ecta Early Childhood Technical Assistance Center

Considerations for Increasing In-Person Activities and Making Infrastructure Adjustments for Part C During COVID-19

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This document outlines key considerations for states as governors and state leaders begin to lift stay-at-home orders issued as a result of COVID-19. State Part C programs are in various stages of planning to increase in-person activities related to workplace operations as well as service delivery. Infrastructure adjustments will likely also need to be made to ensure successful implementation of these plans. Thoughtful input from state Part C Coordinators who have already initiated this planning was incorporated into the development of this document. These considerations are expected to evolve over time to address the changing landscape and impact of COVID-19 on children and families, personnel, and service delivery.

For more information, visit: https://ectacenter.org/topics/disaster/coronavirus-re-opening-part-c.asp

Plan Development Considerations

Guiding Principles

- Establish guiding principles to inform plan development, which may include:
  - Adhere to program mission.
  - Prioritize the health, safety and well-being of staff, children and families.
  - Adhere to the advice of experts.
  - Provide multiple service delivery modalities.
  - Prepare to respond if/when conditions around COVID-19 change.

Phase-in approach: Personnel and Workplace Operations

- Determine when it is safe to return to working in-person, and how "safe" will be defined
- Establish health and safety protocols that address:
  - Working remotely.
  - Wearing personal protective equipment (PPE).
  - Using social distancing when in person, including in restrooms, elevators, etc.
  - Protecting staff who are vulnerable to COVID-19.
  - Providing flexible leave for staff.
  - Developing contingency plans for staff and providers reluctant to resume in-person services.
- Explore funding sources and supports for PPE for providers as needed.
- Address issues related to possible liability if personnel contract COVID-19 as a result of an in-person contact.

Phase-in approach: Service Delivery

- Determine when it is safe to return to in-person visits, and how "safe" will be defined.
- Include individual family voices and preferences in making service delivery decisions.
- Establish health and safety protocols for early intervention (EI) practitioners and families during home visits that include:
  - Requiring no masks for children.
  - Requesting families use masks and having contingency plans if they refuse.
  - Providing clear masks for providers.
  - Using social distancing.
  - Changing of practitioner's clothes between visits.
  - Checking for signs and symptoms in practitioners, children, and families.
  - Establishing communication and notification protocols if a practitioner tests positive for COVID-19.
  - Establishing a process for families to notify the EI practitioner before a visit when a child or family member gets sick.
  - Requiring practitioners to stay at home when they get sick.
- Address issues related to possible liability if an EI practitioner or family member contracts COVID-19 as a result of an in-person contact during service delivery.
- Partner with or review plans by other home visiting programs to increase in-person services.
- Prioritize in-person service delivery by identified groups of children and families (*e.g.*, geography, underserved families, families without stable internet, medically fragile children, children who are deaf and hard of hearing, children with diagnostic evaluation needs or assistive technology needs).
- Identify if hybrid service delivery (i.e., combination of remote and in-person services) will be available for individual families or groups of families based on their needs and preferences.
- Identify strategies to ensure equitable access to services for all children and families.

Other Considerations

- Engage and be transparent with state and local stakeholders (*e.g.*, parents, EI providers and practitioners, health care providers, Interagency Coordinating Council (ICC) members) in plan development and implementation.
- Provide ongoing leadership and support to local EI administrators and EI providers/practitioners.
- Develop contingency plan if incidence of COVID-19 increases.

Service Delivery Considerations

- Determine service needs and capacity of EI programs to prioritize use of service delivery personnel to include:
  - o Identifying the children who may need (re)evaluation or assessment (for eligibility, outcomes determination, changes in ongoing service delivery).
  - o Identifying which families will need IFSP meetings to determine what service changes are needed, including the need for make-up or compensatory services.
  - o Identifying which families will continue remote service delivery for which services and at what level of intensity.
- Identify and provide additional supports (*e.g.*, technology, guidance, handouts) needed to engage children and families in remote service delivery.
- Provide ongoing service coordinator support to families to identify other services and supports (*e.g.*, secure childcare, food, shelter) and partner/collaborate with state-level agencies and organizations where possible.
- Plan for EI practitioner team meetings using health and safety protocols.
- Plan for influx of referrals once schools re-open.
- Implement strategies that ensure EI practitioners attend to emerging social-emotional needs of children and families.
- Assess impact on personnel, funding and projected service delivery needs over time if agencies continue to serve three-year-olds until schools re-open.

Infrastructure Adjustment Considerations

Governance

- Identify unintended positive aspects of administrative adjustments and/or policy and procedure changes made in response to the COVID-19 emergency and decide what needs to/should be retained.
- Modify and manage any relevant policies, procedures, and guidance as necessary (*e.g.*, guidelines for continuing some remote service delivery).
- Modify and manage any necessary changes to EI service program/provider contracts (*e.g.*, requiring liability insurance for providing services in centers/clinic, requiring provision of PPE to employees and contractors, requiring health screenings).

Finance

- Explore feasibility of continued funding/reimbursement/licensure waiver for remote service delivery/telehealth.
- Track changes in applicable System of Payment categories such as eligibility for public and private insurance and family fees due to changes in parent employment or health insurance status (*e.g.*, identify families whose reduced income may now qualify them for Medicaid, SNAP benefits, and WIC).
- Assess budget status (deficit vs. surplus) as a result of the COVID-19 emergency including collecting data from locals if not readily available.
- Project budget needs over the next six to 12 months based on various scenarios to address potential fund increases or decreases because of COVID-19.
- Prepare and respond to budget reduction requests from legislative budget process.
- Keep maintenance of effort (MOE) requirements in mind given likely state budget cuts, notify leadership of potential implications for MOE, and continue tracking MOE.
- Track expenses related to COVID-19 that are eligible for federal or state emergency funding.
- Project new expenses that will be incurred (*e.g.*, PPE such as clear protective masks, service provision to children over age three until school re-opens) and fund sources that can cover these costs.
- Continue to monitor timely expenditure of federal Part C funds especially if expenditures in recent months have decreased.
- Determine if any non-Part C funds not used due to COVID-19 can be retained or need to be returned.

Data

- Collect and use data from families on their experiences with remote service delivery to make decisions.
- Identify new data elements to track changes as in-person services increase (*e.g.*, dates when in-person services first began by child, provider, date, services).
- Identify new fiscal data elements to track increased expenses (*e.g.*, travel, technology, PPE).
- Determine data elements necessary to determine the need for and provision of compensatory or make-up services.
- Review the questions being asked by leadership or stakeholders to determine additional data needs (*e.g.*, how many families want to continue with remote service delivery, how many children would need to continue in early intervention over age three until school re-opens).
- Identify data elements needed to track personnel shortages and need for re-assignment.
- Use data collected to evaluate progress and make changes as needed.
- Continue to track data on referrals, eligibility, service delivery by method (*e.g.*, phone, in-person, telehealth), and transition.
- Identify data elements needed to track transition activities from Part C to Part B as more in-person services occur, and school systems make decisions regarding re-opening.
- Begin to assess impact on monitoring of local programs as well as criteria for local determinations.

Professional Development

- Assess the need for strengthening professional development on:
    - Health and safety protocols.
    - 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 state's State Systemic Improvement Plan (SSIP) including use of telehealth, provision of reflective supervision and practice-based coaching, data collection, and scaling up evidence-based practices.

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