To: All Early Intervention Stakeholders

From: Ann Freiburg, Chief
Bureau of Early Intervention

Date: November 19, 2020

Re: ReOpen Illinois Early Intervention Mitigation Plan

This informational notice is to provide the most current guidelines for Early Intervention (EI) service delivery in Illinois. The attached Restore Illinois Guidance on Mitigation Tiers and EI Services Plan outlines how EI services can be delivered during each Tier of mitigation strategies. EI services have not been named as essential services by the Office of Special Education Program, the Governor of Illinois nor the Bureau. The definition of essential services are those that support the health and safety of citizens. EI is a developmental program to promote a child’s development. Their health needs are supported through other medical professionals.

As was announced earlier this week, the Governor’s office has identified all Regions as being in Tier 3 Mitigation effective Friday November 20, 2020 at 12:01am. This means that as of Friday morning, EI will move to only allowing LVV or Phone Consultation as an approved method of service delivery. Tier information on the IDPH website is updated as quickly as new data is available and EI will continue to rely on that information for any additional changes.

Any future announcements of changes to EI service delivery methods, based on the Restore Illinois Mitigation Tiers, will be provided to everyone via postings on the EI Provider Connections website. IDPH will continue to track positivity rates and hospital capacity in regions over 14-day monitoring periods to determine if mitigations can be relaxed, if additional mitigations are required, or if current mitigations should remain in place.

All EI Providers should be very familiar with the Region they reside or work within. The information on the Regional breakdown is on the IDPH website at https://coronavirus.illinois.gov/s/restore-illinois-regional-dashboard. Below is a summary of EI’s response to the current Mitigation status. The attached document provides a plan for EI service delivery during each tier of mitigation. The Mitigation plan outlines the movement of EI services from a hybrid model of limited in-person along with the Live Video Visit and Phone Consultation (in Tier 1) to the more restrictive LVV and Phone Consultation only model (in Tier 3).

**Illinois EI Tier 3 Mitigation**

Only LVV or Phone method for the following:
- Intake
- Evaluations/Assessments
- IFSP Development
- Direct Services (including home, clinic, childcare or other settings)
- Assistive Technology, Medical Diagnostics, Audiological or Optometric
- Transition
It is imperative that all EI Payees, Providers, Service Coordinators and families monitor the EI Provider Connections site on a daily basis. As new information becomes available, conditions may change, and we want everyone to have the most current information. The Restore Illinois Guidance on Mitigation Tiers and EI Services Plan will continue to be sent to IDPH for review and possible revisions. If or when revisions are needed, the plan will be updated and posted on the EI Provider Connections as well as other EI Partner websites.

Additionally, please visit the EI Training Program’s website to review the Facts and other useful information on COVID-19, aka Coronavirus at https://blogs.illinois.edu/view/6096/807027.

Another great resource to help support families is the EI Clearinghouse Parent Pack found at https://eiclearinghouse.org/resources/trying-times/.

We appreciate all the efforts put forth to protect the citizens of Illinois by following the mitigations provided. Your continued service to families during this unprecedented time through the various, approved methods is invaluable. If you have any questions about this notice, please contact the Bureau directly at 217/782-1981 or by submitting your questions to DHS.EIQuestions@illinois.gov.

We continue to work to support you as you support the families of Early Intervention!
As mentioned in [earlier guidance](#) early intervention providers who live and work in different regions must follow the mitigation strategies being utilized in the most restrictive region when making service delivery decisions in order to mitigate risk to all stakeholders. *Due to the emerging and rapidly evolving situation of COVID-19, these guidelines are subject to change. For the latest information on regional metrics, visit the [IDPH website](#).*

<table>
<thead>
<tr>
<th>Category</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intake</strong></td>
<td>CFCs will follow their fiscal agent’s guidance (which should align with State regulations)</td>
<td>Intake conducted via phone or LVV only. Contactless drop-off of paperwork can be conducted.</td>
<td></td>
</tr>
<tr>
<td><strong>Evaluations and IFSP Development</strong></td>
<td>Combination of LVV and limited in-person visits in accordance with CDC/IDPH guidelines.</td>
<td>Evaluations and assessments conducted via phone or LVV. Interim IFSPs can be developed for children with immediate needs that cannot access technology.</td>
<td></td>
</tr>
<tr>
<td><strong>Direct Service (home)</strong></td>
<td>Combination of LVV and limited (10 family) in-person visits in accordance with CDC/IDPH guidelines. Within limits established in prior guidance, parent choice guides decision-making for how families engage in all or some of their IFSP services. Families and provider consent both needed for in-person visits*</td>
<td>Live video visits (LVV/teletherapy) and phone consultation permitted. If the family chooses not to receive live video visits, support options include telephone consultation with providers and monthly service coordination call.</td>
<td></td>
</tr>
<tr>
<td><strong>Direct Service (childcare/community setting)</strong></td>
<td>Combination of LVV, telephone support, and limited (10 family) in-person visits in accordance with CDC/IDPH guidelines.</td>
<td>In person early intervention visits not permitted in childcare/community-based settings.</td>
<td></td>
</tr>
<tr>
<td><strong>Transition</strong></td>
<td>Once the IEP is in place, the LEA is responsible for funding children over 3. If IEP services cannot be supported in-person or virtually by the LEA, (with parent consent) the LEA can use PART B 619 funding to contract with the EI providers for IEP services. <a href="#">A joint guidance document</a> from ISBE and EI has been developed to support this.</td>
<td>ISBE guidance provides for LEAs to take all steps possible to determine eligibility for early childhood special education for children turning 3 who have IFSPs. ISBE does not have statewide direction in response to mitigation tiers; districts will be making local decisions on how to proceed with in-person versus virtual services</td>
<td></td>
</tr>
<tr>
<td><strong>Medical Diagnostics, AT, Audiology/ Optometry</strong></td>
<td>LVV and in-person visits for medical diagnostics, assistive technology, and audiology/optometry permitted.</td>
<td>No services requiring in-person contact permitted.</td>
<td></td>
</tr>
</tbody>
</table>

*With face coverings and social distancing and in accordance with IDPH and CDC.*

---

1 Reference evaluation/assessment guidance posted on [Provider Connections website](#).