Virtual Early Intervention Implementation
Guidelines for State Staff and Contractors

The following guidelines define what is covered when using the virtual EI method to deliver all aspects of IDEA, Part C requirements during the COVID-19 Idaho Declaration of Emergency.

> NOTE: For the purposes of these guidelines, IESDB staff are considered the same as ITP contractors and must adhere to all applicable contractor guidance in this document.

1. **How do ITP state staff and contractors qualify to deliver virtual EI?**
   - ✓ **Training** – Any provider or service coordinator (SC) delivering virtual EI is required to complete the National Center for Hearing Assessment and Management (NCHAM) training module for providers.
        - o NCHAM Tele-Intervention 101 Providers Module (1 – 1.5 hours) at
          https://www.infanthearing.org/ti101/providers/index.html
          NOTE: Any service provider or SC currently providing services
          using the virtual EI method can continue to do so as long as they complete the on-line training module within 6 weeks of statewide implementation. New hires must complete the online training module prior to virtual EI service provision.
        Although the NCHAM training module may have slight differences for how we implement virtual EI in Idaho (do not be concerned with operational differences), it is a great overview of what virtual EI looks like in practice for professionals and families.
   - ✓ **Licensure Requirements** – Professions that require licensure must be licensed by their applicable Idaho Board, maintain current Idaho licensure, as applicable, follow all applicable licensure rules, and maintain standards of care within the identified scope of practice.

        > **NOTE:** ITP professionals can provide virtual EI to a child and family in another state. ITP professionals that require licensure/certification may provide virtual EI in another state ONLY if they are licensed/certified in that state. No exceptions can be made.

   - ✓ **FERPA and HIPAA** – Providers and SCs must ensure virtual EI is delivered in accordance with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) as required for all ITP services.
   - ✓ **Willingness** – You should be confident, comfortable, and willing to use technology to deliver virtual EI services. It may take practice with other professionals or your own family to build your confidence, and it isn't something that you have to jump into right away.
   - ✓ **Community Partners** – Community partners and consultants who do not work for ITP as a staff or contractor are able to attend virtual EI visits by obtaining a signed DHW Authorization for Disclosure form prior to the initial virtual EI visit. The signed disclosure form must be attached to the child's record in ITPKIDS.

        > **NOTE**: Community partners can ONLY participate in a virtual EI visit when attending the visit with a State staff on the state staff's Department issued computer and Cisco Webex platform at a DHW office. In this instance, the state staff <u>must</u> remain in the room at all times and have complete control over the Webex virtual visit.

2. **Who can receive virtual EI?**
   - ✓ **MDT Review and Determination** – The MDT must review all pertinent information to determine whether virtual EI is a good fit and meets the individualized needs for the child and family.
   - ✓ **Safe** – ITP professionals must ensure that it is safe for the child and family/caregiver to receive virtual EI.
        - ▪ It is critically important to ensure the use of virtual EI does not cause or create harm and is best practice for the child. Service providers must use their clinical judgement to determine whether virtual EI service provision is a safe method of service delivery.
   - ✓ **Individualized and Appropriate** – The IFSP team must ensure that receiving virtual EI is clinically appropriate and meets the individualized needs of the child and family.

- If the MDT and IFSP team determine that virtual EI is not a good fit, does not meet the individualized needs of the child and family, and is not safe and appropriate, Virtual EI MAY NOT be used for purpose of convenience.

✓ **Choice** – It is a family's choice to receive virtual early intervention services. If a family declines receipt of virtual early intervention services, ITP must document the family's decision in the child's CSR and still offer to provide the service in person. In this instance, refer to existing regional processes to determine the provision of in person services.

✓ **Consent** – The family and/or caregiver must review and sign the Virtual EI Consent form **prior** to completion of the virtual EI test visit and **prior** to receiving virtual EI.

> **NOTE**: Families receiving virtual EI prior to statewide implementation must complete the new virtual EI consent form.

✓ **Appropriate Equipment** - The family and/or caregiver must have the needed equipment (smartphone, tablet, laptop or computer), secure internet connection and bandwidth to receive virtual EI.

3. Where do ITP state staff and contractors need to be located to deliver virtual EI?

State Staff

✓ **DHW office**– Whenever possible, providers should be located in a room with a closed door. If no rooms are available, your workstation is a suitable option if you can assure an effective virtual EI session. In this instance please make every effort to ensure all available measures are taken to protect the privacy of the virtual EI session.

✓ **State staff home office** – All virtual EI sessions must be provided in a private room/office with a closed door. The provider must assure that there are no interruptions of any kind during the session.

> **Reminder**: Virtual EI can only be delivered in a DHW office or a state staff home office. Virtual EI **cannot be** provided from any other location, including a car, a library, a public park, etc.

✓ **Office requirements** – The room must have good lighting, blinds must be closed on windows, the wall must be free of clutter and distracting items, and it must be quiet.

✓ **Private and confidential setting** – You must ensure that personally identifiable information is not overheard by others, and therefore must be in a secure location. If others are present to help with technology or other reasons, you must identify them to the family and/or caregiver, obtain verbal consent and document their presence in the CSR.

Contractors

✓ **Contractor Home Office –** All virtual EI sessions must be provided in a private room/office with a closed door. The provider must assure that there are no interruptions of any kind during the session.

> **Reminder**: Virtual EI can only be delivered in your home office. Virtual EI **cannot be** provided from any other location, including a car, a library, a public park, etc. If a home office option is not available, work with the Hub Leader in your region to discuss the option of using a DHW office/workspace.

✓ **Office requirements** – The room must have good lighting, blinds must be closed on windows, the wall must be free of clutter and distracting items, and it must be quiet.

✓ **Private and confidential setting** – You must ensure that personally identifiable information is not overheard by others, and therefore must be in a secure location. If others are present to help with technology or other reasons, you must identify them to the family and/or caregiver, obtain verbal consent and document their presence in the CSR.

4. What are the device and security requirements for state staff and contractors to deliver virtual EI?

✓ **HIPAA and FERPA Compliant Platform and Secure Network**
   o State staff in a DHW Office – When providing virtual EI, ITP state staff must use a Department issued computer or device and use the Department's Cisco Webex platform.

- State Staff in Home Office – When providing virtual EI, state staff must use a Department issued computer or device and use the Department's Cisco Webex platform using a secure Wi-Fi network that requires a unique password.
- Contractor in their Home Office – When providing virtual EI, contractors must use the Department's Cisco Webex platform using a secure Wi-fi network that requires a unique password.

  NOTE: Webex Personal Rooms **MAY NOT** be used for virtual EI.

✓ **Do NOT record virtual EI visits** – Cisco Webex meetings are NOT to be recorded while delivering virtual EI with a family, as storing the data puts the Infant Toddler Program at risk of FERPA/HIPAA non-compliance.

✓ **Family's personal devices (DO NOT TOUCH!)** – It is not ITP staff or contractor's role to provide technical assistance to families regarding the family's personal device equipment. Physically working on a family's personal device or equipment may increase the Infant Toddler Program's risk of liability should the device have future problems. Therefore, it is important to NOT assist the family with anything regarding their personal device. Examples include but are not limited to installing any software including Webex, installing any anti-virus protection software, assisting with audio and/or video difficulties, etc.

  NOTE: Provide family with required technical assistance tools from list below to assist with virtual EI preparation and participation.

5. What are some of the technical requirements for virtual EI?
✓ Video must be provided in real-time with full motion video and audio that delivers high-quality video images that do not produce lags, choppy, blurry, or grainy images, or irregular pauses in communication.
✓ Transmission of voices must be clear and audible.
✓ Virtual EI does not include electronic mail message (e- mail), text messages or facsimile transmission (fax) between the provider and family. Telephone calls must be accompanied by Webex video to qualify as a virtual EI session.
✓ A HIPAA and FERPA compliant virtual platform and secure network MUST be used to deliver virtual EI services.

6. Where does the family/caregiver need to be located to receive virtual EI?
✓ **Home** – Families/caregivers MUST be in their home to receive virtual EI. This ensures confidentiality and FERPA/HIPAA compliance, makes technology set up easier, and eliminates distractions.
✓ **Security** – Families/caregivers are highly encouraged to use a secure Wi-Fi network that requires a unique password, as well as install the appropriate anti-virus and firewall protections to their home device.

7. What services are included and excluded for use of virtual EI as a delivery method?
✓ **EI services** – The use of Virtual EI is appropriate for many EI services including planning, intervention, and joint visiting. *Refer to the Infant Toddler Program Interim COVID-19 Guidance document for guidance on service provision.

  Please note the following when connectivity is lost:

  1. Troubleshooting lost connectivity is not a covered service, and no more than 10 minutes should be spent to determine if you can re-connect or if you need to reschedule the visit. Refer to the following examples:
     - **When to stop the virtual EI visit and reschedule** - At the start of or during your virtual EI visit with the family, the connectivity is lost. You troubleshoot the issue for 10 minutes but still cannot get connection. At this point you need to stop the visit and reschedule for another time. Your time spent troubleshooting the lost connection must be documented in the CSR as non-billable. Any time spent delivering virtual EI up to the troubleshooting is documented as billable.
     - **When to continue the virtual EI visit** - At the start of or during your virtual EI visit with the family, the connectivity is lost, and you troubleshoot for 5 minutes and get back online with clear connection. You can then continue your virtual EI visit until it is over. Your time spent troubleshooting the lost connection must be documented in the CSR as

non-billable. Any time spent delivering virtual EI before and after the troubleshooting is documented as billable.

8. How do I get started with the family/caregiver once it is determined that virtual EI is a good fit?

✓ **Schedule a Test Visit** – ITP state staff are required to schedule a Webex test run session with the family prior to the first IFSP authorized virtual EI visit to ensure their technology, connectivity, audio and visual meets the requirements to complete virtual EI visits.

> **NOTE:** Providers may choose to facilitate a virtual EI session immediately following a successful Webex test visit. Refer to the Infant Toddler Program Interim COVID-19 Guidance document for guidance regarding consent and documentation.

> **NOTE**: The test Webex session is documented as non-billable time on the CSR.

> **NOTE**: The test Webex session does not count as an authorized visit on the child's IFSP SOS page.

✓ **Facilitating the Visit** – The Service Coordinator and/or Primary Service Provider must initiate and facilitate the virtual EI visit. There may be extenuating circumstances requiring a different provider to facilitate the virtual EI visit. In this rare instance, the provider must obtain approval from a Hub Leader.

✓ **Disclosure** – To start the visit, you must disclose to the family your identity, current location, telephone number, Idaho occupational license number, as applicable, and anyone else joining the visit.

> **NOTE**: Disclosure of your identity, current location, telephone #, Idaho license # (if applicable) and anyone else joining the visit MUST be documented in the Joint Plan at the time of service.

9. What required documents do I need to complete/provide specific to virtual EI?

✓ **Virtual EI Family Technology Questionnaire** – Complete these questions with the family to determine their comfort level and technology readiness for virtual EI visits. The completed questionnaire must be attached to the child's record in ITPKIDS.

✓ **Virtual EI Family Flyer –** Review and provide the Family Flyer with the family/caregiver along with the Virtual EI Consent form. Encourage families and caregivers to watch the "NCHAM Tele-Intervention 101 Families" video.

✓ **Virtual EI Consent Form –** The family/caregiver must consent to receiving virtual EI. The signed virtual EI consent form must be attached to the child's record in ITPKIDS. **NOTE**: Consent is valid for twelve months from the date of parental signature.

✓ **IFSP** – Ensure the IFSP or addendum is completed and signed by the child's family prior to the provision of virtual EI. A physician's signature to allow the program to bill public (Medicaid) and private insurance for virtual EI must be obtained within 30 days of the parent signature date.

✓ **Virtual EI Home Preparation Checklist for Families** – Provide to the family/caregiver prior to the virtual EI visit so they can prepare their environment and technology.

✓ **Virtual EI Troubleshooting Guide for Families** – Provide to the family/caregiver prior to the virtual EI visit to help with potential technology issues.

✓ **Families_How to Join a Scheduled Webex Meeting** - Provide to the family/caregiver prior to the virtual EI visit to help with joining the Webex meeting.

✓ **Virtual EI Provider & SC Checklist –** Complete this checklist for yourself to ensure you have completed all steps required for delivering virtual EI visits.

✓ **Virtual EI Family Feedback Questionnaire** – Provide to the family/caregiver at the time of 6-month and annual IFSP reviews. Completed questionnaire must be attached to the child's record in ITPKIDS.

10. How do I document virtual EI visits in the IFSP?

Virtual EI and Telehealth disclaimer

- ITP uses the terms "Virtual Early Intervention" or "Virtual EI" to refer to any services delivered virtually.
- Medicaid and Private Insurance require providers to use the term "Telehealth" when authorizing and billing for virtual services on the IFSP.
- "Telehealth" MUST be used when authorizing Virtual EI services on the IFSP and in ITPKIDS.

IFSP SOS page documentation for Service Coordination-Telehealth

- o If both Service Coordination and Service Coordination-Telehealth visits are used to provide service coordination, <u>both</u> must be authorized on the IFSP SOS page.
    1. Service Coordination should contain the total number of service coordination visits, as well as up to how many of those may be provided via telehealth and the reason(s) why the service is being provided via telehealth.
        - Ex. 45 visits for 15 minutes, 15 of those visits may be provided via telehealth if indicated by weather, sickness, etc.
    2. Service Coordination-Telehealth visits should be a separate authorization on the IFSP SOS and will reference how many of the total visits will be provided via Telehealth.
        - Ex. "Telehealth as listed above (up to 15 of the 45 visits) for 15 minutes."

Use the following example as a reference when authorizing both Service Coordination in-person visits and Service Coordination-Telehealth visits:

Early Intervention Services & Intensity (individual/group)	Person(s)/ Agency(ies) Responsible	Start Date End Date (Duration)	Length (time service provided) Frequency (# of days or sessions) Method (how service provided) Location (place of service)	Funding Source If Medicaid, MID #	*NE Y or N
Service Coordination Individual	John Doe DHW/ITP Service Coordinator	2/14/20- 2/13/21	45 visits for 15 minutes, annually, direct, at home or in community. Up to 15 of those visits may be provided via telehealth (if indicated by weather, sickness, etc.)	0000000 Part C	Y
Service Coordination Telehealth Individual	John Doe DHW/ITP Occupational Therapist	2/14/20- 2/13/21	Telehealth as listed above (up to 15 of the 45 visits) for 15 minutes, annually	0000000 Part C	Y

Authorize Service Coordination- Telehealth visits in ITPKIDS

- o Service Coordination and Service Coordination- Telehealth visits that are listed on the SOS page must <u>both</u> be individually authorized in ITPKIDS.
    1. Service Coordination- Authorize the full number of visits that are on the IFSP SOS page
        - Ex. 45 visits for 15 minutes
    2. Service Coordination- Telehealth – Only authorize the number of visits that are specific to telehealth on the IFSP SOS page.
        - Ex. 15 visits for 15 minutes

        NOTE: In the example above, the total number of visits provided will be 45 not 60. It was specified on the IFSP SOS page that "up to 15 of the 45 visits" may be provided via Telehealth.
        NOTE: If 15 Telehealth visits are authorized, only 15 Telehealth visits can take place. No additional Service Coordination- Telehealth visits can take place without an addendum.

Use the following examples when authorizing Service Coordination and Service Coordination- Telehealth in ITPKIDS:

Service:	* Service Coordination - Telehealth ⌄
Projected Start Date:	* 2/14/2020 ▾
Actual Start Date:	2/14/2020 ▾
Service Delay Reason:	Select Delay Reason ⌄
Notes:	

Description of Service:			
Authorized Start Date (Billing):	* 2/14/2020 ▾	Authorized End Date (Billing):	* 2/13/2021 ▾
IFSPAddendum:	Select IFSPAddendum ⌄	Prior Written Notice:	Select Prior Written Notice ⌄
Service Agency:	* Select Service Agency ⌄		
Service Provider:	*		
Setting:	* HOM -Home ⌄		
Frequency:	* 15	Frequency Type:	* Annual ⌄
Length (Visit):	* 15	Length Type:	* Minutes

IFSP SOS page documentation for Early Intervention-Telehealth
- o If both Early Intervention visits in person and Early Intervention-Telehealth visits are used to provide therapy visits, both must be documented on the IFSP SOS page.
  1. Early Intervention visits should contain the total number of therapy visits, as well as up to how many of those may be provided via telehealth and the reason(s) why the service is being provided via telehealth.
     - Ex. 12 visits for 60 minutes, 6 of those visits may be provided via telehealth if indicated by weather, sickness, etc.
  2. Early Intervention-Telehealth visits should be a separate authorization on the IFSP SOS and will reference how many of the total visits will be provided via Telehealth.
     - Ex. "Telehealth as listed above (up to 6 of the 12 visits) for 60 minutes."

  Use the following example as a reference when authorizing both Early Intervention in-person visits and Early Intervention-Telehealth visits:

Early Intervention Services & Intensity (individual/group)	Person(s)/ Agency(ies) Responsible	Start Date End Date (Duration)	Length (time service provided) Frequency (# of days or sessions) Method (how service provided) Location (place of service)	Funding Source If Medicaid, MID #	*NE Y or N
Early Intervention by OT Individual	John Doe DHW/ITP Occupational Therapist	12/18/19-3/4/20	12 visits for 60 minutes, bi-annually, direct, at home or in community. Up to 6 of those visits may be provided via telehealth (if indicated by weather, sickness, etc.)	0000000 Part C	Y
Early Intervention by OT Telehealth Individual	John Doe DHW/ITP Occupational Therapist	12/18/19-3/4/20	Telehealth as listed above (up to 6 of the 12 visits) for 60 minutes, bi-annually	0000000 Part C	Y

  3. Please remember to submit the IFSP SOS page to obtain the Physician's Recommendation.

- o If Early Intervention-Telehealth visits is the only mode used to provide services, it must be documented on the IFSP SOS page.
  Use the following example as a reference when authorizing services on the IFSP SOS page that are exclusively provided via Telehealth:

Early Intervention Services & Intensity (individual/group)	Person(s)/ Agency(ies) Responsible	Start Date End Date (Duration)	Length (time service provided) Frequency (# of days or sessions) Method (how service provided) Location (place of service)	Funding Source If Medicaid, MID #	*NE Y or N
Early Intervention by OT Telehealth Individual	John Doe DHW/ITP Occupational Therapist	12/18/19-3/4/20	12 visits for 60 minutes, bi-annually, direct, at home provided via telehealth	0000000 Part C	Y

  1. Please remember to submit the IFSP SOS page to obtain the Physician's Recommendation.

Authorize Early Intervention - Telehealth visits in ITPKIDS

Early Intervention visits and Early Intervention- Telehealth visits that are listed on the IFSP SOS page must both be individually authorized in ITPKIDS.

- o Early Intervention visits – Authorize the full number of visits that are on the IFSP.
  1. Ex. 12 visits for 60 minutes
- o Early Intervention- Telehealth – Only authorize the number of visits that were specific to telehealth on the IFSP SOS page.
  1. Ex. 6 visits for 60 minutes NOTE: In the example above, the total number of visits provided will be 12, not 18. It was specified on the IFSP SOS page that "up to 6 of the 12 visits" may be provided via Telehealth. NOTE: If 6 Telehealth visits are authorized, only 6 Telehealth visits can take place. No additional Telehealth visits can take place without completion of an IFSP addendum.

  Use the following examples (referenced above) when authorizing early intervention visits and Telehealth visits in ITPKIDS:

- o If both Early Intervention in person visits and Early Intervention- Telehealth visits are authorized and utilized, the service provider must document the start date in the following way:
  1. enter the "actual start date" under the service authorization that was used for the first visit
     - **Ex. A** - If the first visit was in person, enter the "actual start date" under the "Early Intervention by X" authorization
       Please see the example below:

- **Ex. B** - If the first visit was provided via Virtual EI, enter the "actual start date" under "Early Intervention by X – Telehealth" authorization.
  Please see the example below:

2. Document in the second authorization that the service will not have a start date due to being a "Duplicate Service"
   - **Ex. A** - after entering the "actual start date" under the "Early Intervention by X" authorization, the service provider would document that the "Early Intervention by X - Telehealth" is a Duplicate Service in the "Service Delay Reason" drop down menu.
     Please see the example below:

   - **Ex. B** - after entering the "actual start date" under the "Early Intervention by X – Telehealth", the Service Provider would document that the "Early Intervention by X" authorization is a Duplicate Service in the "Service Delay Reason" drop down menu.
     Please see the example below:

o If both Early Intervention in person visits and Early Intervention- Telehealth visits are authorized, but Telehealth visits are not utilized (ex. 6 Telehealth visits authorized, but 0 utilized), the service provider must note in ITPKIDS why Telehealth services never started.
   1. Select **"duplicate service"** from the **Service Delay Reason** drop down menu below the "actual start date"
   2. Add a note next to **Service Delay Reason Detail** specifying why Telehealth visits never took place.
   Please see the example below:

Service:	* Early Intervention by SLP - Telehealth
Projected Start Date:	* 7/17/2019
Actual Start Date:	
Service Delay Reason:	Duplicate Service
Service Delay Reason Detail:	* Virtual EI visits authorized due to child's compromised immune system, but were not utilized due to his recovery
Notes:	

Update Cancel

11. How do I document in ITPKIDS when a family declines to receive Virtual EI?

✓ Family Reason for Service Delay

If the MDT and IFSP team determine the use of virtual EI as clinically appropriate, safe and meets the individualized needs of the child and family, but the family declines virtual EI resulting in a timely service delay, the Service Delay Reason in ITPKIDS must be documented as a family delay using "Family declined Telehealth."

Here are a few different junctures when a family may decline Virtual EI:

1. **Family declines Virtual EI visits after IFSP has been signed, but prior to the first visit**
   - Document that Early Intervention – Telehealth services never started by selecting **"Services Never Started-Family"** from the **Service Delay Reason** drop down menu

   - Note that **"Family declined Telehealth"** in the **Service Delay Reason Detail** box

   Please see the example below:

Service:	* Early Intervention by SLP - Telehealth
Projected Start Date:	* 7/17/2019
Actual Start Date:	
Service Delay Reason:	Service Never Started - Family
Service Delay Reason Detail:	* Family declined Telehealth
Notes:	

   Update Cancel

   - Complete an addendum for in-person Early Intervention services to begin
   - If Early Intervention services are untimely due to provider unavailability and the child is placed on a waitlist, select **"Declined Telehealth"** for the **Service Delay Reason** once services begin
   - Please record the reason why family declined telehealth in **Notes**

   Please see the example below:

Service:	* Early Intervention by SLP
Projected Start Date:	* 7/17/2019
Actual Start Date:	8/30/2019
Service Delay Reason:	Declined TeleHealth
Notes:	record the reason why family declined Telehealth

   Update Cancel

2. **Family declines Virtual EI prior to IFSP signing**
   - Follow your regional process and complete the IFSP listing in-person Early Intervention services on the SOS page

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- If Early Intervention services are untimely due to provider unavailability and the child is placed on a waitlist, select **"Declined Telehealth"** for the **Service Delay Reason** once services begin
- Please record the reason why family declined telehealth in **Notes**

Please see the example below:

3. **Virtual EI services have started, but the family declines to continue**
   - Complete an addendum for in-person Early Intervention services to begin.
   - End authorization in ITPKIDS for virtual EI.

12. How do I add children to the waitlist in ITPKIDS when a family declines to receive Virtual EI?

✓ If the MDT and IFSP team determine the use of virtual EI as clinically appropriate, safe and meets the individualized needs of the child and family, but the family declines virtual EI (prior to or after an IFSP), ITP will proceed to connect families with in-person services. If a provider is unavailable, it must be documented that the family declined Telehealth when the child is placed on the waitlist:

- In the service detail section of the child's ITPKIDS file:
  - For Service Agency field: Select Reg. X - Agency Undetermined
  - For Service Provider field: Select either Parent Declined Telehealth *or* Receiving Telehealth-waiting for in-person services

NOTE: If services are not provided timely, please reference the previous section regarding how to document the Service Delay Reason.

Example of what this will look like in ITPKIDS:

13. **How do I ensure the family is comfortable and satisfied with their virtual EI?**
   - ✓ **Family Check In** – The SC or PSP will ask the family/caregiver what they think of virtual EI after the first EI session.   If the family seems unsure at any point in time, check in with the family.
   - ✓ **Tracking** – If the family/caregiver and/or provider/SC determines the virtual EI is not a good fit, record and report the reason for discontinuation of virtual visits in a CSR. In this instance, refer to existing regional processes to determine the provision of in person services.
   - ✓ **Quality Improvement Activities –** The SC or PSP must provide the Virtual EI Family Feedback Questionnaire to the family to be completed at both the 6-month and annual IFSP reviews to ensure the effectiveness of virtual EI. The Virtual EI Family Feedback Questionnaire completed at the 6-month and annual IFSP reviews must be attached to the child's record in ITPKIDS.
     NOTE: CO will complete ongoing reviews of the Questionnaire results. Local level leadership can develop their own review process to address case by case issues as they arise.

14. **Webex Tools**
   State Staff
   State Staff_Schedule Webex Meeting with Outlook: Instructions to schedule a Webex meeting using Outlook for a virtual EI session.
   State Staff_Webex Best Practices and Basic Troubleshooting Steps for Providers: Provides simple assistance with technology issues.
   State Staff_Tips for Hosting Webex Meetings: Useful tips when hosting a Webex meeting for hosting a Webex meeting for a virtual EI session.
   *Additional Webex resources for staff: https://sharepoint16.dhw.state.id.us/sites/ittech/ithelp/Pages/webex.aspx

   Contractors
   Contractors_How to schedule Webex Meeting: Instructions to schedule a Webex meeting.

15. **Definitions**
   Virtual Early Intervention (EI): The delivery of early intervention services using distance technology, typically computers, tablets, or smartphones when the provider and family are not in the same physical location.

   HIPAA: The Health Insurance Portability and Accountability Act of 1996 is federal legislation in the United States designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

   FERPA: The Family Educational Rights and Privacy Act of 1974 is federal legislation in the United States that protects the privacy of students' personally identifiable information (PII) and education records. The act applies to all educational institutions that receive federal funds.

   Secure Network: Any home, business, school, or other internet network that has security measures in place that help protect it from outside attackers.

   Virtual Platform: Encrypted software program used to conduct the virtual early intervention visit through secure, real-time video transmission.
   NCHAM: The National Center for Hearing Assessment and Management (NCHAM) works to support access to appropriate early intervention (EI) services for families of children who are diagnosed as deaf or hard of hearing. In the spirit of this mission, NCHAM has been promoting the role of telehealth in providing timely, family-centered services.