

Date: May 31, 2020

Maryland Infants and Toddlers Program: Recovery Efforts to Support a Continuum of IFSP Service Delivery during the COVID-19 Pandemic and Beyond

This document has been created as a supplement to Technical Assistance Bulletin (TAB) #20-01, Serving Children with Disabilities under IDEA during school closures due to the COVID-19 Pandemic and TAB #20-06, Continuity of the IFSP for Young Children (Birth - Age 4) with Developmental Delays/Disabilities and their Families during Extended School/Agency Closure due to the COVID-19 Pandemic. Please refer to these TABs for additional information and guidance on the provision of early intervention services to young children with disabilities and their families during this unprecedented time.

To support each Local Infants and Toddlers Program (LITP) in making plans and decisions about recovery efforts as Individualized Family Services Plan (IFSP) services move to a continuum of service delivery, specific considerations have been identified to address program-wide health and safety protocols/procedures and infrastructure adjustments. This document also contains a flowchart and questions and answers to support a continuum of IFSP service delivery, including the identification and provision of compensatory/recovery services as applicable due to the COVID-19 pandemic.

Identify and Establish Program-Wide Health and Safety Protocols/Procedures that Address:

- Personnel Considerations
 - Working remotely
 - Wearing personal protective equipment (PPE)
 - Using social distancing when in person
 - Early intervention provider health and high-risk status
 - Require ongoing teleintervention when providers at high risk
 - Regular temperature checks
 - Require providers to stay at home when they are sick

- Service Delivery Considerations
 - Individual service delivery decisions based on family priorities and preferences
 - Continue the use of teleintervention on a case by case basis, including a hybrid approach (in person and teleintervention)
 - Identify a "lead" provider who receives support from other team members to deliver services, minimizing the number of providers families interact with face to face or virtually
 - Identify parameters around service delivery
 - Use universal precautions, which may include wearing PPE when working with children and families in-person.
 - What are the implications (CDC recommends children under 2 years of age NOT to wear masks)?
 - Providing clear masks for providers
 - Limiting the number of in-person visits per day
 - Limiting the number of staff members entering the same home
 - Protocols for health and sanitization between in-person visits
 - o Changing of providers clothes between visits
 - Providing disposable smocks/gowns to change between visits
 - Restrictions/protocols for bringing items/equipment into family's homes
 - Adhere to required health and safety procedures of community-based programs in which early intervention services may be provided (e.g. child care programs, homeless shelters)
 - Establish communication protocols/procedures
 - Prescreening calls to rule out medical illness or identify high risk situations prior to home visits
 - A notification protocol if a provider tests positive for COVID-19
 - Identify strategies to ensure equitable access to services for all children and families, including those without access to technology and vulnerable populations

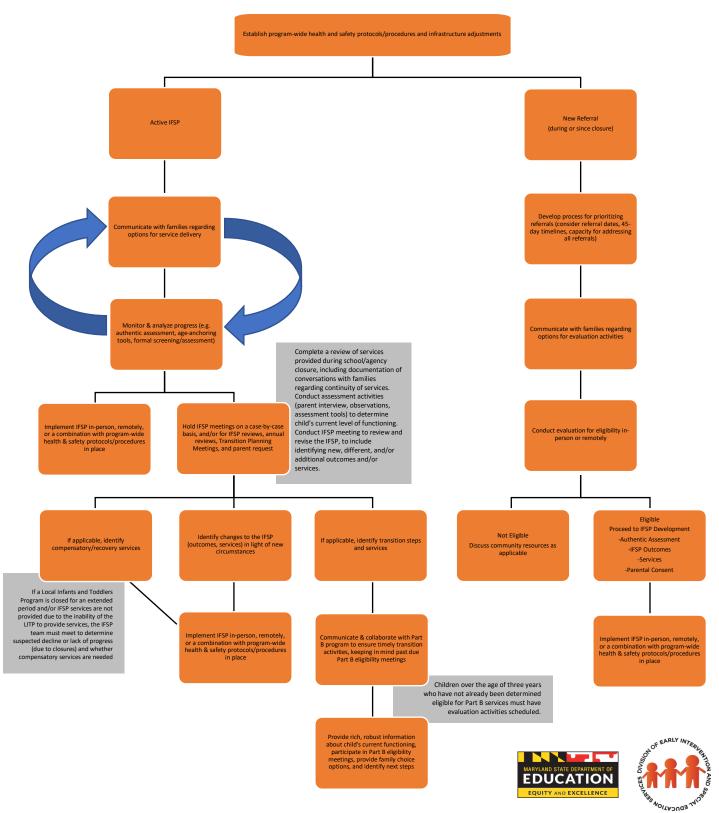
Identify and Implement Infrastructure Adjustments to Support a Continuum of IFSP Service Delivery:

- Modify and manage any relevant policies, procedures, and guidance as necessary
- Engage local stakeholders in plan development and implementation
- Fiscal Considerations
 - Fiscal resources for funding PPE for providers
 - Fiscal resources for additional staff to fulfill all service requirements and adhere to timelines and other requirements when limiting number of in-person visits per day
- Data Considerations
 - Determine data elements necessary to identify the need for and provision of compensatory/recovery services
 - Continue to track data on referrals, eligibility, service delivery by method (e.g. phone, in-person, teleintervention), and transition
- Personnel development Considerations
 - Assess the need for strengthening professional development on:

- Health and safety protocols
- Remote or alternative strategies for eligibility determination
- Remote service delivery including coaching and engaging families in that modality
- Social-emotional practices
- Identification of other community supports and services to meet family needs
- Determine implications for the MITP State Systemic Improvement Plan (SSIP) including use of telehealth, provision of reflective supervision and coaching, data collection, and scaling up evidence-based practices



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Questions and Answers to Support a Continuum of IFSP Service Delivery

Q1: What are the options for continued implementation of an active IFSP?

A1: Continue to have conversations with families regarding their options for early intervention, including current family priorities and child needs and monitoring of child progress, to identify the most appropriate service delivery model. This could include in-person or remote services or a combination of both.

Q2: How do we provide early intervention services within other early childhood or community settings (e.g. childcare, family childcare, homeless shelters)?

A2: Continue to partner with families and other care providers to address service delivery options that are within the local health and safety requirements and restrictions. Consider alternatives to traditional service delivery, such as having early intervention sessions outside or having virtual coaching discussions with parents and childcare providers together. Explore the possible opportunities for children and families on an individualized basis, keeping everyone's health, safety, and comfort level a priority.

Q3: When do we need to hold an IFSP meeting?

A3: In any of the following circumstances:

- there is a required IFSP meeting due or past due, such as a six-month, annual, or transition planning meeting;
- there has been a suspected decline in the child's skills or behaviors;
- there has been lack of expected progress in the child's skills or behaviors;
- there are new concerns or challenges; and/or
- the parent requests an IFSP meeting.

Q4: When are compensatory/recovery services required?

A4: If a Local Infants and Toddlers Program is closed for an extended period and/or IFSP services are not provided due to an inability of the LITP to provide services, the IFSP team must meet to determine suspected decline or lack of progress (due to closures) and whether compensatory services are needed.

Q5: As schools incrementally re-open, how do we conduct transition activities?

A5: Children over the age of three years who have not already been determined eligible for Part B services must have evaluation activities scheduled as soon as possible. Based on the current Waiver Authority Recommendation (IDEA Part C to Part B Transition), more information will follow if and when the current waiver is approved by Congress and the President.

For more information, call 410-767-0249 MARYLAND STATE DEPARTMENT OF EDUCATION Division of Early Intervention and Special Education Services 200 West Baltimore Street Baltimore, MD 21201

> Karen B. Salmon, Ph.D. State Superintendent of Schools

Brigadier General Warner I. Sumpter (Ret.) President State Board of Education

Carol A. Williamson, Ed.D. Deputy State Superintendent for Teaching and Learning

Marcella E. Franczkowski, M.S. Assistant State Superintendent Division of Early Intervention and Special Education Services

> Larry Hogan Governor

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