COVID-19 EarlySteps Procedures – Update

March 23, 2020

On Sunday, March 22, 2020, the Governor announced a statewide shelter-in-place order in effect until April 12. According to the order, "people should not go to work unless providing essential services; and stay-at-home means:

- Stay home (stay unexposed and do not expose others)
- Only go out for essential services
- Stay six feet or more away from others
- Don't gather in groups

This updated guidance addresses the following:

- Transition to teletherapy services only for EarlySteps Procedures
- Changes in child care center service provision
- Families for whom teletherapy is not an option
- Suspension of family cost participation when families have income/expense changes.

Please use the following updated guidance to best support children and families.

1. Home/community-based Visits: EarlySteps is transitioning home/community-based service delivery to the exclusive use of teletherapy, effective March 24, 2020 and will continue as long as necessary, to ensure the health and safety of early interventionists and families.

Child Care Centers—as a result of center needs and the Governor's order, the status of children participating in child care may change, limiting the ability to conduct teletherapy with caregivers at a center:

- a. Centers are encouraging families to keep any children who can stay at home, to do so.
- **b.** Classroom group size is limited to \leq 10, including staff
- **c.** Centers are minimizing visitors
- **d.** 30% of centers in the state have closed and this number is expected to increase
- **e.** LDOE is allowing enrollment of in-home providers as an option so some children may change locations from a center to an in-home site.
- **f.** An expedited, expanded eligibility for Child Care Assistance (CCAP) is put in place for Essential Critical Infrastructure Workers for 30 days. Families who previously may not have been eligible for CCAP may be able to access now if they fall into these employment groups to offset costs of child care.
- 2. EarlySteps services impacted by this change:
 - a. Intake and Eligibility Determination:
 - **i.** <u>SPOE staff and Eligibility Evaluators</u>: the process for use of teletherapy also applies to SPOEs and evaluators.
 - b. Family Support Coordination:
 - i. Monthly phone calls: continue as usual with monthly contacts with families.
 - ii. <u>Quarterly team meetings</u>: team meetings will also be conducted using teletherapy. The family may call in by telephone, other participants use video technology to participate.
- **3. Documentation:** Providers can discontinue the use of the Telephone Screening Questions and resume use of contact notes, etc typically used for family contacts/service delivery.

Teletherapy Requirements for EarlySteps Services during the COVID-19 Event

March 23, 2020 Update

Instructions: During the COVID-19 event only, all EarlySteps services are eligible for delivery via teletherapy and reimbursement where applicable according to the following provisions. SPOE, FSC, sign language and foreign language interpreter services are allowable using this method. PTs, OTs, SLPs, Psychologists, Social Workers and Counselors must follow the requirements of their specific licensing boards in providing services using teletherapy. On March 13, the SLP licensing board issued a provision allowing Provisional SLPs and SLP assistants to provide teletherapy with appropriate supervision during this event only. Last week, the OT board released some guidance on allowing OTs to use teletherapy. OTs should contact the licensing board and/or the Louisiana OT Association for the requirements.

- 1. Confirm with the family <u>prior</u> to the scheduled session that they approve the teletherapy option. The family provides consent prior to the first service delivery ahead of time and are told they have the right to refuse the service provided this way. Document in the Contact Note that the family agreed to or refused service provision using teletherapy or otherwise refused services during the COVID-19 event.
- 2. Teletherapy will occur using FaceTime, ZOOM, or a similar communication option which allows for audio and face-to-face interaction between the provider and the family. The technology used to provide teletherapy will be documented on the Contact Note. Early interventionists can access a free account with ZOOM or other similar systems. Teletherapy must be provided via a tablet, laptop or desktop computer. Telephone calls without video interaction are eligible as a billable service if a family cannot use a teletherapy option and according to discipline-specific licensing requirements and the target activity for the session. As always, FSCs can submit claims for monthly phone calls as required. For telephone communication, any documentation, materials, etc. can be emailed, mailed, and or texted to the family prior to the call so that the family will have any relevant information/materials to view. Item 11 which follows addresses telephone-only communication. A text message does not count as a session and is not billable.
- 3. Any telecommunication method must be secure and confidential. When the visit begins, the early interventionist confirms with the family that anyone present in the room is acceptable to observe or listen or establishes a "confidential" area for the meeting to occur.
- 4. <u>Prior to the session</u>, the early interventionist will assist the family in setting up the system which will be used, including instructions on downloading any apps. This set-up time is **not billable**.
- 5. Both the family member/caregiver <u>and</u> the child **must** be present for the service to be provided via any teletherapy/telecommunication method.
- 6. The early interventionist documents on the Contact Note that the service was provided via teletherapy and the technology used to provide it (e.g. Zoom on a computer).
- 7. Billing:
 - a. The CPT codes typically used for authorizations and billing are used for teletherapy for this COVID-19 event with the addition of procedure modifiers below for Medicaid billing (only).
 - b. Medicaid claims submitted for telehealth services must indicate place of service 02 (instead of the usual EarlySteps codes) and procedure modifier 95 appended.
 - c. The reimbursement is the same as usual for the CPT codes billed according to the EarlySteps rate schedule.

- d. Medicaid claims processing systems will be updated by March 24, 2020. Before that time, claims will deny, but providers should continue to submit claims and the claims will be recycled with no action needed by the provider until the system is updated.
- e. No procedure modifiers/online claim notes are required to bill non-Medicaid paid services through the Central Finance Office (CFO).
- 8. Due to school system closures, changes in child attendance in child care centers, in-home locations, etc. is anticipated. Therefore, the teletherapy option in child care centers/other caregiver locations will be determined on a case-by-case basis. Center directors will have to approve teletherapy service delivery based on caregiver availability. When providing teletherapy with a child care center caregiver the same procedures noted above for teletherapy in home-visits should be followed. FSCs should continue to invite child care staff to team meetings.
- 9. If a family has refused teletherapy/telephone sessions while home visits are suspended, the early interventionist should remain in periodic contact with the enrolled families, updating them periodically on the status of resuming services and communicating with other team members, especially the FSC.
- 10. IFSP team meetings may also be conducted via teletherapy and billed according to these procedures.
- 11. Audio Only: Generally, when an interactive audio/video system is not available, an interactive audio-only system (e.g., telephone), without the requirement of video, may be employed unless service/discipline-specific policy or licensing rules indicate that the only telecommunication option is an audio/video system. Early Interventionists must adhere to all telemedicine/telehealth-related requirements of their professional licensing board. For use of an audio-only system, the same standard of care must be met and the need and rationale for employing an audio-only system must be documented in the Contact Notes. Regardless of the originating site, providers must maintain adequate documentation to support reimbursement for the visit according to the IFSP and service authorization.

12. SPOE intake and eligibility determination processes:

- a. Intake/developmental screening and eligibility determination meetings are allowable via teletherapy.
- b. If a child cannot undergo evaluation using teletherapy:
 - i. an interim IFSP can be developed using presumptive eligibility, then re-determined after the COVID-19 event ends, or
 - ii. eligibility determination can be postponed with parent consent and documented.
 - iii. audio only (telephone) is not suitable for using the BDI-2.
- c. To support successful teletherapy evaluations, evaluators can prepare a few age-appropriate items for the parent to use, drop them off for the family, then conduct the evaluation via teletherapy. The items can be picked up later and cleaned in preparation for the next family or left for the family to keep. The evaluator should be mindful of the stay-at-home requirements.

Summary Tips for Telehealth Visits for Early Interventionists: (Shared with and adapted by EarlySteps from the Office of Public Health, MCH Home Visiting program):

- Be aware of how phone and video interactions are different from in person encounters as you
 prepare for the telehealth/virtual visit.
- For new enrollments consider sending a picture of the team and home visitor to the client via text message or email or mail.
- Ensure both the early interventionist and the family have a good phone or video connection
- Minimize distractions at both ends —ensure both family/caregiver and early interventionist are in a
 quiet, comfortable, and private spot be conscious of ability for others on both ends to overhear
 conversations
- When using teletherapy, please turn cell phone to vibrate mode or desk phone to Do Not Disturb
 (DND) and place a DND sign on door do not receive phone calls or reply to phone or email
 messages during the visit
- Set expectations ahead of time and again at the beginning of the session (especially around goal of conversation what you can and can't accomplish in the time allotted during a teletherapy session, and accountability/follow-up after the session)
- If the early interventionist is typing information or completing assessment forms during the phone or video visit tell the family what you are doing. Typing is discouraged during a session as the family/caregiver may hear and feel that you are not focused on them. Discuss the impact of teletherapy on the lack of visualizing facial cues and body language and that both will ask if there are questions or concerns.
- Silence may be more uncomfortable and may be more difficult to interpret.
- There is no opportunity for demonstration of techniques or use of visual aids unless using a video chat format. Whenever possible, send the facilitators or handouts that are planned for the visit to the client in advance. Facilitators or handouts can be sent via text, email or mail. Please ask the client/family which one they prefer.
- Check in periodically during the session to summarize reasons for change, and specific commitments.
- At the end of the call, summarize and document what you and the client/family both agreed to do before the next visit and complete the appropriate documentation.
- Be very specific about any instruction, recommendations and/or resource referrals and have the family repeat them to you. Document everything provided to the family and share relevant information with other team members.
- Chart as you would any visit, documenting it as a telehealth visit on the Contact Note.
- Inquire with the family to determine if they have email. If the family does not have an email account
 and is interested in obtaining one to share visit learning materials, guide them through the process of
 establishing an email account.
- Share any information relevant to the visit with the other team members in the notes or child library tab in EarlySteps Online.

OSEP Guidance related to COVID-19:

- 1. If LDH closes offices, early intervention services can be suspended during this event.
- 2. If LDH offices are open, but specific offices in a geographic area must be closed, services can be suspended during the closure.
- 3. Once offices re-open or the event ends and service delivery, the IFSP team must consider whether an IFSP team meeting is needed to identify whether any changes are needed

Application for Income Adjustment for Families impacted by the

Coronavirus-COVID-19 event

Purpose: To relieve the financial burden to families with significant economic impact from the COVID-19 event, EarlySteps will suspend family cost participation on a case by case basis. To qualify for the suspension the family will notify Intake Coordinators or Family Service Coordinators (IC/FSC) of their changed employment status or reduction of income. The request will be submitted to the SPOE using the **COVID-19 Income Adjustment form** (3/2020) which follows.

Instructions for Completing Form for FCP Suspension:

- 1. The line called **FCP Suspension COVID-19** must be checked with a start and end date. Ask the family for any documentation they may have to support the request: lay-off notice, check stub showing reduced income compared to FCP account in EarlySteps Online, application for Unemployment with Louisiana Workforce Commission.
- 2. Assuming that the IC/FSC may be unable to meet with the family face-to-face, the information can be mailed, faxed, emailed, dropped off, texted, etc., then reviewed by telephone/video conference with the family. The family and the IC/FSC sign the form (FSC signs in the LDH box) and the FSC sends to the SPOE who enters adjustment and dates. As long as all information is included, the request for FCP suspension does not require review by the regional coordinator. If the parent gives verbal consent, the parent's name can be added in the signature area and the FSC should check "Yes" and initial it and the FSC signs their name in the LDH box.
- 3. Since there is a lag time between the date of service and the FCP billed amount on the monthly statement that the family receives, the start date can be retroactive. For example, the March statements that went out on March 5, 2020 were for service dates in December, 2019. EarlySteps will authorize FCP accounts to be revised with start dates as early as January, 2020 and forward based on the family situation. Families who request and are approved for FCP suspension and receive a statement later, are not required to pay the amount. The amount owed will automatically be adjusted in the next statement following the adjustment to the start date by the SPOE.
- 4. Upon receipt of the request, the SPOE will start a new FCP record for the family according to the FCP SPOE manual, setting the income at \$0 for the "Effective From" date on the form.
- 5. The suspension will be authorized for a maximum of 6 months. If a family has an annual IFSP due before the end of the 6 months, the new FCP record can be set at \$0 for the balance of the period. Ongoing need for FCP suspension after 6 months, will be considered based on family need and the COVID-10 event.
- 6. The SPOE will maintain a list of families for whom FCP suspension has been entered and submit the list and the effective dates to the regional coordinator and Brenda Sharp each month. Questions about the process can be directed to the regional coordinator.

Note: for all other income adjustment requests, the previous process remains in effect.



Application for Income Adjustment-FCP Suspension

A. Identifying Information

			DOB: (mm/dd/yyyy)	
Parent(s)/Guardian(s) Name:			Home/Work/Cell Numbers:	
Address:			City/State/Zip:	
FSC Name & Agency:			Phone/Fax:	
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☐ FCP Suspension Reque	est-COVID-19			
Start Date: End	Date:			
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Parent(s)/Guardian(s) Signature:	Date:	Indicate if verbal	consent:	
Parent(s)/Guardian(s) Signature:	Date:	Indicate if verbal ☐ Yes ☐ No	consent:	
	Date:		consent:	
EarlySteps/LDH Use Only		□ Yes □ No	consent:	
EarlySteps/LDH Use Only This application and attached do		□ Yes □ No	consent:	
EarlySteps/LDH Use Only This application and attached doe □ FCP Suspension FSC	cumentation were r	□ Yes □ No	consent:	
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EarlySteps/LDH Use Only This application and attached do □ FCP Suspension FSC Signature: □ Not Approved Reason(s)	cumentation were r	□ Yes □ No	consent:	

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