**Guidance for EarlySteps Evaluators for Stay-at Home – COVID 19; April 9, 2020**

Reminder: The “EarlySteps Services General Guidance” for Stay-at Home Guidance – COVID 19 applies to EarlySteps Evaluations as well as providing on-going support to families.

The goal of early intervention is to support families in meeting the individual, developmental needs of their child in EarlySteps. We feel that it is essential to continue that support in ways that meet family needs and minimize the risk to the health of families and early interventionists. With that goal in mind, your practical judgement and decisions based on child and family needs, your scope of practice guidelines, and the stay-at-home order will always be your best guidance. This is true for on-going services and supports to families and for “EarlySteps Evaluations.”

**Guidance for EarlySteps Evaluators to use “Teletherapy” for Eligibility Evaluations**

**during the Stay-at Home – COVID 19; April 9, 2020**

**First, NOTE: If a child cannot undergo an evaluation using the teletherapy option for any reason 1) an interim IFSP can be developed using presumptive eligibility, then re-determined after the COVID-19 event ends, or 2) eligibility determination can be postponed with parent consent and documented 3) audio only (telephone) is not suitable for using the BDI-2.**

**PRIOR to the EarlySteps Evaluation Completed Using the “EarlySteps Teletherapy” Option**

1. The evaluator confirms with the family prior to the scheduled evaluation that they approve of having the evaluation completed using the “EarlySteps Teletherapy” option. (Document – See Documentation Section which follows). Both the family member/caregiver and the child must be present for the evaluation to be provided via the teletherapy option. The “Teletherapy Evaluation” will occur using FaceTime, ZOOM, or a similar communication option which allows for audio and face-to-face interaction between the provider and the family. It must be provided via a tablet, laptop or desktop computer. Any telecommunication method must be secure and confidential. Early Interventionists must adhere to all telemedicine/telehealth-related requirements of their professional licensing board. **NOTE: Telephone calls are not allowed for EarlySteps Evaluations**
2. The evaluator assists the family in setting up the system which will be used, including instructions on downloading any apps
3. Telecommunication must be secure and confidential. The evaluator discusses with the family that they will establish a “confidential” area for the evaluation to be conducted (e.g., evaluator confirms with the family that anyone present in the room is acceptable to observe or listen; and the evaluator conducts the evaluation in a location with only persons authorized or approved by the family to be present)
4. The evaluator discusses with the family that the BDI-2 assessment tool is used for EarlySteps Evaluations and gives an overview of the BDI-2 instrument particularly explaining the different methods used for administering items (interview, observation, or structured items)
5. The evaluator discusses with the family how the BDI-2 will be completed via the teletherapy option explaining the following:

a. If an item allows for the interview method to be used, that will be the preferred method to administer the item

b. When the item is a structured item, the item must be completed exactly as described in the BDI-2 manual using the materials described for that item

6. Information to share/send to the family prior to the evaluation:

a. The evaluator discusses with the family the materials that will be needed to complete the BDI-2 and how they will ensure appropriate materials will be used (e.g., review the list of materials/manipulatives for the items most likely to be needed for the child’s age and those likely to be found in the home)

b. The evaluator sends the list to the family via email or text to see what they may have and ask them to have ready for the scheduled evaluation time; provide parents with appropriate materials and BDI-2 manipulatives needed for testing the child by dropping materials off for parents to use

c. The evaluator provides a copy of any structured item script for the parent to have with the materials that the evaluator may be dropping off or provide a copy of the script by email or text

7. The evaluator discusses with the family that when there has to be a structured item completed, the evaluator will be asking the family to complete the item using the script provided to them and the evaluator will observe it being completed. (If for some reason the evaluator can't provide a copy of the script for the parent in any format, they should read the item to the parent explaining they must repeat the script exactly when administering the item)

**NOTE: Only provide item scripts for specific items to be tested on and NOT the entire manual or more than what is anticipated to be used during the evaluation and do not provide any scoring information or scoring criteria**

**DURING the Evaluation Session Completed Using the “EarlySteps Teletherapy” Option**

1. Before beginning the evaluation, the evaluator confirms the “confidentiality” of the teletherapy session
2. The evaluator briefly reviews what was discussed prior to the evaluation (overview of BDI-2, materials, methods to be used, etc.) ensuring that the family is ready for the evaluation
3. The evaluator conducts the evaluation, administering the BDI-2 as described in the manual and as done at face-to-face evaluations with the following exceptions:

a. Note on the front of the BDI-2 Scoring Form that the evaluation was completed through the teletherapy option

b. For all items where the interview method is allowed to be used, use this method to score the item according to the scoring criteria noted for the interview method for that item

c. For younger children there are many parent interview items; note any comments/deviations for specific items on the BDI-2 scoring form as needed

d. When a structured item must be administered, to maintain standardization, validity and reliability of the test, the item must be completed exactly as described in the BDI-2 manual using the materials described for that item as follows:

* Evaluator has the parent/caregiver administer the item by reading/repeating the script for the item (the evaluation will demonstrate/explain the test item as needed)
* Evaluator observes the parent/caregiver with the child and the child’s performance when completing the item
* The evaluator reviews the item criteria for scoring and scores accordingly
* If the evaluator's observation does not allow them to select the appropriate score, they should discuss the criteria for scoring with the parent to reach consensus on the score; any comments/deviations for specific items are noted on the BDI-2 scoring form

1. The evaluator can conduct the visit from their car or other nearby secure location, to quickly pick up the manipulatives for the next evaluation

**NOTE: Structured items cannot be skipped and scored a “zero” – If the BDI-2 cannot be completed for any reason such as not being able to complete certain items:**

**1) an interim IFSP should be developed using presumptive eligibility, then re-determined after the COVID-19 event ends, or**

**2) eligibility determination should be postponed with parent consent and documented**

**DOCUMENTATION Requirements for the EarlySteps Evaluation Completed Using the “EarySteps Teletherapy” Option**

1. Complete the IFSP Planning Report according to EarlySteps requirements
2. Including adequate documentation to support reimbursement for the evaluation completed through the teletherapy option
3. The report should always be descriptive, so that the reader understands specifically what took place for the evaluation process
4. Include the following in the IFSP Planning Report:

* The family agreed to having the evaluation completed through the use of teletherapy
* Telecommunication was secure and confidential and the evaluator confirmed with the family that anyone present in the room was acceptable to observe or listen; and the evaluator conducted the evaluation in a location with only persons authorized or approved by the family to be present
* The BDI-2 was administered using the teletherapy option due to the current Stay-at-Home order for COVID 19
* Indicate any modifications made to ensure as much standardization as possible
* State whether the results are believed to be representative of the child’s current level of functioning when combined with observation and clinical knowledge of the evaluator and the family’s knowledge of their child
* Indicate the technology/platform (e.g. Zoom, etc.) used to conduct the evaluation via the teletherapy option
* Describe how materials/manipulatives were used (e.g., the following materials/manipulatives were provided by family, list materials/ manipulative; or the following materials/ manipulative were provided to the family by the evaluator, list materials/ manipulatives)
* Describe any deviations from the original BDI-2 administration procedures outlined in the manual. Examples:

1. The following items were administered through interview although “Observation” or “Structured” administration was the first choice noted in the manual, note which items

2. The following structured items were administered using family to assist in the administration, note which items

3. The following structured items were scored with family consensus due to observation difficulties

4. Note any other deviations for administration or scoring

* Indicate how materials/manipulatives were used, for example:

1. The following materials/manipulatives were provided by families, list materials/ manipulatives

2. The following materials/manipulative were provided to the family by the evaluator, list materials/ manipulatives

3. Note any other deviations in the use of materials/manipulatives

**Upon Completion of a Teletherapy Evaluation**

1. The Evaluator picks up the manipulatives left for the family and cleans and sanitizes them for the next family
2. The Evaluator completes all required paper work within EarlySteps required timelines
3. The Evaluator uploads all required evaluation documents including all autism screening documentation to EarlySteps Online within EarlySteps required timelines
4. The Evaluator contacts the IC/FSC to notify team members to schedule a teletherapy team meeting

**Additional Information for Evaluations, Initials, Annuals, Exits, and Autism Screenings**

1. Conducting evaluations via teletherapy is not an ideal or a typical situation, so it is unlikely that one solution will work for everyone, therefore consider as many options shared above. Evaluators should always use their best professional judgement for decision making
2. No changes have been made to the requirements of administering the Autism Screenings which are easily done through the teletherapy option as they are all interview questions
3. If a family declines the autism screening via the teletherapy option, follow the guidance for obtaining signatures and document this on the autism screening refusal form and upload into EarlySteps Online
4. If the BDI-2 cannot be administered via teletherapy or successfully scored, a decision may be made for eligibility by the team based on the child’s established medical condition and, the IFSP can be developed based on any identified needs
5. An interim IFSP can also be developed for children with medical conditions or for those with suspected developmental delay
6. For annuals, develop a new IFSP and re-authorize services without an evaluation if needed. Not knowing the length of time for the COVID-19 event, it is acceptable to issue the interim IFSP and service authorizations for 6 months
7. If the family refused annual prior to the March 16 guidance and their authorizations are going to end call the family and offer a teletherapy approach for the annual eligibility determination and possible ongoing services:

* If they refuse services altogether, let the IFSP and service authorizations expire, notify the service providers
* Contact the family after the COVID event and offer the annual evaluation again
* If the family continues to refuse the evaluation, EarlySteps Online allows for a new IFSP to be developed and authorizations issued in the event that an annual evaluation has not been conducted timely allowing for services to continue
* Authorizations should not be allowed to expire without discussing with the family, FSC, and providers