

EarlySteps FAQ

Updated March 27, 2020 Stay-at-Home Guidance – COVID-19

EarlySteps Services General Guidance:

The goal of early intervention is to support families in meeting the individual, developmental needs of their child in EarlySteps. We feel that it is essential to continue that support in ways that meet family needs and minimize the risk to the health of families and early interventionists. With that goal in mind, your practical judgement and decisions based child and family needs, your scope of practice guidelines, and the stay-at-home order will always be your best guidance.

Documentation

- 1. Q: How should an evaluator document the telecommunication process used to conduct the eligibility evaluation?**

A: An evaluator will document the method and process used in the Evaluation Report. It should include the platform (Zoom, etc.), whether materials were dropped off for the family to use, whether the materials were from the family's home, how the items were administered, what the family administered, etc. Make it descriptive, so that the reader understands what took place.

Billing

- 1. Q: For services provided via teletherapy and billed to the Central Finance Office (CFO) and not Medicaid, how do we designate the place of service**

A: Bill as you usually would according to the authorization, no change or additional information necessary for billing during this event. FSC services are to be billed as usual to Medicaid as well; no place of service modifier is necessary.

Voter Registration

- 1. Q: How do we get the parent signature for the voter registration if we are not meeting face-to-face?**

A: The voter registration form should be mailed to the family for all NVRA triggering events (intake, annuals, etc.). If they are being mailed separately from other documents, include a cover letter that states something along the lines of "You are receiving these forms because you just [went through intake, participated in an annual] for your EarlySteps services." The voter declaration form should already have a telephone number that the individual can call to receive assistance in filling out the form. The office should document that the forms were mailed to the individual. SPOE and FSC agency offices should have a cover letter in their files for this purpose.

Home Visits

- 1. Q: If we need to see a child at home in order to fit orthotics or find that teletherapy is not effective. Can I still do home visits if therapist and family are both in agreement?**

A: Therapy services were identified as essential services according to the Governor's order and this example would indicate a reason for the home visit. In this case, use the Telephone Screening for Home Visits to assess any health risk and to have documented agreement with the family that a home visit can occur.

2. Q: I'm curious as to why the move entirely to telehealth given that Physical, Occupational, and Speech therapists are deemed essential per the Governor's Proclamation?

A: Both families and providers expressed concerns about continuing home visits even before the Governor's stay-at-home order. Therapists are designated as Essential Infrastructure workers, but everyone should consider whether home visits are essential weighing the risk of COVID-19 spread ("flattening the curve") against the need for the services via a home visit.

3. Q: I am providing telehealth services as directed by Early Steps but wondered if therapy in a park, with social distancing of course, would be acceptable for a few of my children who are walking? Their walking with balance and coordination on a variety of terrain at home and in the community is the outcome. The CDC and our state government has encouraged outdoor activities with social distancing for physical and mental health. I am asking if it is ok to meet with child at the park with the parent and provide verbal instruction, modeling, demonstration and gestures with absolutely no hands on contact while maintaining a 6 foot distance.

A: Within the practice standards for therapy services there are restrictions on the type of activities that would not be appropriate for teletherapy. We rely on our providers to be familiar with those requirements and this example may apply. If the Telephone Screening Questions indicate no risk for your proposed activity and it works for the family, your idea is sound. If there is any equipment on the playground/park that the child may encounter, it should be wiped down as well so minimize any spread.

4. Q: We have a question regarding 12b of the guidance. Are interim IFSPs developed using presumptive eligibility for children who meet the standard to qualify medically? And in the case where this is used and eligibility determination is postponed, does the 45-day timeline still apply for completing the evaluation and process?

A: We may need more information about this question. Here's a guess:

- a. If a referred child has an established medical condition, the child is eligible, an interim IFSP may not be necessary if the evaluation can be completed to get entry scores/present levels of functioning. If the child is medically eligible and the evaluation cannot be completed timely and an interim IFSP is or is not conducted and the timeline exceeds 45 days, that is okay. Depending on the reason, you will enter "system" or "family" reason. We'll know from the date range in the report that the exceeded timeline fell within the COVID-19 event and we will be able to account for it. Arrange for the evaluation when possible and conduct the "initial" IFSP. There have been no Federal waivers for timelines.
- b. If a child is referred for developmental delay and the evaluation cannot be completed and the team uses "presumptive" eligibility, then an interim IFSP can be developed within the 45 days. If it cannot be developed within the timeline the same rule applies as in a.

In summary, eligibility decisions are more straight forward qualifying a child based on an established medical condition. For children who are referred for concern regarding developmental delay, we rely on the BDI-2 and other health and screening information for

eligibility determination. Due to obstacles presented by COVID-19 such as arranging for an evaluation and receiving evaluation results other information timely, teams can consider “presumptive” eligibility for developmental delay and develop an interim IFSP.

With careful planning and good documentation, there will be no penalty for timelines that are not met. We are asking all early interventionists to do the best they can to support children and families.

5. **Q: What should SPOE do regarding referrals? Are we to come into the office and disseminate referrals on a daily basis per normal procedure? This would require that someone come into the office on a daily basis during this time.**

A: SPOEs will quickly have a feel for the volume of referrals received during this event given the stay-at-home order. Base your decision on that and your prior experience. You may not need to visit the office daily. Most SPOEs have made arrangements to continue operations to meet their specific needs.

6. **Q: Are we extending EarlySteps services for the babies whose evaluations s were not completed by the school system and they are turning 3?**

A: We addressed this question in the FAQ that came out on March 19 and is posted to the EarlySteps website. In summary, the answer depends on whether the child had an IEP developed by the LEA. The child should have had a transition conference before 2 years, 9 months and completed the evaluation and IEP to be in place by the 3rd birthday. If this did not happen due to a late referral to EarlySteps for example, and the child was eligible for EarlySteps, and had an active IFSP, they may continue with EarlySteps based on the IFSP team decision. The SPOE would enter a “compensatory” IFSP. It’s difficult to determine a date range since schools have not re-opened, but the date should not extend past the end of the current school year for the appropriate LEA.

Teletherapy

Updates:

Speech-Language Pathologists:

The SLP Board issued the following additional Guidance on March 23 for SLPs with Provisional License who require supervision: The Board has relaxed the direct supervision requirement between March 16 – April 30, 2020, to allow licensees who require supervision to use phone counseling of patients as direct supervision, for counseling patients/families via phone/IEP meetings. It is not appropriate if a Provisional SLP is providing therapy services to a child and the supervisor is not able to virtually join the session via a video conference.

Please keep in mind that all local, state, and federal regulations, and employer policies, must be followed at all times. We know that everyone is doing their best continue client/patient/student care and that Provisional Speech-Language Pathologists need to continue to increase their skills/readiness for independent practice. The Board understands the uniqueness of the situation; however, we have the responsibility to ensure that Provisional Speech-Language Pathology experiences are completed in a reasonable and responsible way to ensure Provisional Speech-Language Pathologists are prepared for independent practice without sacrificing client/patient/student care.

Occupational Therapists:

The LOTA released the following on 3/26/2020:

LSBME has confirmed that, in order for occupational therapy services to be safely provided during this pandemic, Telehealth may be utilized by Louisiana licensed Occupational Therapists. Clarification: Telehealth may be utilized by OTs ONLY, not OT Assistants. The Telehealth treatment session MUST maintain AOTA Standards of Practice. Please remember that our profession plays a critical role in achieving and maximizing quality of life for our patients. When it is safe and possible, hands on intervention, following appropriate COVID-19 precautions, should be utilized. **This clarification serves to verify permitted practice by LSBME; this is not a guarantee of coverage. LOTA continues to work with State Officials and Insurance Providers, regarding coverage for our services. Allowable via Telehealth when an Occupational Therapist is unable to be on-site with a patient; for Medicaid, private pay, and insurance companies OTHER than CMS (again, clarify with the provider prior to initiation of treatment):

- Patient Evaluation
- Patient Re-Certification
- Individualized Treatment Session, maintaining USUAL Standards of Practice
- Supervisory session to meet 6th visit requirements
- COTA supervision requirements can be met through direct observation of treatment sessions

Here is the link to AOTAs telehealth standards.

<https://www.aota.org/Practice/Manage/telehealth.aspx>