

GUIDELINES AND REQUIREMENTS FOR VENDOR AGENCIES REGARDING VIRTUAL EARLY INTERVENTION SERVICES

Purpose

To define the standards and requirements for providing Part C Early Intervention (EI) services remotely.

Overview

During the COVID-19 public health emergency that warn against or prohibit face-to-face contact, an early interventionist may provide EI services using telehealth. Telehealth is defined as a practitioner providing supports to a family from a remote location via the use of videoconferencing (audio-visual) technology or phone (audio only).

Vendor agencies are responsible for ensuring that any early interventionist providing EI services follow and adhere to the requirements in this document and the *"Guidelines for Early Interventionists Conducting Virtual Early Intervention Services"* document. Virtual EI services shall be provided using the Natural Learning Environment Practices (NLEP) approach to service delivery, including the coaching interaction style, interest-based learning, family-centered and during the child's daily activities and routines.

Privacy and Consent

- Parental consent shall be obtained for each service type prior to the first virtual visit using the DC Early Intervention Program (DC EIP) *"Informed Consent for Virtual Early Intervention Services"* form. If unable to obtain signed consent, providers shall adhere to the guidance for verbal consent and document the parents'/guardians' responses.
- The recording of virtual visits is prohibited.
- Virtual visits should be conducted in a secure area that is private and cannot be overheard or viewed by individuals who are not involved in the virtual visit. This includes any adults or children at the early interventionist's location.
- Providers shall comply with all Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPAA) regulations. All personally identifiable health information that may be specific to another family shall not be visible to the other family.

Technical Requirements

- Vendor agencies shall comply with the minimum technology requirements set forth in <u>Subsection 910.13 of Section 910 of Chapter 9 (Medicaid Program) of Title 29 (Public Welfare) of</u> <u>the District of Columbia Municipal Regulations (DCMR)</u>.
- Virtual sessions shall be conducted using a secure internet connection and videoconferencing platforms, including but not limited to BlueStream Health, Zoom, Microsoft Teams, Doxy.me, Updox, GoToMeeting/Webinar, Google Hangouts, Apple FaceTime, Skype or Signal.
- The U.S. Department of Health and Human Services has released a notification of HIPAA enforcement discretion that allows the use of non-public facing remote communication products such as FaceTime, Google Hangouts or Skype to deliver telehealth services and communicate with patients. Public-facing apps such as Facebook Live, TikTok and Twitch are <u>not</u>

allowed. The full notification is available here: <u>https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html</u>.

- Providers shall notify parents that the allowed non-public facing third-party applications may potentially introduce privacy risks, as does with the use of non-secure devices like cell phones or tablets.
- For video over the Internet, 1.5 Mbps is the recommended upload and download speed for high-quality video. Internet speed requirements increase with the number of people on the call. See Appendix A to verify that your system meets speed requirements.
- Use audio equipment that ensures clear communication.

Provision of Services, Frequency and Duration

- Early interventionists shall provide coaching and early intervention support to the same quality and effectiveness as an in-person visit.
- Early interventionists shall offer virtual visits in accordance with the child's Individualized Family Service Plan (IFSP) duration and frequency. Services shall be scheduled and documented under current practices and families retain the right to cancel or decline services at any time.
- Early interventionists shall review the "Guidelines for Families and Caregivers: What should my virtual visit look like?" document with families who choose to receive services via virtual visits.
- Early interventionists shall use the coaching interaction style and the tenets of routine-based intervention and natural learning environment practices when conducting virtual visits.

Provision of services using Applied Behavioral Analysis (ABA)

In addition to the section above, vendor agencies shall:

- By April 6, submit to the Director of DC Early Intervention Program (<u>Andres.Alvarado@dc.gov</u>) a detailed telehealth training and supervision plan for Behavior Therapists (BTs), Registered Behavior Therapists (RBTs) and Board Certified Assistant Behavioral Analysts (BCaBAs). The plan should include at a minimum:
 - Training curriculum and the minimum number of training hours.
 - Training curriculum shall include a module on how to coach parents throughout a virtual visit.
 - Competencies assessed.
 - Supervision plan should include Board Certified Behavioral Analyst (BCBA) observing and shadowing the BT/RBT/BCaBA for at least the first three visits with the family.
 - Supervision plan should include ongoing supervision as required by the Behavior Analyst Certification Board (BACB).
- BTs, RBTs and BCaBAs are not allowed to provide ABA services until they have successfully completed the approved training. Vendor agencies are required to submit the certificate of completion of the telehealth training and supervision before allowing virtual visits to these types of providers.
- Virtual visits can be provided by BCBAs at any given time. Vendor agencies shall offer virtual visits to families as of April 1 conducted by BCBAs until proper training is provided to the BTs, RBTs and BCaBAs.
- <u>For ABA visits only</u>: If a visit cannot be provided as per the daily frequency in the IFSP, services can be provided throughout the day to assist families during their daily routines. For example, if a child is approved for five visits per week for two hours each day, then the early interventionist

can support the family for one hour during mealtime and then later in the day, another hour during playtime. If, for any reason, the frequency per day cannot be provided, early interventionists cannot add those to another session on another day.

• Early interventionists cannot provide more sessions in a day than what is already authorized in the IFSP.

Reimbursement

- Services delivered via telehealth will be reimbursed at the same EI rate as in-person services.
- Virtual visits require video-audio or audio-only contact with the family for the full duration of time listed on the child's IFSP. If the visit is shortened due to family preference, technical difficulties or other interruption, early interventionists shall document and request reimbursement for the actual time engaged with the family.
- Informed Consent for Virtual Early Intervention Services shall be obtained and uploaded in the Strong Start Child and Family Data System (SSCFDS) for each service type.

Documentation

- Early interventionists shall document each visit in the child's electronic early intervention record.
- Documentation of virtual visits shall list the method used (audio-video or audio-only), virtual visit participants, the video platform used, if applicable), and a thorough description of the events of the visit, including IFSP outcome(s) addressed, coaching strategies used and joint plan for the next visit.
- Early interventionists shall document all family contact in the appropriate section of the child's electronic early intervention record.

Families Rights

• Families retain all the rights outlined in the Strong Start DC Early Intervention Procedural Safeguards, including the right to withdraw consent, decline services, withdraw from early intervention and modify their child's IFSP.

Coordinating with the IFSP team

- Early interventionists shall communicate with and coordinate closely with all members of the IFSP team as family's needs change and when families want to modify IFSP services. Contact the child's service coordinator immediately if there is an increase in canceled visits or if virtual visits are cut short frequently due to family preference or technical challenges.
- It is the responsibility of the child's entire IFSP team to monitor service provision and support and accommodate reasonable family requests as they adjust to remote service provision.

Resources

• Early interventionists shall consult the clinical managers at their respective agencies or the clinical manager of Strong Start DC Early Intervention for support related to coaching and the use of natural learning environment practices.

The use of virtual visits is <u>only</u> allowable at this time due to COVID-19 and is not a permanent method to provide early intervention services.

APPENDIX A. BANDWIDTH SPEEDS FOR VIDEO VISITS¹

Internet speeds are usually referred to in megabits, while computer file sizes are usually referred to in megabytes, although sometimes they change things around to make the numbers look bigger. In the abbreviation "Mbps" a capital B will tell you if it's Megabytes instead of Megabits.

1 Megabyte per second (1 MBps) is equal to 8 Megabits (8 Mbps).

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You can test your bandwidth by visiting <u>www.bandwidthplace.com</u> or any other safe bandwidth testing site.

Call type	Minimum download / upload speed	Recommended download / upload speed
Audio Calling	30kbps / 30kbps	100kbps / 100kbps
Video calling / Screen sharing (basic)	128kbps / 128kbps	300kbps / 300kbps
Video calling (high-quality)	400kbps / 400kbps	500kbps / 500kbps
Video calling (High Definition)	1.2Mbps / 1.2Mbps	1.5Mbps / 1.5Mbps
Group video (3 people)	512kbps / 128kbps	2Mbps / 512kbps
Group video (5 people)	2Mbps / 128kbps	4Mbps / 512kbps
Group video (7+ people)	4Mbps / 128kbps	8Mbps / 512kbps

¹ Developed by the Early Intervention Program of Colorado, Office of the Early Childhood.