Early Intervention during the COVID-19 Public Health Emergency: Frequently Asked Questions

EI via Telehealth:

1. For initial assessments, do both providers need to participate via video or just one? How about the SC?

   Response: At least one Early Intervention Professional needs to participate via video. The Service Coordinator and other provider could participate by phone.

2. Will professional boards (e.g., for OT, PT, SLP) allow phone-only use of telehealth?

   Response: This question has been submitted to a contact at the Board of Health Professions. She sent that question to the Board of Medicine.

   So far, we have received a response from the Board of Physical Therapy:

   > *Phone-only (interactive audio) is permitted as telehealth for PTs if the interaction goes beyond simple communication and is more akin to an audio/video telehealth interaction. PTs should make sure they follow the Board's other guidance related to telehealth (e.g. verifying identity, standards of practice, records, etc.) if they are using phone-only for practice as interactive audio beyond simple communications.*

   Existing Virginia-specific telehealth guidance from PT, OT and SLP Boards has been posted to the COVID-19 webpage on the VEIPD website (see Question 3). Practitioners are encouraged to monitor information from their Board to determine whether any additional COVID-19 specific guidance is issued.

3. Where can I find more resources related to actually using telehealth?

   Response: A dedicated COVID-19 page has been added to the VEIPD website and linked from their home page (https://veipd.org/main/covid19_ei_tele_updates.html). Resources posted there include helpful information for preparing providers to deliver EI through telehealth, preparing families to participate via telehealth, recommended platforms and technology considerations, and understanding telehealth practices allowed for specific disciplines.

4. Do I need a consent form for delivering EI services via telehealth?

   Response: Virginia is not requiring the use of a notification or consent form(s) in order to deliver EI via telehealth. If you want forms or more information about what to consider when talking with a family about using telehealth, you are encouraged to review the following forms developed by Indiana:

- Virtual Early Intervention Technology Checklist *https://www.in.gov/fssa/files/Virtual%20Visit%20Technology%20Checklist%2003.15.2020%20(1).pdf*
- Informed Consent for the Use of Virtual Early Intervention *https://www.in.gov/fssa/files/Virtual%20Visits%20Consent%2003.15.2020%20(1).pdf*

The wording on these forms may be helpful even if you opt not to use an actual form.

If you do not use a form, document in a contact note your discussion with the family about the use of telehealth, including your explanation (if applicable) that using the allowed non-public facing third-party applications potentially introduce privacy risks, as does use of non-secure devices like cell phones or tablets. Document in the contact note that the family chose to proceed with the telehealth option.

5. Do we need to do an IFSP review in order to change from in-person visits to telehealth delivery of services? Do we need a new physician certification?

   Response: No, neither an IFSP Review nor a new physician certification is necessary. The service delivery method remains "coaching, including hands-on as appropriate." Document in a contact note the reason for temporarily delivering services via telehealth.

6. Can the first visit/evaluation by a PT (or OT or SLP) be conducted via telehealth or do state regulations governing their practice require the first visit to be in person?

   Response: EI allows an initial visit via telehealth (audio-visual or audio only) and initial assessment via audio-visual technology during the state of emergency. Licensing boards are responsible for the scope of practice. We have sent a question to the Board of Medicine about loosening or clarification of their licensing regulations and have note received a response yet. Practitioners are encouraged to contact their professional board for clarification, as needed.

7. Child is out of state ... can we still provide telehealth? We have several children that have gone out of State temporarily for various reasons related to the COVID-19 public health emergency.

   Response: Since they are temporarily out of state due to the public health emergency, they could still receive Virginia EI services through telehealth if the provider is allowed to do that based on their own professional regulations. Requirements are different for different disciplines.

8. If we did a session over the phone (coached and gave mom suggestions) but the child was with the aunt and not with mom (she was at work). Would that be a session?

   Response: To constitute a billable service session (billable to Medicaid, private insurance or Part C), it needs to meet the same criteria as an in-person service session and include the parent/caregiver and the child.

9. What do we list on the contact note as the location of the service if it's delivered via telehealth?

   Response: The contact note should document where the child and caregiver were (e.g., home) and the fact that the service was delivered by phone or videoconference.

10. The length of sessions listed on the IFSP sometimes ends up being too long with telehealth. What do we do? And do we have to make-up the time we miss?
Response: Telehealth sessions may be shorter than in-person sessions, based on child and family needs. Document in the contact note why the session was shorter than what was planned on the IFSP. It is not necessary to hold an IFSP Review and change the length listed on the IFSP since the change is due to a temporary emergency situation. Making up time missed is allowed but not automatically required. The need to make up time missed is determined by the IFSP team based on the child's developmental needs. For instance, if the child has not fallen behind expected progress during the period in which telehealth was used, then there is no need to make up missed time.

11. How can we make videoconferencing more equitably accessible to all families? Low limits on data, no Wi-Fi and unreliable phone/internet service in rural areas can all be barriers.

    Response: Public and private entities are actively working to address these issues. A number of large and small internet providers are offering free or reduced cost internet service and/or Wi-Fi hotspots during the COVID-19 pandemic. Search online for available providers in your areas using "free internet during COVID-19." At least two of the four providers of mobile service for Lifeline phones available to low-income families have raised their data limits, and efforts are underway at the state and national levels to further lift these limits. The Federal Communications Commission is also taking immediate action, granting temporary spectrum access to 33 wireless Internet service providers serving 330 counties in 29 states, including Virginia, to help them serve rural communities facing an increase in broadband needs during the COVID-19 pandemic (see https://docs.fcc.gov/public/attachments/DOC-363358A1.docx for more information). Finally, some school systems have issued Wi-Fi hotspots for students, and this may allow families with available devices to access videoconferencing options without impacting their data plans. Given all of these efforts and new options, don't write off telehealth because internet or Wi-Fi are not available right now.

12. Who is considered a "covered healthcare provider" as reference in the HHS HIPAA guidance?

    Response: All early intervention practitioners who provide services reimbursable by Medicaid are covered healthcare providers.

<u>Other Alternative Service Delivery Options</u>:

13. What do we do in those situations where telehealth is not an option (such as those discussed in Question 11) or the family would prefer an alternative other than videoconferencing?

    Response: The goal is to continue supporting the family in helping their child develop and learn during daily activities, so you may need to get creative. Depending on the barriers to telehealth, you could explore the possibility of sending short videos or photos back and forth with the family to help you see challenges the family may want to work on, demonstrate strategies, and provide feedback to the family as they try the new strategy. This could be combined with text messages and/or phone conversation. All activities and time spent must be documented in the child's EI Record and "counts" toward the time planned on the IFSP. Neither an IFSP Review nor a new physician certification is necessary when services are provided using an alternate service delivery option. Time spent on the phone reviewing and discussing photos or videos with the family and planning for strategies to use

can be billed as an EI service delivered via telehealth. For families who are reluctant to use videoconferencing, encourage them to try it once. Reassure them that they and their child are not expected to sit in front of the video camera or interact with you the whole time. Let them know that they can carry you around with them (depending on the device they are using), that it's helpful to you to just observe them interacting with each other, that the session can be shorter than your in-person visit, etc. If the family is still not interested, then other ideas like those given earlier in this response may be used.

Reimbursement:

14. Has there been any change to physician certification requirements for the period of the COVID-19 public health emergency?

    Response: No

15. Please clarify how Part C reimbursement works for a telehealth claim denied by private insurance and family has a monthly cap.

    Response: Reimbursement/payment will work the same as if the service was provided in person. If private insurance denies the claim, then the family pays up to their cap and Part C funds are used to pay any balance up to the EI rate.

16. Families' financial situations may change significantly as a result of the COVID-19 public health emergency. How do we handle that?

    Response: It is important to be cognizant of this possibility and remind families to let you know if there are changes. If there has been a significant change in the family's financial circumstances, complete a new Family Cost Share Agreement.

17. Based on information on Anthem's website (as of this date), their private insurance plans will not cover phone-only occupational, physical or speech therapies. Can the state office follow up with Anthem to see if they would change this policy?

    Response: We reached out to a contact at Anthem and were told that this is a corporate decision and is unlikely to change. However, he agreed to forward the issue/request to someone who may be able to respond.

18. We have overall fiscal concerns … how are we and our providers going to be able to stay afloat through this?

    Response: We recognize that these are very stressful times on so many levels, as we worry about the health of ourselves and our loved ones; how to continue serving the infants, toddlers and families who need our support; and the economic impact this will cause for our families and businesses. We hope that the option to continue services via telehealth and at the same reimbursement rate as in-person services will help contract therapy providers remain in business. On the flip side, that policy has the potential to stress our federal and state Part C funding if those services are not covered by private insurance. Thankfully, we have reports from some local systems that at least some private insurance companies are reimbursing for telehealth at the same rate as in-person services. The

federal COVID-19 economic stimulus bill passed by the U.S. Senate this week includes support for small businesses. We understand from national consultants that the disability community is advocating for the inclusion of significant additional funding for Part C in the next stimulus package, and we will be monitoring this closely. We will continue to work with local systems to address fiscal challenges as we move through this public health emergency period, and we appreciate all that you are doing to maintain services.

Procedural Safeguards:

19. Permission to remove records physically from an office - where should that permission come from? Is it ok if we have locally received permission or should that come from DMAS?

    Response: This is a local decision and local permission is sufficient. If records are moved to a different location, you must ensure secure storage.

20. Can we add a caveat under the signature line on our consent forms that says, "Typing in your name means you have given consent to sign electronically or you may print and sign with ink and mail in the form."

    Response: Yes, this is acceptable.

Transition:

21. Is there any new guidance on transition now that all public school systems are closed for the rest of the school year?

    Response: DBHDS and the Virginia Department of Education have developed a new joint document to address common questions related to transition impacts from the current public health emergency. The document has been (or will soon be) posted to the COVID-19 webpage on the VEIPD website.

Interim IFSP:

23. Can we use an interim IFSP to get services started if we're not able to conduct an assessment for service planning right now (e.g., we are not allowed to go into homes and the family does not have access to videoconferencing)?

    Response: If you have found the child eligible, you may develop an interim IFSP and begin services. An assessment for service planning must be conducted and a full IFSP developed as soon as the family can make the child available (e.g., home visits are allowed, videoconferencing becomes an option, etc.). At a minimum, the interim IFSP must include:

    - *The name of the service coordinator who is responsible for implementation of the interim IFSP and coordination with other agencies and persons;*
    - *The early intervention supports and services that are needed by the child and the child's family. Specify the frequency, length, intensity (individual or group), location, method, and potential payment source(s) for each service; and*
    - *Signatures of both the service coordinator and the parent(s).*

    There is no requirement to use pages or sections from the statewide IFSP form in developing an interim IFSP.