DISTRICT OF COLUMBIA
OFFICE OF THE STATE SUPERINTENDENT OF
EDUCATION

Guidance Related to Coronavirus (COVID-19): Individuals with Disabilities Education Act (IDEA), Part C Provision of Early Intervention Services Frequently Asked Questions

(April 11, 2020)

The offices of the state lead agency (OSSE) and the early intervention service (EIS) provider (Strong Start, DC's Early Intervention Program (DC EIP) acknowledge that contracted vendor agencies are operating in a rapidly changing environment under unprecedented circumstances. We offer the following guidance to provide clarity on questions and concerns DC EIP that OSSE has received from vendor agencies.

Evaluations

Q1: Are initial evaluations taking place via telehealth? Does OSSE anticipate a decrease in referrals during the telehealth period?
A: Multidisciplinary evaluations (MDE) are not taking place during the coronavirus (COVID-19) public health emergency. Initial eligibility will be determined using the Assessment, Evaluation and Programming System for Infants and Children (AEPS) as indicated in the "*Strong Start DC Early Intervention Program (DC EIP) Part C Guidance During the Coronavirus (COVID-19) Public Health Emergency COVID-19"* document. OSSE cannot accurately predict whether or not there will be a significant decline in referrals.

Q2: Since no annuals or transitions can be completed and just the AEPS, is the provider supposed to do the AEPS or the MDE team?
A: Initial AEPS will be completed by a multidisciplinary team. Annual and six-month AEPS will be completed by the child's primary service provider.

Q3. If we had an AEPS scheduled that had to be canceled due to the two-week closure, but the Individualized Family Service Plan (IFSP) meeting was held, do we do an AEPS now (via Telehealth) or skip it until next six-month IFSP?
A: Early interventionists should complete the AEPS now as a child must have an AEPS on record every six months.

Q4: Is clinical opinion allowed during this time?
A: Yes, it is a valid way of determining eligibility. The process for the informed clinical opinion should be followed as in normal operations.

ISFP Services

Q5: Will the original frequency listed on the child's IFSP be revised/reduced when receiving telehealth services?
A: No, the original frequency on the IFSP will not be reduced because of telehealth services. The only reason we would change the frequency on the IFSP is if the family decides to revise or reduce services, in which case an IFSP review meeting would be required.

Q6: Will the IFSP be revised if the setting of service changes? For example, originally, services were to be at the child development facility and now it is at home.
A: No, current IFSPs will not be revised to reflect the setting of service changes at this time. IFSPs developed after April 1, 2020, will indicate telehealth as an additional setting.

Q7: Specifically, since Applied Behavior Analysis (ABA) sessions can be split (e.g., one hour during breakfast and one hour during the afternoon), should we enter these as one note in the database for the day or as two separate notes?
A: ABA sessions that are split up throughout the day should be written as separate notes. For example, if you do one hour in the morning and one in the afternoon, you would write in two separate notes.

Q8: If families elect to modify service frequency due to telehealth (e.g., decreasing hours due to changes in availability), once in-person sessions resume and if the family elects, can the service frequency be increased to the former frequency (not to exceed 10 hours/week)?
A: Yes, if a family decides to modify service frequency due to telehealth, they can return to their original frequency once in-person sessions resume.

Q9: Can families ask for two 30-minute sessions instead of one 60-minute session, as long as the total amount is consistent with their IFSP? For instance, someone who has two 60-minute sessions/month, could they have one 30-minute session/week? Or someone with a 60-minute session/weekly, could they have two 30-minute sessions/weekly?
A: All services must be provided in accordance with the frequency listed in the IFSP.

Q10: What happens if a provider is unable to provide Telehealth services, but a family wants them?
A: If an early interventionist is unable to provide telehealth services but a family still wants to receive these services, the provider should notify the service coordinator (SC) who will identify a new early interventionist who can provide telehealth services.

Q11: Since we have outstanding annual reviews, how should those be handled? Should the treating therapists complete the AEPS? If so, if we are not the treating therapists, should we send these back to the SC?
A: At this time, we are not determining eligibility for annual IFSP meetings. This means that no MDE will be done. The treating early interventionist should complete the AEPS, which will continue to be used as the assessment for service planning. Once in-person services resume, eligibility must be determined within 90 days of the annual IFSP meeting. The SC will put in a new request for an MDE at that time.

Q12: Are there any restrictions on delivering ABA services from the get-go?

A: Agencies that deliver ABA services using Registered Behavior Therapists (RBTs) and/or Board Certified Assistant Behavioral Analysts (BCaBAs) must submit a plan on how they will train and support all of their early interventionists in providing telehealth services. Please refer to the section Provision of services using Applied Behavioral Analysis (ABA) in the *"Guidelines and Requirements for Vendor Agencies Regarding Virtual Early Intervention Services"* document for additional information.

Transitions

Q13: It was mentioned before that we continue services while the child is waiting for Part B eligibility but the IFSP expired. Is a new IFSP going to be signed?
A: No, a new IFSP will not be executed until after Part B eligibility is determined which will be the extended option IFSP.

Q14: If a child was determined eligible for Part B and wanted to attend school before the public health emergency but can't now until school opens again. Do we still provide early intervention services to them?
A: The early interventionists should notify the SC. The SC will confirm if the family wants to execute an extended IFSP to continue services. If the family had already signed the intent to terminate Part C services due to COVID-19, we would allow that family to stay in Part C until schools open again.

Q15: What will happen to the children that were slated to transition to DC Public Schools (DCPS) via Early Stages at the end of March or April?
A: If they have not exited Part C program, the family will have the opportunity to continue early intervention services with an extended IFSP since schools are closed.

Telehealth and Videoconferencing

Q16: Have families been informed that they need to be physically located in DC when we are providing the service.
A: No. Early interventionists should follow the regulations of their licensing boards and inform their families accordingly. Many states have relaxed their regulations so the early interventionist should follow-up with the licensing boards of the states where the family and child will be receiving services during COVID-19.

Q17: Can the destination site be the therapist's home?
A: Yes, it is an approved destination site as per the guidance from the Department of Health Care Finance (DHCF). Please refer to https://dhcf.dc.gov/page/telemedicine for further information.

Q18: Are there any restrictions on services through telehealth?
A: No. All Part C early intervention services can be provided via telehealth.

Q19: Are therapists expected to conduct initial telehealth sessions for all children on their caseloads between April 1-3, 2020?
A: The effective date for delivery of early intervention services via telehealth was April 1, 2020. DC EIP understands that vendor agencies and early interventionists need time to start services. The expectation is that early interventionists started offering services as soon as April 1, 2020, or shortly thereafter.

Q20: If a telehealth session ends early, will we have the flexibility to schedule a follow-up session? This may increase frequency, but not the intensity so that we are not going over the number of units within the IFSP.
A: No, early interventionists shall follow the frequency on the IFSP. If the telehealth visit ends early, document the actual time spent with the family.

Q21: Are we able to provide telehealth to children that are currently out of state due to the pandemic?
A: Early interventionists should follow the regulations of their licensing boards and inform their families accordingly. Many states have relaxed their regulations so early interventionists should follow-up with the licensing boards of the states where the family and child will be receiving services during COVID-19.

Q22: Can early interventionists use WhatsApp or Viber video chat for telehealth if the family is not comfortable using the other suggested platforms? Confirm if we can use the non-Health Insurance Portability and Accountability Act (HIPAA) agreement version of Zoom, GoToMeeting, etc.
A: Yes, they can be used. As referenced in the "Guidelines and Requirements for Vendor Agencies Regarding Virtual Early Intervention Services" in the technical requirements section, 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. The full notification is available here: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html. Providers shall notify parents that the allowed use of non-public facing third-party applications potentially introduces privacy risks, as does with the use of non-secure devices like cellphones or tablets.

Q23: Are vendor agencies responsible for selecting a HIPAA and Family Educational Rights and Privacy Act (FERPA) compliant platform for provision of services or will Strong Start mandate a preferred platform?
A: Vendor agencies are responsible for selecting their own platform. As per the *"Guidance on Strong Start/Early Intervention Service Delivery Through Telemedicine During DC Public Health Emergency"* document from DHCF, some of the approved HIPAA approved platforms include but are not limited to BlueStream Health, Doxy.me, eCW Healow TeleVisits, GoToMeeting, Microsoft Team, UpDox, Vsee and Zoom.

Consents

Q24: Is the new consent for virtual services the only one we will be using during this time? Will we no longer use the regular evaluation/AEPS consent?
A: The new informed consent for virtual early intervention services is in addition to all regular consents that are required to be obtained.

Q25: Are the SCs getting the consent for ongoing IFSP services or is this the responsibility of the direct service providers? If it is the direct service provider's responsibility, where do we upload this document in the database?
A: It is the responsibility of each provider to obtain the necessary consent for virtual visits. The consent should be uploaded in the correspondence notes section in the Strong Start Child and Family Data System (SSCFDS) and indicate in the notes the type of service and how the consent was obtained.

Q26: For AEPS, do you need parents to sign BOTH the Informed Consent for Virtual Early Intervention Services and the Consent to Conduct Evaluation/Assessment?
A: Yes, both are needed.

Q27: Can you walk us through getting non-signed written consent? Should a parent type their name on the form if they don't have signing capacity? Are you asking us to copy and paste a copy of the email or text to a word document and upload that to the database? Should we ask parents to type "I give consent to receive speech therapy via telehealth" in an email?
A: Early interventionists should first try to obtain written consent. If the family cannot sign and email the document, then the next step will be to ask the parent to complete the form and send it back for you to upload. If the family does not have access to complete the document, then the early interventionist will need to email or text a blank copy of the form, complete the form on their behalf, upload it in the correspondence notes of the SSCFDS and indicate how you obtain consent. Early interventionists should refer to the *"Guidance for Receiving Alternatives to Signed Consent."*

Q28: Will every family need to complete a consent form (or multiple consent forms)? (Accepting services, declining services, etc.)
A: Yes, the form needs to be completed for every family that the early interventionist serves.

Q29: Will the new consent be available in different languages?
A: Yes. They were translated into Spanish, Mandarin, Amharic and French. Early interventionists should have received those translated documents from their respective vendor agencies.

Correspondence and Intervention Log Notes

Q30: Regarding parents opting out of teletherapy – we know we are supposed to make note of it in the Correspondence log, but since they will not be meeting their IFSP frequency, do we also note it in the Intervention notes? If so, do we continue to document it as "Holiday" or do we specifically document it as a Parent Cancelation, if at all?
A: It is expected that you will document in the correspondence notes. There would be no need to document in the intervention log. Early interventionists need to notify the service coordinator.

Q31: At the beginning of each telehealth session, don't you think it will be important for us to document the following: location of child and caregivers, who else is in the location and who is participating in the session? I am thinking of our roles as sometimes first responders and as mandatory reporters.
A: Early interventionists are expected to continue to follow the expectations for intervention log documentation including who was present during the visit, the method that services were delivered and each section in the SSCFDS.

Families

Q32: Will providers be expected to email the "Guidelines for Families: What to expect on your virtual visit" to their families or will they have already received it from their SC?

A: Families should have received this information from their SC. However, early interventionists should review this document with their families as it has important information about what they can expect during a visit.

Q33: Are new referrals being accepted/assigned?
A: Yes, new referrals are being accepted and assigned.

Trainings

Q34: We have a new therapist that we want to onboard. Are you going to host a virtual foundations training to get therapists ready to go during this crisis?
A: Yes, trainings will be conducted virtually. The next Foundations Training is on April 10, 2020, and monthly on the second Friday of the month from 12-2 p.m.

Interpretation

Q35: Are we to use the language line in this setting? If so, do you have additional guidance?
A: The language line should only be used for short conversations such as scheduling or confirming appointments but not for a visit. Interpretation companies have to be used for conducting a virtual visit.

Q36: Will documents be translated?
A: Yes. Documents will continue to be translated and distributed once completed by DC EIP approved translation vendors.

Q37: What is the protocol for obtaining the services of an interpreter? Is it the same as usual?
A: When requesting interpretation for telehealth services, please complete the "Notes" section of the request with the following information for each request. It is the responsibility of the direct service agency, evaluation site, managed care organizations (MCO) case managers, or service coordinators to make interpretation requests.

Instructions for <u>direct service agencies, evaluation sites, MCO case managers or service coordinators</u>

Add the following information to add to each request:

Location – Telehealth via (describe video platform) OR telephone
Therapist Info – name, number and email
Parent/Caregiver – name, number and email
Link to video Conference
Join Zoom Meeting
https://zoom.us/j/123456789
Meeting ID: 123 456 789
One tap mobile
+1123456789, 123456789# US (New York)
+1123456789, 123456789# US (Chicago) Telehealth via Zoom, see below meeting invitation

Instructions for Interpretations Vendors:

Continue to add the interpreter's name and phone number to the SSCFDS and confirm that the email addresses for each interpreter is up to date in the SSCFDS.

Use of the language Line
The language line is for short conversations (schedule, making initial introductions, cancelations, etc.). Please use our interpretation vendors for early intervention visits, Evaluations, IFSPs and other longer interactions.

Make-up Sessions

Q38: The Department of Education states that if a state early intervention program has closed due to COVID-19, services are not to be provided. Are therapists still responsible for making-up missed services during the closure (March 16-31, 2020)? Can they make up services missed not due to the closure?
A: The federal guidance states that services *would not need to be provided.* Early interventionists can offer to make up those visits. However, it is optional and families are not entitled to those visits. Any other sessions missed in March before the closure can be made up in April.

Q39: If make-up sessions cannot be completed in April, can they be done in May in case the therapist's schedule is full as a result of completing all make-up sessions from the two-week closure.
A: Make-up visits for March 16-31 may be completed until May 31, 2020. Make-up visits for the closure period will not be reimbursed after May 31, 2020.

Q40: Will ABA guidelines be relaxed with regards to make-up sessions (i.e., having a make-up service after a regular session)?
A: No. Guidelines for make-up services remain the same at this time.

Reimbursements

Q41: Has Strong Start confirmed that all MCOs (Health Services for Children with Special Needs (HSCSN), Amerigroup, AmeriHealth, Trusted Health Plan) will reimburse for telehealth physical therapy (PT), occupational therapy (OT) and speech-language pathology (SLP) services? From what we have seen, it seems that SLP is the only covered telehealth discipline under Medicaid and managed Medicaid in DC. Can we be sure that we will be reimbursed for all children we serve via Strong Start?
A: All MCOs have communicated that they plan to reimburse for all Part C telehealth services. If claims are denied, vendor agencies should communicate immediately with Strong Start operations team with a copy of the denial.

Q42: Confirm whether a separate modifier needs to be used when billing ABA services via telehealth are there additional telemedicine modifiers apart from the normal early intervention modifiers.
A: Please confirm billing codes and modifiers with each MCO before submitting an invoice containing telehealth as a service. Additional information on modifiers and location of services can be found at dhcf.dc.gov/page/telemedicine.

Q43: How would you like us to label our invoices if we submit an invoice for April 1-15 and then again for April 16-30?
A: Append “A” to the invoice number for April 1-15, 2020 and “B” to the invoice number for April 16-30, 2020.