

Multi-Stage Framework for Reentry to In-Person Services

Early Support for Infants and Toddlers (ESIT) Guidance Document

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Purpose

The purpose of this document is to:

- Update and supplant the ESIT Combined Tri-Stage Framework and Additional Guidance for Reentry to In-Person Service Delivery, published 6/16/2021.
- Outline DCYF expectations for the submission of Stage 3 Reentry Plans.
- Introduce updated ESIT Reentry Stages structure and expectations for service delivery in ESIT Reentry Stage 3.
- Clarify and communicate updates regarding ESIT requirements for provider masking and vaccination.



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Background

The ESIT Multi-Stage Framework for Reentry to In-Person Service Delivery was developed in collaboration with the In-Person Services Reentry Workgroup, a team of parent and provider representatives who have supported Washington’s Part C COVID-19 response since 2020. This Framework incorporates feedback from multiple stakeholder groups including:

- ESIT Parent Institute for Engagement
- ESIT County Lead Agency representatives
- ESIT State Leadership Team
- Service Delivery Committee of the State Interagency Coordinating Council
- National Technical Assistants

Across stakeholder groups, important priorities emerged and have informed the development of this document. These include:

- Ensuring equity in access to in-person services across families, regardless of service setting or service delivery method.
- Prioritizing family choice and the individual needs of children and families.
- Retaining telepractice as a valuable method of service delivery.
- Training providers in infection prevention, evidence-based coaching practices, and effective virtual service delivery strategies.
- Communicating effectively with families regarding policies and procedures pertaining to public health emergencies.
- Incorporating risk assessment and infection prevention when planning provider agency policy and IFSP services.
- Remaining flexible to adapt to changing community health and agency staffing conditions.

Introduction

Department of Children, Youth, and Families (DCYF) Approach

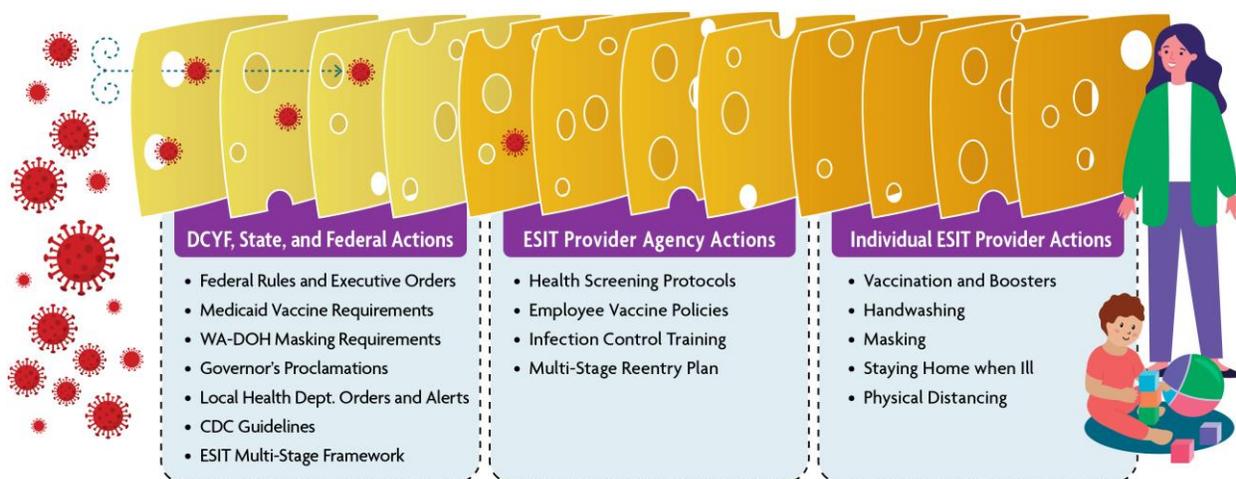
We are all challenged daily to balance concerns about our own health, the health of our loved ones, and the health of the children and families that we serve. ESIT Provider Agencies (PAs) have a long history of providing high-quality services with creativity and compassion. The pandemic presented new challenges and new opportunities for growth. What we have learned supports more effective coaching practices and service delivery options as well as nimbler response to health emergencies moving forward.

Limiting Risk, Layering Precautions

DCYF supports a layered approach to community health and infection prevention, during and outside public health emergencies. ESIT PAs demonstrate a commitment to family-centered services and health by employing a variety of strategies, including the implementation of standard precautions protocols for infection prevention, employee masking and vaccination policies, and agency health screening procedures. It is critical that ESIT providers continue to

work with local public health leaders and adjust service delivery options as status changes or updated information becomes available. The graphic below illustrates how employing multiple layers of strategies improves success. The action lists below contain examples of possible strategies that might be employed. Communicating your PA’s policies and procedures for limiting risk strengthens partnerships with families and increases service delivery continuity.

ESIT Swiss Cheese COVID-19 Defense



Adapted from the Swiss cheese model of accident causation by James T Reason.

[View the full ESIT Swiss Cheese COVID-19 Defense graphic here.](#)

ESIT Provider Vaccination and Masking

On Oct. 5, 2021, ESIT released Memo #2021-10 ESIT Program Updated Vaccination, which stated “Being fully vaccinated is deemed a necessary prerequisite for the provision of in-person ESIT services”. *As of September 7, 2022, Memo #2021-10 is no longer in effect.*

Policies regarding unvaccinated employees and in-person service provision will be made at a PA level, by the ESIT PA leadership, in the context of governmental requirements. See the [Resources](#) section at the end of this document for links to current Washington governmental and federal requirements. PAs hold various types of government contracts to support provision of ESIT services. Some of those contracts may prohibit unvaccinated staff members from providing in-person services.

If unvaccinated ESIT staff with vaccine waivers are to provide in-person services to families, they must follow additional precautions. These additional precautions might include procedures such as additional testing or health screenings. PAs must document what those additional precautions are and follow through with their adherence. These policies must be made clear to both agency staff and families receiving ESIT services. DCYF strongly encourages ESIT PAs to be vigilant in regards to child, family, and staff health and safety and to changes in state and federal rules. See the [Resources](#) section of this document for links to Washington State vaccine requirements.

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On March 11, 2022, ESIT released [Memo #2022-01 Masking Guidance Memo for ESIT Providers](#), which states “the ESIT State Leadership Office strongly recommends the continued use of masking as a primary strategy to protect children, families, and the practitioners that serve them.” This memo is still in effect. See the [Reentry Plan Components](#) section of this document for more information on masking recommendations and requirements.

Natural Environments

DCYF policy and contractual agreements reflect federal IDEA Part C regulations which require all services on a child’s Individualized Family Service Plan (IFSP) be conducted in natural environments, unless the IFSP outcome cannot be satisfactorily achieved in a natural environment. If the IFSP team determines that a service cannot be provided in a natural environment, a justification must be documented in the Settings text box of the IFSP, along with a plan for resuming services in natural environments as soon as is feasible.

Please note that neither parent preference, provider convenience, nor provider staffing capacity, is a valid justification for services in non-natural environment settings. See the [ESIT Natural Environments Practice Guide](#) and the Remote and In-Person Service Delivery: Documenting Methods, Settings and Natural Environments guidance document for more information. During the Washington State public health State of Emergency, public health and infection control measures may be used as a temporary justification for non-natural environments, when in-person services are required to address the needs of the child and no safe natural environment options are available. Check the [WA Governor’s COVID-19 webpage](#) for updates.

On July 31, 2020, ESIT released the COVID-19 IFSP Review Form with the intent of offering ESIT providers an efficient alternative to documenting an IFSP Review, if a child was to receive more than three visits held in non-natural environment settings. *As of September 7, 2022, the COVID-19 IFSP Review Form is no longer in effect.* If pandemic-related circumstances necessitate a temporary switch from natural to non-natural environments, a full IFSP Review must be conducted and documented in the ESIT Data Management System (DMS).

Telepractice and Minimum In-Person Service Delivery Requirements

Telepractice has been an important part of our statewide COVID-19 response and will continue to be an important method of service delivery going forward. Virtual service methods have allowed ESIT PAs to serve families consistently and safely, even during times of increased COVID-19 risk. Many providers have become quite skilled at virtual services and many families have experienced the benefits of virtual coaching.

While telepractice will continue to be a tool to support quality services for families, **ESIT Part C services are primarily in-person services and should return to in-person whenever possible.** The decision as to the optimal method of service provision for a particular family is based on several factors, including:

- Unique family needs and preferences

- Recommendations of the IFSP team
- Natural environments requirements
- PA Reentry Stage and community infection risk levels
- Individual family and provider vulnerability and infection risk
- ESIT PA staffing capacities
- DCYF in-person requirements

Please note that while natural environment refers to the service setting, in-person services are a service delivery *method*. While parent preference and provider staffing capacity are *not* valid justifications for non-natural environments, they *may be* valid justifications for virtual service delivery methods, depending on the particular circumstances. Provider convenience is not a valid justification for virtual service delivery methods or non-natural environments decisions.

Service Method Scenarios

Families and providers have partnered to create a variety of service delivery methods including all in-person, all virtual, and a number of hybrid arrangements. Below are just a few examples of hybrid service method scenarios. All of these are acceptable methods of service delivery, depending on the unique needs of the family.

1. The family participates in regular in-person services with their primary service provider and has occasional virtual sessions with an additional provider.
Example: The family meets in-person every two weeks, with a special educator and, because the family would like a feeding specialist to consult, they schedule a virtual visit so an SLP can observe the meal without altering the family's mealtime routines.
2. The family participates in weekly virtual sessions with a therapist and has monthly in-person visits with another provider.
Example: An agency is actively recruiting for a new local physical therapist. During this temporary staff shortage, the PA offers the family weekly virtual sessions with a subcontracted out-of-town therapist. Once a month, Teacher of the Visually Impaired visits the home to support vision needs.
3. The family participates regular in-person visits with one provider during which, another provider joins the visit via videocall.
Example: A rural PA contracts with an infant mental health specialist from another region. During weekly sessions, the family's special educator visits the home and focuses on parent coaching and technology facilitation, while the infant mental health specialist joins via videoconference.

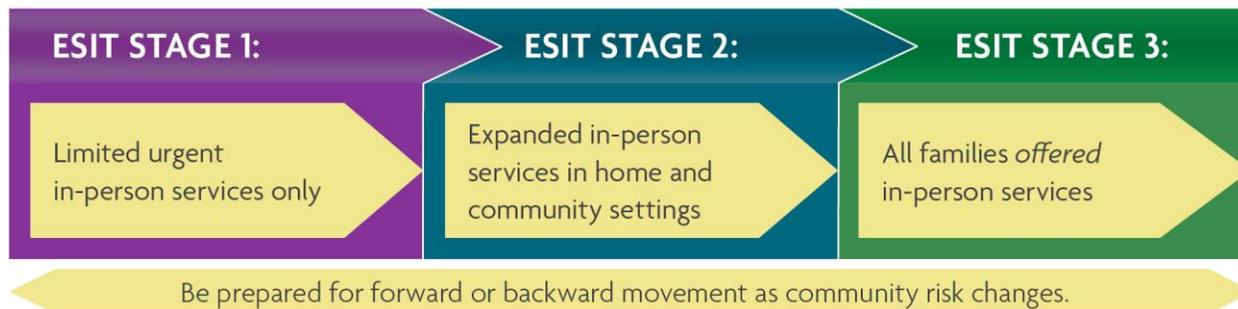
You will find more information [below](#) on how to best determine whether in-person, virtual or a combination of service delivery methods may be the best decision for a particular family.

ESIT Stages of Reentry to In-Person Services

At the start of the COVID-19 pandemic, the Washington Office of the Governor and the Washington State Department of Health (DOH) used a phased approach to signal community

COVID-19 risk and ESIT tied its Reentry Stages to the WA Phases. DOH released its current plan, WA Forward, on March 16, 2022. WA Forward does not use a phased approach to reopening so ESIT Stage Levels are no longer tied to county COVID-19 Phases. This ESIT Stages graphic has been updated and the definition of Stage 3 has been altered to reflect the ongoing nature of the COVID-19 pandemic.

ESIT PA Stages of Reentry to In-Person Services



ESIT Reentry Stage 1: Limited In-Person Services

Stage 1 represents the highest level of precaution, designed for times when in-person services present a significant risk to individual or community health. Stage 1 Reentry Plans detail the PA’s strategies and precautionary measures for providing in-person services for a small subset of children. The child’s IFSP Team must determine that child’s individual needs cannot be met without urgent time-limited, pre-approved, in-person services essential to the child’s progress.

ESIT Reentry Stage 2: Expanded In-Person Services

Stage 2 constitutes a transition to expanded in-person services in home, child care, and community-based settings, during times of moderate public health risk. Before expanding in-person services, each provider agency must create a Stage 2 Expanded In-Person Services Plan detailing the agency’s strategies and precautionary measures.

ESIT Reentry Stage 3: All Families Offered In-Person Services

Stage 3 represents a further return to in-person service delivery, during times of lower public health risk. Operations continue to be tailored to public health needs and some emergency provisions may still apply. Providers will continue to make the best use of technology to support greater access to services and support ongoing relationships with families, using effective coaching practices.

During Stage 3, all families in the IFSP planning process will be offered, *a minimum of once-a-month in-person services by at least one member of the service delivery team*. This expectation evolved from a lengthy stakeholder process referenced in the [Background](#) section of this document.

- If the family declines this offer, the offer will be documented in the child’s record. Family choice is the primary driver of service delivery method and a family may decline all in-person services. If a family declines in-person services, they may change their decision and request in-person services at any time. Providers should check in with

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families, on a regular basis, to see if the family is still satisfied with their current service delivery method.

- If, due to extenuating circumstances, the family *will not be offered* at least once-a-month in-person services, document the justification and the plan for returning to an offer of in-person services in the child's record. Provide Prior Written Notice (PWN) to the family and write an explanation in the Other section of the PWN form. For more information on documentation, see [Remote and In-Person Service Delivery: Documenting Methods, Settings and Natural Environments](#). If you have questions, please contact your regional Technical Assistance Specialist.

Determining Provider Agency Stage Level

The decision as to which Stage a PA is operating under, and the associated protocols for approaching service delivery decisions, will be determined by individual PA leadership.

The Stage decision will be based on a number of factors, including:

- Recommendations and rules from the county health department, state, and federal government
- [County COVID-19 Community Level as defined by Centers for Disease Control and Prevention](#) (CDC)
- Unique vulnerabilities of specific populations within the PA's service area and enrollment

The Stage decision may not be based on provider convenience or agency staffing levels. ESIT PA COVID-19 protocols must be clearly communicated in writing to all ESIT provider staff and enrolled families. PAs located within one of the four County Lead Agency (CLA) service areas (Spokane, Snohomish, Pierce, and King counties) must inform their CLA of changes in the PA Stage Level.

Determining the Method of Service Delivery During Public Health Emergencies

Decisions regarding whether services will be provided virtually or in-person, for a particular family, will be based on a full consideration of child and family needs, agency capacity, local public health conditions, and PA Reentry Stage level. Service delivery method and setting decisions must reflect the dynamic and individual needs of children and families and be built on a foundation of effective communication. The below table shows the shifting emphasis in decision-making, depending on the ESIT PA's Reentry Stage level.

| Stage Level | Primary Focus | Primary Decision Maker | Additional Considerations | Consensus & Justification |
|------------------------|---|---|--|---|
| All ESIT Stages | Highest priority is to provide the best possible services, given the current circumstances. | In-person vs. virtual decision is made by the IFSP team for each child, in the context of ESIT PA expectations and constraints. | Service method decisions are based on individual child and family needs, concerns, and priorities. | Family can disagree with any team member's recommendation. Parents must be apprised of procedural safeguards and their right to dispute resolution. |
| ESIT Stage 1 | Special attention to decreasing spread of infection and protecting health of children, families, and staff. | <u>Agency</u> holds primary decision-making regarding in-person vs. virtual service methods. | <u>IFSP</u> team must consider family concerns, priorities and resources in determining in-person vs. virtual service methods. | <u>Agency</u> must justify in-person services for any individual child. |
| ESIT Stage 2 | Balanced attention to creating optimal hybrid services, decreasing the spread of infection and protecting health. | <u>IFSP team</u> makes decisions, based on PA expectations and constraints. | <u>IFSP team</u> must balance family concerns, priorities and resources with PA expectations and constraints. | <u>Agency</u> may offer in-person services to a larger number of families, without having to justify in-person services for a particular child. |
| ESIT Stage 3 | Special attention to creating optimal hybrid options for families. | <u>Family</u> has priority decision-making power regarding in-person vs. virtual service methods. | <u>Agency</u> may consider factors which limit in-person capacity such as staffing levels and infection risk. | <u>Agency</u> must work with families to determine the balance of virtual and in-person services. <u>Agency</u> must justify if less than monthly in-person services will be offered. |

Contrasting Guidelines for Service Delivery Method vs. PA Stage Level Decision-Making

While the highest priority in decision-making is always to provide the best possible services given the current circumstances, there are differing allowable criteria for determining method of service delivery for a particular family vs. determining the ESIT PA Reentry Stage level. Choice of service delivery method for a particular family is primarily an IFSP-level decision based on individual family, provider, agency-wide, and community factors. In contrast, Reentry Stage level is an agency-level decision based on public health and community vulnerability factors.

The table below shows contrasting factors that may and may not play into each of the two decisions.

| Decision Type | Individual Family Vulnerability | Individual Provider Vulnerability | Individual Provider Convenience | Agency Staffing Capacity | PA Stage Level | IFSP Service Delivery Methods |
|------------------------------|---------------------------------|-----------------------------------|---------------------------------|--------------------------|----------------|-------------------------------|
| IFSP Service Delivery Method | Yes | Yes | No | Yes | Yes | --- |
| PA Stage Level | No | No | No | No | -- | No |

Reentry Plans and Required Components for Stages 1, 2 and 3

This section outlines requirements for ESIT Reentry to In-Person Services Plans during Stages 1, 2, and 3.

ESIT PAs are required to create and submit a plan for each Stage of Reentry to In-Person Services. PAs are encouraged to develop a single Reentry Plan, which includes the components of Stages 1, 2, and 3 and the criteria for moving between the Stages. Movement between Stages might not be linear, and ESIT PAs should develop plans that support both forward and backward movement, as illustrated in the [ESIT PA Stages of Reentry to In-Person Services graphic](#).

CLA-affiliated PAs will submit their Reentry Plan to their CLA. The CLA will review the plan and submit it to DCYF. ESIT PAs not affiliated with one of the four CLAs will submit their Reentry Plans directly to DCYF. Stage 1 and 2 plans have already been submitted by all current ESIT contractors. PAs are encouraged to update their Stage 1 and 2 plans, as needed, to be in line with the [updated components listed below](#). Stage 3 plans are due to be submitted to CLAs by 6/15/2023 and to DCYF by 6/30/2023.

Reentry plans must:

- Align with guidance from local health jurisdictions, DOH and CDC guidance.
- Align with rules and proclamations issued by the WA State Governor’s Office
- Be authorized by the PA’s governing body
- Be submitted to DCYF ESIT at esit.reports@dcyf.wa.gov
- Be clearly communicated to agency staff and enrolled families
- Address all of the following components.

| Reentry Plan Components | Stages |
|--|--------|
| Plan approved by ESIT PA governing body. | All |
| Plan submitted to CLA, if applicable. | All |
| Plan submitted to DCYF ESIT state office at esit.reports@dcyf.wa.gov . | All |
| Equity | |
| Description of how equitable services will be provided, based on individual child and family needs. | All |
| Plan for tracking, reviewing, and reporting, upon request, data on race and ethnicity of children receiving in-person vs. virtual services, to identify potential disparities. | All |
| Plan for addressing family transportation needs if in-person visits cannot take place in the home (bus passes, cab vouchers, etc.). | All |
| Plan for addressing family technology needs, if services must be provided virtually (tablets, internet connectivity, etc.). | All |
| Plan for ensuring virtual and in-person language access for all families via remote and in-person interpretation. | All |
| Staff Training | |
| Training plans and procedures to ensure staff are following protocols for: <ul style="list-style-type: none"> • CDC standard precautions • Employee and family health screening • DOH masking requirements • Physical distancing | All |
| Plan for professional development opportunities for staff regarding providing effective family coaching. | All |
| Plan for professional development opportunities for staff regarding providing high-quality virtual services. | All |
| Plan for communicating and enforcing employee vaccine requirements, exemptions, and accommodations. | All |
| Communication with Families | |
| Protocol for communicating COVID-19-related policies and protocols to staff and families, including the location where written information can be accessed. | All |
| Procedure for preparing families for possible future adjustments related to COVID-19, including possible changes in service delivery settings and methods. | All |
| Procedure for promptly informing families of a change in PA COVID-19-related policies and protocols. | All |

| Reentry Plan Components | Stages |
|--|--------|
| Protocol for informing families receiving in-person services if their ESIT provider reports exposure to or infection with COVID-19. | All |
| Protocol for family receiving in-person services to inform PA regarding exposure to or infection with COVID-19. | All |
| A written set of shared expectations between the PA and the families regarding risk reducing procedures (e.g., masking, vaccination, health screening, etc.). | All |
| Plan for informing families of their various options for in-person and virtual service delivery at each Stage. | All |
| Family completion of form for informed consent to virtual services, as needed. | All |
| Protocol for referring families to the PA dispute resolution procedures and ESIT dispute resolution procedures. | All |
| Protocol for documenting when family is offered, but declines, in-person services. | 3 |
| Prior Written Notice if family will be offered fewer than one in-person service per month. | 3 |
| Identifying Risk | |
| Plan for identifying staff who might be particularly vulnerable to risks of infection and plan for how they will be protected during service provision. | All |
| Plan for identifying children and family members who might be particularly vulnerable to risks of infection and plan for how they will be protected during service provision. | All |
| Written guidelines for evaluating the safety of a proposed service setting (number of people, ability to distance, ventilation, etc.) prior to the visit. | All |
| Infection Prevention | |
| Protocol for health screening service providers for symptoms or risks. | All |
| Protocol for health screening of families for symptoms or risks. | All |
| Protocol following current DOH masking requirements. | All |
| Protocol following CDC standard precautions including: <ul style="list-style-type: none"> • Washing or disinfecting hands before and after sessions • Personal protective equipment protocols, including masks • Cough etiquette • Limits on the number of items used during sessions and disinfection protocol for those items. | All |

| Reentry Plan Components | Stages |
|--|--|
| Additional infection prevention precautions for unvaccinated and accommodated provider staff. | All |
| Written procedures for enhanced infection control when engaged in in-person services. For example: <ul style="list-style-type: none"> • Enhanced family and staff health screening and testing • Response if someone is found to be symptomatic in the home • Enhanced PPE precautions (mask type, gloves, etc.) • Strategies for maintaining 6-foot distance, as much as possible | 1, 2 for vaccinated staff. All stages for unvaccinated staff with accommodations. |
| Settings | |
| Documentation that natural environments were considered first in IFSP planning. | All |
| Documentation of consideration of family’s concerns, priorities, and resources in determining location of services. | All |
| Plan for identifying safe service locations where the environment is controlled and safe for provider and family. Outdoor locations such as parks or family yard should be considered as a first option. Other options include a managed and highly ventilated room such as a doctor’s office, church, or PA office. | 1, 2 |
| Limit the number of provider home visits per day. | 1, 2 |
| Guidance to avoid crowded community settings. | 1, 2 |
| Limit the number of people in the in-person session. | 1, 2 |

Resources

Washington State Department of Health

- [Masks and Face Coverings webpage with current mandates and orders](#)
- [Secretary of Health Umair Shah March 11, 2022 Order 20-03.08 Face Coverings-Statewide](#)
- [WA Forward COVID Response Plan](#)

Washington Office of the Governor

- [COVID-19 Webpage](#) with links latest news and policy updates
- [July 29, 2022 Proclamation 20-32.12](#) continuing WA state of emergency through October 27, 2022
- [March 12, 2022 Proclamation 20-25.19](#) regarding Face Coverings and Continued State of Emergency
- [May 20, 2022 Proclamation 21-14.5: COVID Vaccination Requirement](#)

- [Vaccine Mandate Frequently Asked Questions](#) pertaining to Proclamation 21-14.5: COVID Vaccine Requirements

Federal Medicaid and OSHA Provider Vaccine Requirements

- [Centers for Medicare & Medicaid Services FAQ: CMS Omnibus COVID-19 Health Care Staff Vaccination Interim Final Rule 1/20/2022](#)
- [American Hospital Association article 1/13/2022](#)
- [American Speech Language and Hearing Association article 11/8/2021](#)

Washington State Department of Labor & Industries

- [Requirements and Guidance for Preventing COVID-19](#)

Centers for Disease Control and Prevention (CDC)

- [Standard Precautions for Infection Prevention](#)
- [COVID-19 Community Risk Level by County](#)

Early Support for Infants and Toddlers

- [ESIT Natural Environments Practice Guide](#)
- [Remote and In-Person Service Delivery: Documenting Methods, Settings and Natural Environments](#)
- [Masking Guidance Memo 2022-01 for ESIT Providers](#)

Early Childhood Technical Assistance Center (ECTA)

- [IDEA Part C Regulations on Natural Environments webpage](#)