masks may lead to anxiety, fear and/or fewer opportunities for children to learn to read facial expressions. In the COVID-19 resources document library on the ECI extranet, links to articles about young children and masks may be found in a document titled, *Resources Related to Early Development and Provider Masks*.

However, if the Family Support Specialist/Service Coordinator is unable to participate in face-to-face meetings, then a discussion regarding the available options with the family, such as proceeding with phone/video meetings or a temporary assignment of a new Family Support Specialist/Service Coordinator. A family may request some or all of their face-to-face services to resume. However, if the early intervention provider is unable to participate in face-to-face services, then the Family Support Specialist/Service Coordinator will discuss the available options with the family, such as meeting in safe alternate locations, continuing with phone consultation/teletherapy or the assignment of a different early intervention provider who is currently available for face-to-face visits.

Documentation in a child's case notes are important to ensure services are delivered in a timely manner whether they be virtually or face to face. Documentation of the early intervention service, early intervention service provider, location services are provided,

frequency, intensity, and duration must be included in the child's and family's ongoing case management notes.

APPENDIX:

- *COVID_19 Symptom Self-Check List*
- Online Resource:
Early Childhood Technical Assistance Center: Coronavirus (Covid-19), Remote Service Delivery and Distance Learning
<https://ectacenter.org/topics/disaster/tele-intervention.asp>
- *Joint Planning in Preparation for Live Video EI Visits*, University of Illinois, April 2020.
- *Norm-Referenced Assessment Tools for Children Birth to Age Five Years with Potential for Remote Administration for Eligibility Determination*
- *RBI Key Steps during Telehealth and RBI Reminders for Telehealth*
- *Illustrations of Video Conferencing in Action: illustrations of using video conferencing for early intervention home visits and team meetings.*

Resources from the Missouri First Steps Covid-19 Guidance Manual, July 2020:

<https://dese.mo.gov/sites/default/files/se-covid-missouri-first-steps%20covid-19%20guidance-manual.pdf>

- *Checklist of Activities for Referral Utilizing Phone or Secure Video Connection* for guidance on how to engage newly referred families and complete the referral process while in-person meetings are suspended.
- Week 2 through Week 6 on the *Checklist for 45-day Timeline Activities* to complete the Evaluation of the Child activities through the development of the Initial IFSP.
- *Exception to In-Person Meeting* guidance in Practice Manual Chapter 6 to facilitate and complete periodic, six-month review and annual IFSP meetings during the suspension of in-person IFSP meetings.