



Department
of Health

Provider Workforce Capacity Task Force Update

EICC Meeting
June 22, 2023

Marina Yoegel, Task Force Chair
Lidiya Lednyak, Task Force Co-Chair

Task Force Members

- **Chairperson:** Marina Yoegel
- **Co-Chairperson:** Lidiya Lednyak
- **Parents:** Leah Esther Lax, Amy DeVito
- **Providers:** Steve Held
- **Muni Rep:** Heidi Bond
- **State Agency:** Elina Tsenter
- **Managed Care Rep:** Cheryl Hogan
- **DOH Staff:** Raymond Pierce , Peter Baran, and Dawn Smith, Yan Wu
- **Advisors:** Roxana Inscho (Monroe EI), Lynn Shea (EICC Member, Provider)

Original Task Force Proposed Charter

Charge: To develop recommendations for the Department to increase provider workforce capacity to deliver EI services to eligible children with developmental delays or disabilities and their families. The objective is to improve timeliness of EI service delivery for children and families participating in the Early Intervention Program.

Task Force Update: NYS EIP Telehealth Draft Guidance Document

- On April 6, 2023, the WFCTF submitted comprehensive feedback on the NYS EIP Telehealth Draft Guidance doc.
- Key areas of feedback included:
 - Recommendation that the guidance document clearly indicate that teletherapy is not the preferred method of service delivery in NYS.
 - That the guidance document include a two-year sunset provision which will require that the telehealth literature be continuously reviewed to ensure that the guidance reflects the most currently available research on the efficacy of delivering services utilizing telehealth.
 - Strengthened language that Telehealth should be considered when the modality is a benefit to the child or family and not for the convenience of the evaluator or interventionist.
 - Ensure that all families have the same options to receive in-person or telehealth services. Families should be given information and resources regarding the advantages and the role of families in telehealth services. These resources may include brochures, checklists, and on-line videos and presentations about telehealth.

Task Force Update: NYS EIP Telehealth Draft Guidance Document

- Recommendations that service coordinator document that parent/caregiver was informed of the full range of their EI service options; in addition, service coordinators must document why the parent/caregiver selected a given service delivery method.
- That the first meeting between the initial service coordinator and family should be in-person and specifically, when the family requests an in- person Individualized Family Service Plan meeting , initial/ ongoing service coordinators must be present in person.
- Recommended clarifying language around the requirement that audio and visual components are necessary for the entire duration of the evaluation and/or EI session, for both the provider and the parent/caregiver. Specifically, when both components are not available for either/both the provider and the parent/caregiver, the evaluation and/or EI session must be conducted in-person.

Task Force Update: NYS EIP Telehealth Draft Guidance Document

- Use of teletherapy evaluations in Early Intervention
 - Committee determined that the Research around the use of teletherapy as a modality for conducting early intervention evaluations for young children is still emerging.
- Strong recommendation was made for:
 - Multidisciplinary evaluations must either be conducted in-person with all evaluators physically present or by way of a hybrid model with at least one evaluator physically present with the child and family.
 - The evaluator participating in-person must be in the parent's primary area of concern when
 - Feeding and swallowing,
 - Subtle variations in range of motion or muscle tone,
 - The child's communication skills such as making eye contact, engaging in joint attention, or social reciprocity, or
 - Determining whether the child has a diagnosis of Autism Spectrum Disorder
- Also, the MDE may not be conducted virtually if the family does not have access to the technology needed to support both the visual and auditory components of an evaluation.

Task Force Update: NYS EIP Telehealth Draft Guidance Document

- The MDE should never be conducted with all members of the MDE team evaluating the child virtually, unless the family is opposed to having at least one evaluator physically present or if any of the exceptional circumstances listed below apply.
- The exceptional circumstances when with parental consent, an MDE with All evaluators using telehealth may be considered, are:
 - Evaluator must travel more than 30 miles to get to the child's location
 - Child or family member has a complex medical condition, is immunosuppressed, or uses complex life-support equipment and it is preferable to minimize the number of individuals coming into the home from outside
 - Family speaks a language for which there are no readily available evaluators, which prevents the completion of the MDE within 30 days of the date that the child was referred to the municipality
- If the MDE is done using only telehealth evaluations, the MDE team must justify why telehealth was determined to be appropriate. This justification will be subject to review by the municipality, to ensure that the provision of telehealth evaluations is of benefit to the family and not solely the evaluator.

Task Force Update: NYS EIP Telehealth Draft Guidance Document

- Supplemental evaluations authorized after initial eligibility has been established, and as part of an IFSP meeting, must be completed in-person. Exceptions recommended for:
 - Evaluator must travel more than 30 miles to get to the child's location
 - Child or family member has a complex medical condition, is immunosuppressed, or uses complex life-support equipment and it is preferable to minimize the number of individuals coming into the home from outside
 - Family speaks a language for which there are no readily available evaluators, which prevents the completion of the MDE within 30 days of the date that the child was referred to the municipality
- Recommendations were made to strengthen guidance document in the area of conducting a telehealth evaluation

Task Force Update: NYS EIP Telehealth Draft Guidance Document

- Individualized Family Service Plans- Committee strongly recommended that more structure be provided in the guidance document, specifically:
 - Unless the family prefers that all services be provided using telehealth, a service plan that incorporates all in-person services or both telehealth and in-person sessions must be developed.
 - With parental consent and when included in the child's IFSP, it is required that telehealth services include, at minimum, the following delivery of in-person services:
 - As the first service session of each authorized service type during the authorization period
 - As the last service session of each authorized service type during the authorization period
 - As the first session delivered by a new therapist or teacher when the treating professional changes type during the authorization period
 - Monthly for each service type authorized during the authorization period
 - In addition, the IFSP team may incorporate other in-person sessions based on the unique needs of the child and family, including but not limited to:
 - To try out or initiate a different technique or approach
 - To observe the parent utilizing new strategies with the child
 - When transition from the EIP to other supports or services is approaching

Task Force Update: CUNY Academic Research Partner Background

- As part of the academic partners' review of the companion document, additional recommendations were made about addressing EI workforce capacity.
 - Current NYSED Office of the Higher Education and NYSED Office of Professions regulations - standard curricula in ECSE, OT, PT, and SLP academic programs in IHE do not require students to learn about EI core competencies or engage in clinical experiences with infants/toddlers and their families in EI, despite educational policies' recognition of the need for core competencies of personnel working in EI across disciplines.
 - There continues to be a lack of college-level EI course content (e.g., evidence-based, family-centered practice, authentic assessment, and reflective practice), and clinical experiences devoted to EI and the birth to three population
 - Internships in home and community settings do not typically occur and/or are not counted toward students' licensure or certification- which are counter to building quality workforce capacity for EI.
 - This is having a negative impact building workforce capacity efforts

Task Force Update: CUNY Academic Research Partner

- In order to examine and act upon the recommendations made by the academic partners to address structural issues in NYS impacting EI workforce capacity, the NYC Early Childhood Research Network was engaged and funded a research project to review Clinical Practice Acts across disciplines and make recommendations about gaps in fieldwork placements and identify opportunities for inclusion of the competencies.
- Specific Research Tasks
 - Conduct an examination, research, and analyses of the rules, regulations, and requirements governing pre-service preparation in:
 - NYSED Office of Higher Education for certification in Early Childhood Special Education
 - NYSED Office of the Professions for licensures in OT, PT, and SLP
 - Submit report to NYSDOH BEI through the SEICC Workforce Capacity Taskforce with recommendations for the regulations for certification or licensure in the 4 disciplines:
 - Identification of the current regulations that should be updated
 - Recommended language to update the regulations to correlate with the five EI competencies and evidence-based telehealth and family-centered best practices
 - Recommended inclusion of fieldwork placements with infants and toddlers (birth to three) and families in EI settings (e.g., home, community, and bilingual)

Task Force Updates

- CUNY Academic Reach Team
 - Join WFCTF meetings monthly to provide updates
 - Submitted Progress Report on March 30th including
 - Working within each discipline (early childhood special education, occupational therapy, physical therapy, and speech-language pathology) to identify regulations and requirement related to each core competence and identify provisions misses reference to EI
 - Identifying sections and regulations and where possible to make recommendations for EI fieldwork/clinical work experiences.
 - Identifying specific language for best practices of telehealth within EI context to update the regulation
 - BEI and WFCTF collecting feedback on CUNY Academic Research team survey

Task Force Updates

- Committee prioritizing review of teletherapy surveys
- Committee discussed emerging issue around service coordinating capacity and the need for this item to be considered by the rate setting methodology committee
- Committee discussed the need to start the review of the 2006 Co-Treatment Co-Visit document to provide clarification and content for multidisciplinary and transdisciplinary EI provider teams. Project to be initiated after teletherapy survey is updated and sent to SDOH
- Committee requested BEI promotional campaign materials; BEI sent to members on Feb. 3, 2023

Next Steps

- Review BEI Telehealth surveys
- Provide feedback on survey to academic research partners
- Review and make recommendations to the 2006 Co-visit guidance document to address collaboration to support transdisciplinary and multidisciplinary teams.

- Waiting for final BEI approval - Companion Document
- Waiting for final BEI approval - Content for Competencies web page
- Awaiting SDOH review and feedback on Teletherapy Guidance Document
- Awaiting release of revised rulemaking implementing the reduction of the 1600-hour to 1000-hour requirement

Questions

