



DISTRICT OF COLUMBIA

OFFICE OF THE STATE SUPERINTENDENT OF

EDUCATION

**GUIDELINES AND REQUIREMENTS FOR VENDOR AGENCIES REGARDING
VIRTUAL EARLY INTERVENTION SERVICES
(Updated Jan. 3, 2022)**

Purpose

To define the standards and requirements for providing Part C Early Intervention (EI) services remotely.

Overview

During the COVID-19 public health emergency, an early interventionist can provide EI services using telehealth. In the ordinary course, telehealth is defined as the delivery of healthcare services through the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment, provided that services delivered through audio-only telephones, electronic mail messages, or facsimile transmissions are not included.

Vendor agencies are responsible for ensuring that any early interventionist providing EI services follow and adhere to the requirements in this document and the Guidelines for Early Interventionists Conducting Virtual Early Intervention Services document. Virtual EI services shall be provided using the Natural Learning Environment Practices (NLEP) approach to service delivery, including the coaching interaction style, interest-based learning, family-centered and during the child's daily activities and routines.

Privacy and Consent

- Written parental consent shall be obtained for each service type prior to the first virtual visit using the DC Early Intervention Program (DC EIP) Informed Consent for Virtual Early Intervention Services form (see Appendix A).
- The recording of virtual visits is prohibited.
- Virtual visits should be conducted in a secure area that is private and cannot be overheard or viewed by individuals who are not involved in the virtual visit. This includes any adults or children at the early interventionist's location.
- Providers shall comply with all Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) regulations. All personally identifiable health information that may be specific to a family shall not be visible to another family.

Technical Requirements

- Vendor agencies shall comply with the minimum technology requirements set forth below and included in [29 DCMR § 910.13](#) and DC Department of Healthcare Finance (DHCF) guidance:
 - Use a camera that can either manually or by remote control,
 - Provide multiple views of a patient and has the capability of altering the camera's resolution and focus as needed during the consultation;
 - Use audio equipment that ensures clear communication and includes echo cancellation;
 - Ensure internet bandwidth speeds sufficient to provide quality video to meet or exceed 15 frames per second;

- Use a display monitor size sufficient to support diagnostic needs used in the telemedicine services; and
 - Use video and audio transmission equipment with less than a 300 millisecond delay.
- Virtual sessions shall be conducted using a secure internet connection and videoconferencing platforms. Services that a provider may consider using include, but are not limited to, BlueStream Health, Zoom, Microsoft Teams, Doxy.me, Updox, GoToMeeting/Webinar, Google Hangouts, Apple FaceTime, Skype or Signal. OSSE does not endorse the use of any of these platforms, but merely lists them as potential options.
- The US Department of Health and Human Services has released a notification of HIPAA enforcement discretion that allows the use of non-public facing remote communication products such as FaceTime, Google Hangouts or Skype to deliver telehealth services and communicate with patients. Public-facing apps such as Facebook Live, TikTok and Twitch are not allowed. The full notification is available [here](#).
- Providers shall notify parents that the allowed non-public facing third-party applications may potentially introduce privacy risks, as does the use of non-secure devices like cell phones or tablets.
- For video over the internet, 1.5 Mbps is the recommended upload and download speed for high-quality video. Internet speed requirements increase with the number of people on the call. See Appendix B to verify that your system meets speed requirements.
- Use audio equipment that ensures clear communication.

Provision of Services, Frequency and Duration

- Early interventionists shall provide coaching and early intervention support to the same quality and effectiveness as an in-person visit.
- Early interventionists shall offer virtual visits in accordance with the child’s Individualized Family Service Plan (IFSP) duration and frequency. Services shall be scheduled and documented under current practices and families retain the right to cancel or decline services at any time.
- Early interventionists shall review the Guidelines for Families and Caregivers: What should my virtual visit look like? document with families who choose to receive services via virtual visits.
- Early interventionists shall use the coaching interaction style and the tenets of routine-based intervention and natural learning environment practices when conducting virtual visits.
- Early interventionists cannot provide more sessions in a day than what is already authorized in the IFSP.

Reimbursement

- Services delivered via telehealth will be reimbursed at the same EI rate as in-person services.
- Virtual visits require video-audio contact with the family for the full duration of time listed on the child’s IFSP. If the visit is shortened due to family preference, technical difficulties, or other interruption, early interventionists shall document and request reimbursement for the actual time engaged with the family.
- Informed Consent for Virtual Early Intervention Services shall be obtained and uploaded in the Strong Start Child and Family Data System (SSCFDS) for each service type.

Documentation

- Early interventionists shall document each visit in the child's electronic early intervention record.
- Documentation of virtual visits shall list the method used (audio-video only), virtual visit participants, the video platform used and a thorough description of the events of the visit, including IFSP outcome(s) addressed, coaching strategies used and joint plan for the next visit.
- Early interventionists shall document all family contact in the appropriate section of the child's electronic early intervention record.

Families Rights

- Families retain all the rights outlined in the Strong Start DC Early Intervention Procedural Safeguards, including the right to withdraw consent, decline services, withdraw from early intervention and modify their child's IFSP.

Coordinating with the IFSP team

- Early interventionists shall communicate and coordinate closely with all members of the IFSP team as family's needs change and when families want to modify IFSP services.
- Early interventionists shall contact the child's service coordinator immediately if there is an increase in canceled visits or if virtual visits are cut short frequently due to family preference or technical challenges.
- It is the responsibility of the child's entire IFSP team to monitor service provision and support and accommodate reasonable family requests as they adjust to remote service provision.

Resources

- Early interventionists shall consult the clinical managers at their respective agencies or the clinical manager of Strong Start DC Early Intervention for support related to coaching and the use of natural learning environment practices.

The use of virtual visits is only allowable at this time due to COVID-19 and is not a permanent method to provide early intervention services.

APPENDIX A
Strong Start DC Early Intervention Program
Informed Consent for Virtual Early Intervention Services



Child Information	
Name of child	Date of birth (mm/dd/yyyy)
Early Intervention Service Type	
This consent is to be used for one service type. Please complete additional consents for each service type.	
<input type="checkbox"/> Service Coordination <input type="checkbox"/> Assessment <input type="checkbox"/> Ongoing IFSP Service: _____	
Name of Service Coordinator/Early Interventionist: _____	
Reason for Notice	
The Strong Start DC Early Intervention Program (DC EIP) will provide virtual early intervention services (by video/audio platforms) during the coronavirus (COVID-19) public health emergency.	
Acknowledgement and Statement of Consent	
<p>I understand that my child and family may receive early intervention (EI) services through virtual visits.</p> <ol style="list-style-type: none"> 1. I consent to the delivery of EI services by virtual visits over a computer, tablet or smartphone between DC EIP early interventionists and my family/child. I understand that the availability of virtual visits will depend on the type of technology, devices or system requirements used. 2. I understand that early interventionists will have the same licensure/certification and apply the same standard of care in a virtual visit as during an in-person visit. 3. I will have access to all EI records and information resulting from the sessions conducted through virtual visits as I would during in-person visits, and as provided for by law. 4. I have read the Guidelines for Families and Caregivers: What Should My Virtual Visit Look Like? 5. As with any internet-based communication, I understand that risks include the possibility of technological problems which may result in poor quality or disconnection from the virtual visit, as well as a security breach without the appropriate protections. To help mitigate security risks, it is recommended I take steps to protect my personal device and data including using a secure internet network. 6. I understand that DC EIP is not responsible for my device security and acknowledge and knowingly accept the risks of accessing service(s) via virtual technology. 7. I understand that I am responsible for the cost of technology associated with receiving EI services through virtual visits (e.g., data/internet plans, personal device). 8. I understand that the use of virtual visits is only allowable at this time due to the COVID -19 pandemic, and that virtual visits are not a permanent service delivery option. 	
<input type="checkbox"/> I consent to virtual early intervention services.	
Name of parent/guardian/caregiver	
Signature of parent/guardian/caregiver	Date (mm/dd/yyyy)

APPENDIX B. BANDWIDTH SPEEDS FOR VIDEO VISITS¹

Internet speeds are usually referred to in megabits, while computer file sizes are usually referred to in megabytes, although sometimes they change things around to make the numbers look bigger. In the abbreviation “Mbps” a capital B will tell you if it’s Megabytes instead of Megabits.

1 Megabyte per second (1 MBps) is equal to 8 Megabits (8 Mbps).

For video over the Internet, 1.5 Mbps is the recommended upload and download speed for high-quality video.

You can test your bandwidth by visiting bandwidthplace.com or any other safe bandwidth testing site.

Call type	Minimum download / upload speed	Recommended download / upload speed
Audio Calling	30kbps / 30kbps	100kbps / 100kbps
Video calling / Screen sharing (basic)	128kbps / 128kbps	300kbps / 300kbps
Video calling (high-quality)	400kbps / 400kbps	500kbps / 500kbps
Video calling (High Definition)	1.2Mbps / 1.2Mbps	1.5Mbps / 1.5Mbps
Group video (3 people)	512kbps / 128kbps	2Mbps / 512kbps
Group video (5 people)	2Mbps / 128kbps	4Mbps / 512kbps
Group video (7+ people)	4Mbps / 128kbps	8Mbps / 512kbps

¹ Developed by the Early Intervention Program of Colorado, Office of the Early Childhood.