**Guidance for CDS Contracted Providers During the Civil State of Emergency; issued March 16, 2020**

Recognizing how quickly the COVID-19 situation is evolving, the information below may change.

With the current pandemic and under Maine’s Civil State of Emergency, determining the best way in which to proceed with IDEA Part C and Part B§619 services has been very challenging. The guidance below is the result of conversations between CDS Leadership and MDOE and a review of communications issued by the federal and state CDC. This guidance may change as new information becomes available. Please visit the CDS and MDOE website regularly to review the most current guidance.

CDS will continue to operate, although in a limited capacity, and CDS contracted providers will be allowed some latitude in an attempt to continue at least some services during Maine’s Civil State of Emergency. Below are details as to how contracted providers may continue to support children and families:

**Part B§619**

Special Purpose Pre-Schools

In absence of Office of MaineCare Services guidance indicating the need to do so, SPPSs may continue to provide center-based services and to provide FAPE services in accordance with the child’s IEP. At this point, the decision to remain open is at the discretion of the SPPS. CDS realizes that access to these center-based services may vary by region according to the decisions of the SPPSs and that those children who are unable to access services will need to be provided some level of compensatory services. It is important that clear and frequent communications occur between the SPPS and the sending CDS Regional Site so that an accurate account of services provided and services owed is maintained. Documentation in CINC is also important to ensure that CDS reimbursement continues at its current cycle.

Those SPPSs who choose to continue to operate remain acutely aware of universal precautions, including social distancing and the recommended limit to group size.

Teletherapy

Many providers have asked about the provision of services via telepractice. Approval of this delivery method should be approved on a child-by-child, service-by -service basis. Not all children nor all services are appropriate for telepractice. Speech services delivered via telepractice is a generally accepted practice, but expansion to other services should be discussed with CDS Regional Site leadership. SPPSs are also encouraged to review MaineCare’s Telepractice policy. There is the potential for families to lack the technology to receive telepractice or to decline the delivery services via this method. It is important to note that, per MaineCare policy, a family has the right to refuse services via telepractice.

Per USDOE OSEP guidance, if children without disabilities are receiving general education services remotely, an IEP meeting is not necessary to determine that the provision of FAPE is appropriate. Given that preschool-age children without disabilities are not currently receiving general education services in person, moving to telepractice for service delivery can be done without convening the IEP team. However, the continuation of telepractice beyond school closures would require a determination by the IEP team.

In-Home FAPE Services

Several providers have asked if FAPE services can be provided in-home. At this juncture, this model of service delivery is appropriate. However, it is important to determine the enrolled provider status of the SPPS and if services provided in the home would be reimbursable. Lack of MaineCare reimbursement would not prohibit the provision of in-home FAPE services, but it is important that CDS is aware of any changes in pay source for services on the IEP.

Detailed CINC entries are required to ensure that the provision of FAPE services are appropriately documented.

It is also important that any SPPS staff that will be providing in-home FAPE services follow the guidance below:

1. Call the home prior to the visit to confirm the health status of those living in the home.

2. Determine if anyone in the home has traveled recently or if there is a guest in the home that has traveled from elsewhere.

3. If, upon arriving at the home, it is clear that someone in the home is symptomatic, leave the home as quickly as is practical.

4. Exercise universal precautions prior to, during, and after the provision of in-home FAPE services.

“Speech-Only” Children

Those children for whom the only identified service on the IEP is speech therapy and who typically receive those services in a clinic or office setting may continue to receive those services. The continuation of these services should be communicated to the Regional CDS Site. Again, universal precautions should be followed.

**When considering the above options, contracted providers should engage in a conversation with the Regional CDS Site.**

**Part C**

Contracted providers may continue to provide Part C services. To maintain social distancing, the preferred service delivery model is via telepractice. The Routines-Based Early Intervention model implemented in Part C is conducive to telepractice and most services provided by a primary provider or secondary provider (consult) can be provided with this method of service delivery. However, some families may not have the technological capability to receive services through telepractice or may decline the use of telepractice. In this situation, an in-person home visit is permitted, but not required.

When providing an in-person home visit, providers are encouraged to follow the guidance included in the “In-Home FAPE Services” section above. Ongoing communication with the Regional CDS Site is required to ensure that an accurate record of services provided and services owed is maintained.

**Office or Clinic-Based Evaluations**

If universal precautions are in place, evaluations conducted in an office or clinic setting are permitted.

Although the Regional CDS Sites will still be operating, staff absences due to childcare and other issues are anticipated. Patience and understanding are encouraged.

It is anticipated that many questions and requests for clarification remain. Contracted providers are encouraged to contact their Regional CDS Site which will collect those questions and requests for clarification to the CDS State Office.

Thank you,

Roy K. Fowler

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