

New York State Department of Health
Bureau of Early Intervention Technical Assistance
Revised Frequently Asked Questions (FAQs)
Related to Virtual Early Intervention (EI) Visits
December 2023

The New York State Department of Health Bureau of Early Intervention (BEI) released sixty-two (62) Frequently Asked Questions (FAQs) during the Declared State of Emergency for COVID-19, beginning in March of 2020. The following revised Early Intervention Program (EIP) Guidance related to telehealth, which combines the previously released FAQs, is in effect until the BEI releases updated guidance.

All of the newly issued FAQs in this document reflect current BEI policies and procedures. FAQs or portions of FAQs that are no longer relevant or applicable, have been removed from this revised FAQ document.

Additionally, in response to the Declared State of Emergency Related to COVID-19 expiring, BEI is issuing a new telehealth consent form. The *New York State Early Intervention Program Consent for the Use of Telehealth* must be used for all early intervention (EI) services conducted using telehealth, including multidisciplinary evaluations (MDEs), and services included on a child and family's Individualized Family Service Plan (IFSP). As a reminder, a consent form for the use of telehealth as an early intervention service delivery method must be completed for each service type authorized for the child and family before telehealth services can be initiated. This updated consent form replaces the *NYS Early Intervention Program Consent for the Use of Telehealth During Declared State of Emergency for COVID-19*.

Platform

1. What type of platform can be used to deliver virtual early intervention services?

Response: Any non-public facing Health Insurance Portability and Accountability Act (HIPAA) compliant remote communication product, that is available to communicate with families for the entire duration of the authorized EI visit, is permissible.

Parental Consent Documentation/Service Log Documentation

2. Do providers need signatures from parents on session notes in order to bill?

Response: In accordance with EI Program (EIP) regulations at 10 NYCRR section 69-4.26(c), providers must have parent signatures on a service log (not the session note). The service log must document that the service was received by the child on the date and during the period of time recorded by the provider. To obtain the necessary signature, the provider can maintain the list of sessions furnished virtually for the week and send the child-specific service log to the parent for signature via US mail. The signed service log can be returned to the provider, either via the US mail or electronically (scanned/returned via email or the parent can take a picture of the signed document and

return it electronically). The session note, that documents the service(s) furnished, must be maintained by the provider.

If the provider will be using email to communicate with the parent and transfer electronic documents containing a consent signature, the provider must first have signed consent from the parent to use email for EIP purposes. All federal and state laws and regulations pertaining to the confidentiality of educational records and Personally Identifiable Information (PII) must also be adhered to. Counties and municipalities are responsible for ensuring that providers adhere to documentation requirements for EIP services and the secure maintenance of service records and may choose to impose more stringent requirements.

Additionally, an approved provider of EIP services may accept a verified electronic or digital signature from the parent/caregiver to document date- and time-specific services received by the child as recorded by the provider. The Department cannot endorse use of or facilitate access to any particular software, application, or web-based platform for the creation of verified signatures. It is incumbent upon the provider to ensure that, once they have obtained a verified electronic signature on a service record, the electronically signed documentation is maintained as required by EIP regulations and will be available on demand for monitoring or audit.

Municipalities may have a more stringent requirement that a parent sign both the service log and the session note. Therefore, it is suggested that you contact your local early intervention program to determine what is being required regarding parent signatures on session notes. Both the session notes and the service logs for services rendered must be maintained by the provider and are required to be furnished upon request and for audit purposes.

3. Removed

4. If the provider mails the consent form (*New York State Early Intervention Program Consent for the Use of Telehealth*) to the parent, can the parent sign it, take a picture and email or text it back to the provider?

Response: Yes, if a provider mails the consent form (i.e., *New York State Early Intervention Program Consent for the Use of Telehealth*) to the parent, they can sign the form and return it to the provider electronically. The New York State Department of Health Bureau of Early Intervention prohibits text messaging to send or receive PII, data, or records, pertaining to EI eligible children and their families. However, if a family is receiving EI services only via teletherapy, use of the process outlined in the Department's guidance remains permissible for the limited purpose of returning the signed service log or *New York State Early Intervention Program Consent for the Use of Telehealth* via text message, and only when other forms of communication are unavailable to the parent or guardian, including US Mail and email. In no event may a session note be returned via text message. Further, if a provider receives a signed

service log or *New York State Early Intervention Program Consent for the Use of Telehealth* via text message, the provider must ensure they print and save the text message communication for auditing and recordkeeping purposes.

5. If a parent agrees to telehealth visits, can a provider treat the child while awaiting the written parental consent?

Response: No. Written parental consent must be in place before delivering any EI service, and that consent may be withdrawn at any time.

6. Do Ongoing Service Coordinators (OSCs) need parental consent for telehealth sessions?

Response: Either the OSC or the provider can obtain written parental consent for virtual EI services, which includes service coordination. Parental consent is specific to each EI service being furnished virtually and must be obtained prior to initiating any early intervention service via telehealth. Additionally, parental consent to remote services may be withdrawn at any time.

Individualized Family Service Plan (IFSP)/Session Length/Makeup Sessions

7. The EIP's guidance states that "virtual therapy services must be a minimum of 30 minutes in duration." If a child's IFSP states that services are to be provided for 45 minutes, would 30-minute telehealth visits be reimbursable?

Response: No. Services must be delivered in accordance with the child's IFSP to be reimbursable. If the child's IFSP calls for a 45-minute service, the service must be 45 minutes in duration.

8. Are 30-minute sessions sufficient for the children with 45-minute authorizations?

Response: No, all EI services, including those via telehealth, must be delivered pursuant to the IFSP. If the IFSP authorization is for 45 minutes, the session must be delivered for that length of time.

9. Removed

Operational/Logistical Questions

10. Removed

11. Can group services be provided by telehealth/virtual visit?

Response: Only Family/Caregiver Support Groups can be delivered via telehealth. All other group services cannot be delivered utilizing telehealth/virtual sessions. Additionally, please see Question and Answer #24 for updated guidance regarding provision of physical therapy services rendered by Physical Therapy Assistants (PTAs), as it pertains to the provision of telehealth services.

12. Removed

13. Can evaluations including Multidisciplinary Evaluations (MDEs) be provided via telehealth?

Response: Yes, where necessary, and with written parental consent, MDEs can be provided via telehealth. Telehealth evaluations should *only* be conducted in the following instances:

- When the family requests a telehealth MDE.
- When the child has a complex medical condition, and the family does not want evaluators in their home.
- When the family speaks a language for which a bilingual evaluator or interpreter, as appropriate, is not readily available.
- When the appropriate evaluators are not available in the region where the evaluation is to be conducted.

If the MDE needs to be delivered virtually (i.e., via telehealth) due to one of the above extenuating circumstances, the evaluator must document the justification in their MDE report. This documentation will be subject to municipal and State review.

Also, the MDE may not be conducted virtually if the family does not have access to the technology needed to support both the simultaneous audio and visual components of an evaluation.

14. Removed

15. Removed

16. What are the rates for telehealth services? Is it the same as they are for face-to-face visits?

Response: As long as services are delivered in accordance with the child's IFSP they are reimbursable, per the NYSDOH EIP Service Rates.

17. What CPT code(s) should be used when billing for EI service via telehealth?

Response: Providers should use the same CPT code they would normally use. Providers must document in their session notes that the visit was delivered using telehealth. In addition, providers must have a signed parent consent form prior to initiating service delivery via telehealth.

18. Removed

19. Removed

20. Do municipalities need copies of the *New York State Early Intervention Program Consent for the Use of Telehealth* in their child's record, or only the service provider?

Response: The provider must retain a copy of the signed parental consent for teletherapy in the child's record.

21. Is written justification of medical necessity and/or a written order/prescription required specifically for teletherapy?

Response: No. The written referral/order on file for EI services is sufficient for delivery of such services virtually. The provider must document that the session took place via telehealth in their session note.

22. Removed

23. Removed

Qualified Personnel – Occupational Therapy Assistants and Physical Therapy Assistants

24. Are Occupational Therapy Assistants (OTA) and Physical Therapy Assistants (PTA) allowed to provide telehealth services during the COVID-19 emergency?

Response: PTAs were temporarily permitted to deliver virtual services during the declared COVID-19 Disaster Emergency. However, this allowance expired effective June 25, 2021. Therefore, PTAs are no longer permitted to provide virtual early intervention services.

OTAs can provide telehealth services, provided that all New York State and Early Intervention Program requirements are met, including appropriate supervision requirements. Education Law §7902-a provides that the practice of an OTA includes the provision of occupational therapy and client related services under the direction and

supervision of an OT or licensed physician. Specific provisions regarding this supervision are found in Section 76.8 of the Commissioner's Regulations. These regulations require the development of a written supervision plan by the supervisor, and generally provide that the level and type of supervision be set forth in that plan. For general information on telehealth, please visit our website at Tele practice Guidance. For information related to New York State Medicaid billing practice for telehealth services, please visit the NYS DOH website: https://www.emedny.org/ProviderManuals/RehabilitationSrvcs/PDFS/Rehabilitation_Manual_Policy_Guidelines.pdf or contact NYS DOH.

Please direct any questions about an OTA's professional scope of practice to the New York State Education Department's Office of Professions Occupational Therapy Board at otbd@nysed.gov.

Platform

25. Can telehealth/virtual services be delivered by telephone only?

Response: No. Early intervention services rendered via telehealth must include both simultaneous audio and video (visual) components for the entire duration of the authorized visit, as authorized in the individualized family service plan (IFSP). If the technology fails and the full authorized session is not delivered, it is not billable.

26. Removed

Parental Consent Documentation/Service Log Documentation

27. What is the difference between a session note and a service log?

Response: Session notes and service logs are two different things. Early Intervention Program regulations at 10 NYCRR section 69-4.26(c) – which are referenced in the response and pasted here for convenience – explain that providers must maintain original signed and dated session notes and a service log signed by the parent or caregiver which documents that the service was received by the child on the date and during the period of time as recorded by the provider. Service logs are not a recommendation, they are a requirement in EIP regulations.

10 NYCRR section 69-4.26(c):

“Individual providers who directly render services to a child and family, or an approved provider agency, shall maintain original signed and dated session notes, following each child and family contact, which shall include the recipient's

name, date of service, type of service provided, time the provider began delivering therapy to child and end time, brief description of the recipient's progress made during the session as related to the outcome contained in the individualized family service plan, name, title, and signature of the person rendering the service, and date the session note was created; and a service log signed by the parent or caregiver which documents that the service was received by the child on the date and during the period of time as recorded by the provider.”

However, Local Health Departments (LHDs)/municipalities may have more stringent requirements that a parent sign both the service log and the session note. Therefore, it is suggested that you contact your local Early Intervention Program to determine what is being required regarding parent signatures on session notes. Both the session notes and the service logs for services rendered must be maintained by the provider and are required to be furnished upon request and for audit purposes.

28. What is the recommended approach to obtain signatures on the *New York State Early Intervention Program Consent for the Use of Telehealth* if the family does not have a printer and is unable to sign the consent document and email it back to the provider?

Response: It is the expectation of BEI that the parent's signature be obtained on the *New York State Early Intervention Program Consent for the Use of Telehealth* document as soon as possible via the US Mail, fax, or by emailing a copy containing a verified electronic signature, to ensure that there are no billing or audit issues. Written parental consent must be in place before delivering any EI service, including telehealth.

29. Removed

Operational/Logistical Questions

30.

a. If a child who resides in New York is temporarily out of state, can early intervention services be provided remotely?

Response: In accordance with Public Health Law, Chapter 45, Article 25, Title 2-A, only those children who are New York State (NYS) residents are eligible to participate in the NYS Early Intervention Program (EIP). Early Intervention Officials are required to identify and locate eligible children in NYS within their municipality. Children who qualify for the NYS EIP must be residing in NYS and be physically in the State to receive telehealth early intervention (EI) services.

During the Declared State of Emergency for COVID-19, EIP providers were permitted to provide individual telehealth (virtual) EI services in accordance with the child's individualized family service plan (IFSP), while a child and family were temporarily

located outside of NYS, if the child and family's state of residency remained NY. Although the Department continues to allow EIP services to be delivered virtually, it is no longer permissible for EI providers to render services to children and families located outside of NYS.

The service coordinator and/or municipality should assist families with transferring to the EIP in another state or to supports/services in another country, if appropriate, and with parental consent. The child's record in the State data system should be closed with the closure reason "moved out of State".

b. Can qualified personnel provide Early Intervention Program services virtually while they are outside of New York State or the United States?

Response: At this time, individuals who are currently delivering Early Intervention Program (EIP) services virtually must have an active New York State license or certification in one of the professions recognized as 'qualified personnel' as defined in Early Intervention regulations 10 NYCRR section 69-4.1(a)(1)-(24). The provider must reside in the United States of America (USA) and cannot deliver EIP services virtually if they are outside of the USA, whether temporarily or permanently. Additionally, EI providers must be capable of delivering all services within their scope of expertise, to children and families in person.

The individual must comply with their professional scope of practice. If their professional practice has restrictions for delivering services virtually (or out of New York State), they must comply with their profession. Questions about a profession's scope of practice restrictions and relevant laws and regulations should be directed to the New York State Education Department's Office of Professions. Contact information for each profession can be found on the following website: <http://www.op.nysed.gov/contact.htm>.

31. Removed

32. Can providers deliver telehealth/virtual sessions with an individual-facility service authorization (SA)? What about performing telehealth/virtual sessions with a group service SA? It seems that any SA for a service that is center-based would require a SA change on the IFSP to home-based first. Some agencies do not have State approval for home/community service. Is there an expedited way to add that to an agency approval?

Response: It is permissible to use an individual facility-based service authorization for billing purposes when furnishing individual telehealth/virtual EI sessions, if all other requirements have been met, including *New York State Early Intervention Program Consent for the use of Telehealth* from the parent/guardian for delivery of telehealth services. The session would be billed as a facility-based visit at the facility rate.

As noted in the initial guidance, group services cannot be delivered utilizing telehealth/virtual sessions. However, the child's IFSP may be amended to reflect individual services, if appropriate. When determining if changing to individual service delivery is appropriate, the IFSP team should consider the outcomes being addressed utilizing group services and how/if those outcomes could be achieved by modifying the service from a group model to a telehealth/virtual individual model. For example, if the group service is to address outcomes related to socialization skills development, peer interaction, etc., an individual telehealth/virtual session may not be appropriate to address those outcomes and an IFSP amendment is not advisable.

If an agency needs to amend their approval, they may email the Provider Approval Unit at provider@health.ny.gov.

33. Removed

34. What service authorization number should go on the *New York State Early Intervention Program Consent for the use of Telehealth* documentation?

Response: The service authorization (SA) number on the *New York State Early Intervention Program Consent for the use of Telehealth* documentation should reflect the SA number of the service being delivered as a telehealth/virtual EI service. New service authorizations are not required if there is a current service authorization for an EI service that will now be delivered virtually, and such service is included in a child's current IFSP.

35. When entering claims for telehealth/virtual sessions, is billing the same as for a face-to-face session? Which location code should be used?

Response: Yes, providers should continue entering bills/claims as normal including location codes. Providers must document in session notes that the visit was delivered using telehealth.

36. Removed

37. Removed

Electronic Signatures

38. Can the *New York State Early Intervention Program Consent for the Use of Telehealth* document be signed electronically?

Response: If the early intervention (EI) provider has an electronic documentation system that meets industry standards pertaining to HIPAA, FERPA, and Medicaid, they may incorporate the *New York State Early Intervention Program Consent for the Use of Telehealth* documentation in their electronic system, as feasible, to obtain electronic signatures from parents. In addition, providers must adhere to the [New York State Department of Health Bureau of Early Intervention Guidance to Early Intervention Providers on the Collection of Parent/Guardian Consent Using Electronic Systems](#).

The *New York State Early Intervention Program Consent for the Use of Telehealth* documentation for provision of EI services via telehealth must be available on audit.

Parent Signatures/Parent Consent Documentation

39. Can EI providers use electronic signatures to obtain written parental consent for the multidisciplinary evaluation and other required consents?

Response: An approved provider of EIP services may accept an electronic or digital signature to indicate that the parent provides consent under Part C of the IDEA when required for screening, multidisciplinary evaluation, assessment, provision of EIS, to initiate services on the child's individualized family service plan (IFSP), disclosure of PII or the use of Medicaid benefits for their infant or toddler. In instances where a provider chooses to use electronic means to obtain a parent's signature for consent, it is the responsibility of the provider who chooses to use a particular software program, application, or web-based platform, to determine that what they have chosen to use is in compliance with regulations and standards of the EIP, particularly that it is compliant with the Health Insurance Portability and Accountability Act (HIPAA), FERPA, and Medicaid standards. The Department cannot endorse use of any particular software, application, or web-based platform. It is also incumbent upon the provider to ensure that once they have obtained the electronic signature, it is maintained properly in the child's record as required by EIP regulations and that the electronically signed, required documentation is maintained by the provider.

Electronically signed Part C consents for EIS must be available upon monitoring/audit.

As stated above, all consents for the EIP may be obtained electronically if the provider can ensure:

- the electronic system they have chosen is in compliance with regulations and standards of the EIP, particularly that it is compliant with HIPAA, FERPA, and Medicaid standards;

- that the electronic system/consent/signature;
 - 1) is signed and dated;
 - 2) identifies and authenticates a particular person as the source of the electronic consent;
 - 3) indicates such person's approval of the information contained in the electronic consent; and
 - 4) is accompanied by a statement that the person understands and agrees to the content of the prior written notice of service terms.

40. If a parent prefers to obtain the *New York State Early Intervention Program Consent for the Use of Telehealth* document from the provider via email and the email consent is on file, can the document be emailed to the parent?

Response: Please refer to FAQ #28 and FAQ #38 for approaches that may be utilized to obtain parent signatures on the *New York State Early Intervention Program Consent for the Use of Telehealth* Form.

1. Parents may print and sign the consent, then send back via post office mailing or scan it and email it back, or they may take a picture and email it back.
2. The Form with complete information can be incorporated in the provider's electronic record system for the parent to sign electronically. Such documentation must be available for audit.

41. Is it acceptable for an agency who provides multiple services for the same child (for example, occupational therapy, physical therapy, and speech-language therapy) to list those services on one *New York State Early Intervention Program Consent for the Use of Telehealth* document, and collect one signature from the parent that covers all listed services?

Response: No, it is not permissible to combine multiple service authorizations on a single *New York State Early Intervention Program Consent for the Use of Telehealth* document. For example, if three different services are being provided pursuant to a child's Individualized Family Service Plan (IFSP), a *New York State Early Intervention Program Consent for the Use of Telehealth* must be obtained for each service.

42. If a new service authorization for a particular service is authorized, for example when there is an amendment or change to the child's current IFSP, is another *New York State Early Intervention Program Consent for the Use of Telehealth* document required?

Response: Yes. service authorizations (SAs) are unique to the child, the service to be provided, the county, and provider of record (billing provider). Therefore, a *New York State Early Intervention Program Consent for the Use of Telehealth* is required for each new SA, including those for multidisciplinary evaluations, supplemental evaluations, and service delivery.

43. Can the same rendering provider add all service authorization (SA) numbers for the same child on one service log?

Response: Yes, it is permissible to have one weekly service log which lists all service authorizations (SAs) specific to a single service provider, service, and a specific child, that the parent must sign. For example, a single service log could be utilized for a child who has four SAs for the same service (e.g., speech) furnished by the same rendering provider.

44. Removed

Letter on Telephonic Evaluation and Management Rate Codes

45. Are rate codes 7963, 7964, and 7965 – three telephonic Evaluation and Management (E&M) rate codes – applicable to early intervention services?

Response: No. Some providers of EI services may have received a letter from the Department of Health dated April 10, 2020, listing three new telephonic Evaluation and Management (E&M) rate codes that have been added to their provider profile. These rate codes were established for Medicaid enrolled clinical providers of case management and were not intended for use by EI providers.

As FAQs #16 and #17 indicate, EI providers will continue to use the same CPT codes they would normally use for all services. Service coordinators will continue to use the established rate code 5244 for case management services, and not the telephonic E&M rates codes listed above.

As a reminder, EI services and evaluations furnished via telehealth require an audio and video connection. If you have any questions, please contact EIP.Fiscal@health.ny.gov.

Provider Annual Health Statement

46. Removed

47. Removed

48. Removed

Prescriptions/Written Orders for EI Services

49. Removed

50. Removed

51. If the service is a new approved service, such as feeding, and provided by an occupational therapist, physical therapist, or speech-language pathologist via telehealth can the practitioner begin without a prescription?

Response: EI providers are responsible to ensure that the script or written order is obtained **prior** to delivering services, for any service that requires one. Under New York State Education Law, physical therapy, occupational therapy, and nursing services, require a written order or prescription (script) from a physician, physician's assistant, or nurse practitioner (Education Law § 6731(c); Education Law § 7901; Education Law § 6902(1)). Speech-language pathology services require a written order from a physician, physician assistant, nurse practitioner, or a recommendation from a speech-language pathologist (SLP) based on the results of evaluation. Electronic written orders (scripts) are acceptable.

Additionally, for a supplemental occupational, physical therapy, or audiological evaluation to be reimbursable by Medicaid and other payors, the supplemental evaluation must be included in the child's IFSP, **there must be a signed/dated written order/prescription for the evaluation**, and there must be an evaluation report.

If a script or written order is needed to initiate or continue EI services, the child's primary care provider may be able to see the child via telemedicine. The child's primary care physician can be contacted with written parental consent.

Co-visits

52. Is it permissible to render co-visits via telehealth?

Response: Co-visits are allowed when providing EI services via telehealth. Co-visits must be agreed upon by the entire IFSP team, including the parent and the Early Intervention Official/Designee. Details regarding the provision of the agreed upon co-visits must be outlined and included in the current IFSP.

Group Service Authorizations

53. If a child has a group developmental service authorization and the parent would like services provided via telehealth, how is this effectuated?

Response: For children who currently have a group developmental service authorization (SA) on their IFSP and for whom the child's parent/caregiver has agreed to receive an individual early intervention session via telehealth, the IFSP can be amended to add an individual facility-based service authorization (in lieu of the group developmental SA). The group service authorization(s) should be closed to conform with the early intervention requirement at 10 NYCRR section 69-4.9(g)(1) that providers must deliver services as authorized in the IFSP. An IFSP amendment which includes written parental consent and the *New York State Early Intervention Program Consent for the Use of Telehealth* to receive the individual service via telehealth, must be obtained prior to service delivery.

54. Removed

55. Removed

56. Removed

57. Removed

58. Removed

59. Removed

60. Removed

Use of Waiver of Liability

61. Removed

Cleaning, Sanitizing, and Disinfecting of Screening, Multidisciplinary, and Supplemental Evaluation Testing Materials for Re-Use

62. Can providers bring testing materials into a home or community setting?

Response: The practice of bringing the same testing materials into multiple homes and community-based settings during in-person early intervention (EI) service delivery has the potential to transmit COVID-19 or other viral or bacterial infections. Therefore, the Department strongly discourages this practice unless all alternatives have been exhausted and it is absolutely necessary in the provider's clinical judgment. If providers must bring the same testing materials into multiple homes and community-based settings, they must consistently follow proper cleaning and sanitizing protocols as detailed herein:

- Testing materials that will be touched by children (including mouthed) and parents/caregivers, and providers cannot be used unless they are hard nonporous surfaces that can be cleaned and sanitized between uses; for example, plastic testing materials such as: balls, blocks, dolls/animals, nesting cups, puzzles, rattles, rings, cars, pull toys, peg boards, etc. Testing materials that are made of porous materials cannot be used; for example, wooden blocks, wooden puzzles/shape sorters, cloth dolls, stuffed animals, wooden cars/boats, cloth balls, etc.
- Testing materials that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions must be set aside in a separate container until they can be cleaned and sanitized.
- Testing materials that have been used with one child must be cleaned and sanitized before being used by another child. Providers must have a plan in place for properly cleaning and sanitizing the test materials between multiple home visits on the same day; for example, returning to the office between visits or having available multiple "sets" of test materials to be used for each home or community-based visit.

It is important to have a basic knowledge of the difference between cleaning, sanitizing, and disinfecting:

- Cleaning is the process of removing germs, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. Cleaning of soiled areas must be completed prior to sanitizing and disinfecting to ensure the effectiveness of the sanitizer or disinfectant product.
- Sanitizing is the process of using a product that reduces but does not eliminate germs on inanimate surfaces to levels considered safe by public health codes or regulations. A sanitizer may be appropriate to use on food contact surfaces (dishes,

utensils, cutting boards, highchair trays), toys that children may place in their mouths, and pacifiers.

o Disinfecting is the process of using a substance, or mixture of substances, that destroys or irreversibly inactivates bacteria, fungi, and viruses, but not necessarily bacterial spores, on an inanimate object. Disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. A disinfectant may be appropriate to use on hard, non-porous surfaces such as diaper change tables, counter tops, door & cabinet handles, and toilets and other bathroom surfaces.

- Testing materials must be routinely cleaned between sessions with water and detergent, rinsed, and sanitized with a sanitizer that is approved by both the Environmental Protection Agency (EPA) and New York State Department of Environmental Conservation (NYS DEC) for use against the virus that causes COVID-19, and must be used according to the manufacturer's label instructions for purpose, concentration, application method, and contact time. A fragrance-free EPA registered bleach soaking solution prepared fresh daily can also be used to sanitize testing materials as follows: prepare 1 teaspoon of bleach to 1 gallon of water, soak testing materials in bleach solution for 5 minutes, rinse with cool water and let air dry.
- Children's paperback books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning, sanitizing, or disinfection procedures.

Toys

Please note, the practice of bringing the same toys or other materials into multiple homes and community-based settings during in-person EI service delivery has the potential to transmit COVID-19 or other viral or bacterial infections. Therefore, the New York State Department of Health (Department) Bureau of Early Intervention (BEI) strongly discourages this practice unless all alternatives have been exhausted and it is necessary in the provider's clinical judgment. Additionally, this practice is inconsistent with EI family-centered service delivery. Service delivery via teletherapy has demonstrated that providers can use the materials, toys, and objects already in a family's home to successfully address the outcomes on the child's individualized family service plan (IFSP).

Please note, Early Intervention Programs (EIPs) are administered locally by the county/municipality in which the child and family reside. The local health department (LHD) may impose more stringent guidelines for operation of the local EIP. If you have questions about how services are being delivered in your municipality, including the practice of bringing toys and other therapy materials into homes and community-based settings while delivering EI services, please contact your local EIP.

If the local EIP permits equipment, materials, or toys, and/or a provider chooses to bring equipment, materials and toys into the home or community setting, the provider is responsible

for making sure proper cleaning and sanitizing methods are adhered to as detailed in the section above titled “Cleaning, Sanitizing, and Disinfecting of Screening, Multidisciplinary, and Supplemental Evaluation Testing Materials for Re-Use.”

DRAFT