**Reopening Massachusetts: Guidance for Bureau of Family Health and Nutrition (BFHN) Home Visiting Services**

**MA Home Visiting Initiative (MHVI), Welcome Family, Early Intervention Parenting Partnerships Program (EIPP), FIRST Steps Together, and**

**Early Intervention (EI)**

**June 21, 2021**

MHVI, Welcome Family, EIPP, FIRST Steps Together, and EI may fully return to in person visits effective immediately. Programs may also continue to use telehealth services where clinically appropriate and agreed upon by a given participant/client.

This guidance covers 1) mask requirements for BFHN staff of home visiting programs returning to in-person visits, 2) considerations to maximize the safety of home visitors and clients, and 3) the continuation of telehealth services. This guidance replaces all previously issued reopening guidance for home visiting programs in BFHN.

The Department of Public Health (DPH) will communicate to home visiting agencies any changes from federal funders (e.g. HRSA, SAMHSA, OSEP) that impact this guidance. If your program receives funding from other sources, please ensure your policies and practices follow their guidance as well.

**Mask requirements to resume in person visits**

Per DPH’s [advisory](https://www.mass.gov/info-details/covid-19-mask-requirements), masks are required for both vaccinated and unvaccinated home health care workers, including staff of BFHN home visiting programs, at all times in community and home-based settings where they are providing patient-facing care, subject to the exemptions listed below. The requirement only applies to the worker providing care.

The following staff are exempt from the face coverings requirement: Persons for whom a face mask or covering creates a health risk or is not safe because of any of the following conditions or circumstances:

* the face mask or covering affects the person’s ability to breathe safely;
* the person has a mental health or other medical diagnosis that advises against wearing a face mask or covering;
* the person has a disability that prevents them from wearing a face mask or covering; or
* the person depends on supplemental oxygen to breathe.

**Safety considerations for in person visits**

Agencies should consider the following steps to maximize the safety of staff and clients in providing in-person visits. The following guidelines are not requirements for conducting in-person visits.

* Encourage staff to be vaccinated against COVID-19. Vaccines are safe and are one of the best ways to protect yourself and those around you from getting sick from COVID-19. Learn more at [COVID-19 Vaccine | Mass.gov](https://www.mass.gov/covid-19-vaccine).
* Have a process for checking staff and clients for signs and symptoms of or known exposure to COVID-19 *prior* to conducting an in-person visit This may include a standardized tool or questionnaire to administer before each in-person visit.
* Develop protocols for protecting staff who are at [higher risk](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html) for severe illness from COVID-19 infection and for requiring sick staff to stay home.
* Develop a process for families to notify home visiting agencies after a visit if household members become ill or test positive for COVID-19 within two weeks of the visit.

**Continuation of telehealth services**

Timeline & reimbursement

BFHN home visiting programs that are **reimbursable by MassHealth** should consult the latest [MassHealth bulletins](https://www.mass.gov/masshealth-provider-bulletins) for more information. See **Appendix A** for additional guidance for Early Intervention Service providers when EI services cannot be conducted in person.

For BFHN home visiting programs that are **not reimbursable by MassHealth,** there is not currently an end date for the provision of telehealth services. Agencies will be notified of any changes related to the allowability of telehealth services.

Rates of payment for services delivered via telehealth will be the same as rates of payment for services delivered via traditional (e.g., in-person) methods set forth in the applicable program standards or regulations.

Prioritization of services

DPH recommends that providers establish and adhere to a written prioritization policy for scheduling virtual services. The policy should promote equitable access to care for all populations and take into consideration family preference for in-person visits and/or provisions of telehealth visits when in-person visits cannot be provided. Policy considerations may include:

* Involving families and other community stakeholders in decision-making processes.
* Identifying the clients or circumstances in which a telehealth visit would be more beneficial (e.g., the client is unwilling to allow the home visitor into their home and would otherwise not be served by the program).

Home visiting agencies should ensure that COVID-19-related policies and protocols are equitable in implementation and outcomes. In developing a new strategy or policy or when making a decision related to service implementation, consider how it might negatively and/or disproportionately impact certain groups or worsen existing inequities. Questions to consider during the policy, strategy, or decision-making process include but are not limited to the following:

* Who would benefit from this strategy, policy, or decision?
* Who could be harmed and what will we do to avoid this?
  + For example, if an agency chooses to only conduct outdoor visits, they should consider how that will affect families who do not have access to safe or private spaces to meet outside.

If you have questions, please contact the appropriate DPH staff person for your program.

**Appendix A. Additional guidance for Early Intervention Service (EIS) providers when Early Intervention services cannot be conducted in person[[1]](#footnote-1)**

**Assessment by a multidisciplinary team must be completed to establish eligibility**. When in-person evaluations cannot be conducted (e.g., social distancing measures or in-person services cannot be provided), EIS providers should ensure that their alternative assessment methods include the required assessment components: a review of the results of the evaluation, personal observations of the child, and identification of the child’s needs.

**Multidisciplinary IFSP meetings must be completed annually**. During the pandemic, when in-person meetings are not feasible or practicable, initial and annual IFSP meetings may be conducted via alternate means, such as through telephone or video conference call (if consistent with privacy standards) if acceptable to the child’s family and other IFSP team meeting participants.

**The 45-day timeline for conducting an initial IFSP meeting remains in effect for the initial evaluation, the child and family assessment, and the initial IFSP meeting**. Exceptions to this timeline can be provided only if the child or parent is unable to complete the required activities due to an exceptional family circumstance that is documented in the child’s early intervention records or the parent has not provided consent.

**Early intervention services must be provided in the child’s natural environment, including home and community settings.** When such services cannot be provided in-person due to the pandemic, the EIS provider must provide prior written notice to the family as soon as possible and the IFSP team must determine which services can be provided to meet the child’s needs and may consider alternate means of service delivery that are consistent with privacy interests (if feasible through telephone or videoconference). The EIS provider must document the parent’s agreement for these services; the prior written notice may be provided via mail or electronic mail based on family preference.

**Early intervention services identified in the IFSP must be based on peer-reviewed research.** In light of the public health response related to the COVID-19 pandemic, peer-reviewed research may not be available for services provided remotely. IFSP team members, including the family, must carefully consider this when identifying alternative means of service delivery to meet the unique needs of the child and family to achieve the results or outcomes established in the IFSP.

**If a parent has previously agreed or agrees during the COVID-19 pandemic, the prior written notice and procedural safeguards notice may be provided electronicall**y. EIS providers must ensure that parents are fully informed of how their infant or toddler’s early intervention service needs are addressed during a time that such services are provided remotely.

**EIS providers may accept electronic or digital signatures to indicate parental consent for evaluation, assessment, the provision of early intervention services, the disclosure of personally identifiable information, or the use of benefits or insurance for the infant or toddler**. Electronic signatures must be signed and dated, identify and authenticate a particular person as the source of electronic consent, indicate approval of the information contained in the electronic consent, and be accompanied by a statement that the person understands and agrees.

1. [Program Information: FAQs and Responses | U.S. Department of Education](https://www.ed.gov/coronavirus/program-information#speced) [↑](#footnote-ref-1)