Draft Live Video Visit (LVV) Workgroup Meeting Minutes
July 24, 2026
11:00 am - 12:30 pm

Welcome

Introductions

Ground Rules were reviewed

Charge 1 Overview - Use of LVV for Intake, Evaluation, Assessments and IFSP Meetings:
Review existing guidance on the use of LVV for conducting evaluations and assessments to determine needs for revisions or updates. Develop recommendations to update existing guidance for the use of LVV by Child & Family Connections (CFC) offices in facilitation IFSP meetings, ensuring families are supported and engaged in the process.

Report Update: Technology Checklist for Professionals
Kristen and Mary Ann reformatted and updated the old version. Checklist renamed "Ready Set Connect – LVV Checklist. Updates include:

- Rachel's recommendation for language to be more explicit
- Sections added:
    - Family/Child Set
    - Teaming Considerations
    - Confidentiality
    - Trouble Shooting

If this document moves forward, EITP instructional designers could use this content to develop the final instructional materials. The revised checklist has been added to the LVV Workgroup SharePoint site, Ready Set Connect - LVV Checklist.doc.

Recommendation #4 - Revise policy and guidance to require that Service Coordinators clearly explain both LVV and in-person meeting options to families, including the benefits and limitations of each, to support informed decision-making. Talking points should also consider factors such as the family's access to and comfort with technology, parent learning styles, family availability and scheduling preferences, health and safety considerations. Include standardized talking points and documentation/case note expectations to ensure consistency across CFCs in how options are presented and how family choice is recorded.

Rationale:
The use of Live Video Visits (LVV) for meetings within the Early Intervention (EI) program was rapidly implemented at the onset of the COVID-19 pandemic. Since that time, LVV has become an accepted method for conducting intake meetings, IFSP meetings, Transition Planning Conferences (TPCs), and direct services. However, there is inconsistency across Illinois regarding how Service Coordinators (SCs) explain the differences between LVV and in-person meetings, and the extent to

which families are fully informed when making decisions about meeting format. While LVV remains an allowable option, it should not be assumed as the default.

Supporting Examples:

1. Make updates to the following document: EI Service Delivery - Family Decision Making Considerations.
2. Develop documentation for LVV expectations for both:
    a. Meetings
    b. Service delivery method
3. Update Technology Checklists for Professionals and Parents:
    - https://files.blogs.illinois.edu/files/6150/807741/170537.pdf | Ready Set Connect - LVV Checklist.doc.
    - https://blogs.illinois.edu/files/6150/807741/170536.pdf
4. Consider documentation to include the need for cameras on for all parties and if the camera cannot be turned on the following should be considered
    - Service Coordinators – Reschedule evaluation/assessment if camera cannot be turned on:
    - Families - Reschedule evaluation/assessment if camera cannot be turned on
    - Providers – Reschedule evaluation/assessment if camera cannot be turned on

Recommendation #6 (New) Review/Discussion/Approval - The evaluation report format should be revised to document the method used to conduct the evaluation by indicating whether it occurred in the child's home, via Live Video Visit (LVV), or in another setting. If the evaluation is conducted through LVV, the Early Intervention Services Unit should also consider requiring providers to document the virtual platform used.

Rationale:
The current Early Intervention evaluation report format does not accurately reflect the methods by which evaluations are conducted. In Section 3, the report asks for the "Location of Evaluation/Assessment" and only provides options for "Home" or "Other Setting." Likewise, Section 5C requests behavioral observations of the child without identifying whether those observations were made in person or through a Live Video Visit (LVV).

Updating the report to identify whether the evaluation was conducted in person or through LVV would provide a more accurate record of the evaluation process and the context in which observations were made. If LVV is used, documenting the virtual platform would create consistency in documentation and provide valuable information for quality improvement, monitoring, and future evaluation of LVV practices within the Illinois Early Intervention system.

Supporting Examples:

- SAMPLE Report Format

Rachel recommended adding on the Illinois Early Intervention Evaluation/Assessment Report “child located in and provider located in”.

Recommendation 7 (Edited): The Illinois Early Intervention Program should review and update the Approved Assessment Tool List to indicate which assessment instruments are appropriate for standardized administration during Live Video Visits (LVV). Assessment tools that do not support standardized administration through LVV should be clearly identified on the approved list as "Not Standardized for LVV" to guide evaluator practice and ensure consistency in assessment procedures.

Jeanine recommended and Workgroup agreed that EI Services should review this list on a regular basis to ensure the accuracy of the list.

Rationale:
The increased use of Live Video Visits (LVV) in Early Intervention has created a need for clear guidance regarding the administration of assessment tools in virtual settings. Many standardized assessment instruments were developed and validated for in-person administration and may not maintain their reliability, validity, or standardization when administered through LVV.

Identifying which assessment tools may be administered in a standardized manner via LVV will promote consistent practices across evaluators, support compliance with assessment publisher requirements, and help ensure that eligibility and service decisions are based on accurate and reliable assessment results. Clearly designating tools that are "Not Standardized for LVV" will provide transparency for providers and families, reduce variability in evaluation practices, and assist evaluators in selecting appropriate methods for gathering developmental information when virtual services are utilized.

This guidance will help maintain the integrity of the evaluation process while supporting the continued use of LVV as a service delivery option when appropriate for children and families.

Supporting Examples:
IDHS: Early Intervention Approved Evaluation and Assessment Instruments

Recommendation # 8 (Edited) Review & HIPPA Obligation Update - The Illinois Department of Early Childhood (IDEC) and the Early Intervention Service Unit should pay for one unified platform to be used by all Child and Family Connections (CFC) offices and Early Intervention providers when conducting Live Video Visits (LVV) which will assure all parties are in compliance with HIPAA and FERPA laws and provide a single platform for families to access early intervention services.

Rationale:
A unified Live Video Visit (LVV) platform provided by the Illinois Department of Early Childhood (IDEC) would improve the experience for families while promoting consistency, security, and compliance across the Illinois Early Intervention system. Families receiving Early Intervention services often work with multiple providers, each using a different virtual platform. As a result, a family may need to navigate three to five different applications during the course of services, creating unnecessary confusion, technical challenges, and barriers to participation. Providing a single

statewide platform would offer families one consistent, easy-to-use system for accessing all virtual Early Intervention services.

A unified platform would also ensure that all Live Video Visits are conducted through a system that meets HIPAA and FERPA requirements, eliminating uncertainty about whether individual provider-selected platforms meet federal privacy and confidentiality standards. While providers should continue to receive training on HIPAA and FERPA to understand their responsibilities for protecting confidential information, IDEC's adoption of a single secure platform would provide consistency and confidence for families, providers, and Child and Family Connections (CFC) offices.

As technology continues to evolve, statewide guidance should also address the use of artificial intelligence (AI) note-taking features within virtual platforms. Guidance should clearly identify whether AI note-taking is permissible during Early Intervention visits, the circumstances under which it may be used, and any consent requirements necessary to protect family privacy and confidentiality.

Until a single statewide platform is implemented, providers should be prepared to provide documentation of their signed Business Associate Agreement (BAA) during monitoring to demonstrate that their selected platform complies with HIPAA requirements.
Rachel recommended and Workgroup agreed to recommend adding the language, “Providers and CFCs should receive HIPPA/FERPA training” on number 4 of the Early Intervention Payee Compliance Review Tool 2025, Administrative Review section.

Supporting Examples:

- **https://eitp.education.illinois.edu/Files/Resources/EITAMSummaryofHIPAA_FERPA_LVV.pdf**
- **https://providerconnections.org/wp-content/uploads/2023/05/05-12-23-PIN-Public-Health-Emergency-Updates.pdf**
- **Microsoft Word - payee_compliance_tool**

Charge 2 – Decision-Making Process for LVV Utilization in the IFSP:

- Provide recommendations for guidance on the decision-making process for including LVV as a service delivery option in a child's Individualized Family Service Plan (IFSP). -Develop recommendations for strategies to support teams in facilitating meaningful and supportive conversations with families about LVV, ensuring that it is one of several options offered based on the child’s needs.
- Review the current IFSP template and recommend updates to ensure teams can clearly document their decision to use LVV, in-person, or hybrid service delivery for recommended services.
- Additionally, review options to continue to ensure that the template includes space to document the family’s informed consent to receiving services in the selected manner.

To begin recommendations for IFSP meetings, Ellana reviewed a best practice tool used by her CFC to assist in facilitating IFSP discussions and recommendations. Meeting and Service Method Discussions- CFC 4 staff discussions (3).docx

Discussion emphasized the need for all Child and Family Connections (CFCs) offices to follow a consistent process when discussing Live Video Visits (LVV) and services provided in natural environments. Establishing a standardized statewide approach to presenting LVV will help ensure that families receive the same information regardless of where they live. It was noted that if LVV is not explained clearly, accurately, and in a balanced manner, families may be unintentionally influenced against choosing it rather than being able to make a fully informed decision.

Kristen recommended sharing unbiased information with families about options so they can decide what is best for their family.

Ellana noted in the chat: The whole point of this charge is that IFSP teams should be including within their discussions for recommendations for services and supports that the discussion includes what outcomes might be best achieved using which method or methods understanding that regardless of the method (LVV and in person) that coaching the parent to help support their child in achieving the outcomes is the intent of EI. Therefore, teams can help outline how LVV and in persons would look and what method(s) the team agrees will help achieve the outcomes.

Discussion occurred regarding whether a family could be required to receive services through Live Video Visits (LVV) when no in-person provider is available and whether this could be recommended as a practice. The Early Intervention Services Unit would have to review this question to determine whether it is permissible within the bounds of current law. However, requiring a family to receive services through a specific service delivery method does not align with current Early Intervention practices. Decisions regarding how services are delivered should continue to be made through IFSP team consensus.

Public Comment: Bob Cammarata, ICG

Next Meeting August 7th

Live Video Visit (LVV) Workgroup Meeting Minutes
July 24, 2026
11:00am – 12:30pm
Zoom Video Conference

LVV Members	**In Attendance**
Affton Walden	x
Belinda Taylor-Jones	x
Brittni Monreal	x
Dana Warmouth	
Dee Dee Lowery	x
Ellana Mavromatis	x
Ellen (Jeanni) Bonine	
Hector Martinez	
Karen Artley-Heath	
Karen Lewis	x
Kathryn Basco	
Kristen Schraml-Block	x
Mary Ann Gasior	
Nichole "Cole" Renn	x
Peter Eatherton	x
Rachel Mika	x
Rhonda Levie	
Santina Yacoub	
Sharonda Yates	x
Victoria Gonzalez	x
Victoria Meszaros	x
Zee Parton	