

FAQ Update for COVID-19 Procedures

March 19, 2020

New Questions and Answers for 3/19 added in red:

Home Visit Screening Process

- 1. Q: How long is Telephone Screener process good for? Must it be done before EVERY meeting or therapy session and/or by each early interventionist?**

A: The Screening process decision is good for the duration of the COVID event. But, prior to each visit/session, the early interventionist should check in with the family and ask if there are any changes since the screening was conducted. If so, complete the screening process again and make a decision about the interaction with the family. If there is no change, carry on as planned.

- 2. Q: Also include does the form have to be completed on every family or just ones that we are considering telehealth?**

A: The form should be used with every family to determine if a home visit is appropriate. It's a health safety issue for both families and early interventionists.

- 3. Q: Do we leave it up to the family whether or not we go into the house or can we make the decision that we don't feel safe going into homes?"**

A: The goal of the Home Visit Screening Process is to jointly reach a decision between the family and the early interventionist. If agreement cannot be reached, alternatives should be considered such as alternate locations, alternate providers, teletherapy, etc.

- 4. Q: What is protocol for new families who don't want anyone to come out right now. Do we close and call when the event is over to resume or do we hold and let timelines expire?**

A: Since this was the family choice, just let the timeline extend and mark as family reason. Use the Children Exceeding 45 Day Timeline report in EarlySteps Online to track them through the COVID-19 event.

- 5. Q: What folder of the EarlySteps Online System does the "Telephone Screening" form need to be uploaded to? Child Library or Team Note?**

A: The child library with the naming rule as follows:
Date-child initials- COVIDTelephoneScreening.

- 6. Q: – Is there a timeline as to when the FSC should be notified of the decision of the family? Does the FSC need the hard copy since there is no signature of the family, but only a signature of the early interventionist? Can this be uploaded ONLY to the EarlySteps Online System?**

A: The FSC should be notified as soon as possible and no later than the usual timelines established in the practice manual. If the hardcopy is uploaded in EarlySteps Online, that is

sufficient for maintaining the copy. If not, then the FSC needs a copy—see questions related to signatures which follow.

- 7. Q: I have had a few families cancel this week for various illnesses (one vomiting, one with the flu) before I even had the chance to do the screening with them. Should I document why our sessions are canceled on the COVID screening form or document on my contact note as usual?**

A: When you have issues related to missed visits for issues other than COVID-19, document as you normally would.

- 8. Q: For one of my families the caregiver at home is the grandmother. She is in high risk category so I do not feel comfortable going into the home for her safety. Do I need to complete all of the questions on the screener in that case or just document on the form that we have decided together it is unsafe for me to be there?**

A: Any risk category identified from Screening conversation with the family which results in a joint decision is sufficient.

- 9. Q: One of the questions asks if anyone has traveled to an area where COVID-19 is active. How should we proceed if they answer yes?**

A: The purpose of the Home Visit Screening is to identify, jointly with the family, any risk for a home visit. Since community spread is a risk factor, once the identified, the family and early interventionist should make the best decision for their individual situation including other service delivery methods.

- 10. Q: How many yes answers constitute a screener that warrants a telehealth visit? Is it based on the number of yes answers or do particular questions have more weight than others? How should the results of the screener be interpreted?**

A: There is no scoring process for the Telephone Screening Process. It's just intended to assist the early interventionist and the family make a documented, standardized, joint decision about how to continue or discontinue services during this event.

- 11. Q: When checking in with families, can we start the telephone screener with question number 7?**

A: EarlySteps believes that following the screening process order allows for the discussion of risk to be evident to both the early interventionist and the family.

Home Visits/Service Delivery

- 1. Q: The question is if the child is near 3 years of age, is there a way for them to make up sessions even after the child ages out of EarlySteps?**

A: It depends. For children aging out soon, due to the required transition timelines, the family should have had the transition conference already, been evaluated by the LEA, found eligible or not, developed an IEP with the school system and services were to begin by the third birthday, then the child is not eligible for ongoing IFSP services. A child cannot have an IEP and an IFSP.

If the child's third birthday occurs in the months of March, April, May and the IEP has not been held or has a later start date, and there are missed sessions due to COVID-19, EarlySteps has a

procedure to allow for ongoing services using a “Compensatory IFSP” and authorizations. If the IFSP team and the family agree and can arrange for sessions to occur, the FSC will update the IFSP and submit the change notice to the SPOE, 3-month authorizations can be entered and services provided until the authorizations end. Additional considerations for ongoing services will be determined as based on what happens with the COVID-19 event.

2. Q: What about make up visits for sessions that have already been missed because of COVID-19?

A: Early interventionists should follow current EarlySteps policy for make-up sessions and document both missed visits and make-up sessions. Please make sure there are units remaining on the authorization and that the authorization has not expired. The IFSP team should communicate as usual regarding ongoing or changing service needs at quarterly team meetings including discussing new authorizations if needed.

3. Q: If a client opts for a clinic visit (as opposed to home or child care), will we be billing that at the regular rate or the clinic rate? Will that require approval and change of billing rate as it usually does when we use this special circumstance of utilizing clinic space for EarlySteps clients or are we temporarily allowing clinic visits at the regular rate and without change of paperwork/IFSP?

A: If the Telephone Screening process is followed and the clinic site is the jointly agreed to service location (using LDH/CDC recommendations), then the provider should just bill at the appropriate clinic rate. No additional paperwork is needed.

4. Q: While we are working on setting up telehealth systems, will there be any leniency on start dates or do we continue to need to adhere closely to start dates? I believe this question is only specific to a handful of clients that we just picked up while we are getting these changes put into place?

A: You should contact the family via telephone as soon as possible, you can use that conversation to conduct the Telephone Screening and jointly agree on the method of delivery and a service start date. If the interaction is appropriately documented, we intend to be as flexible as possible about service start dates.

5. Q: Any protocols for providers that have a new baby that’s never been seen?

A: We probably need more information to respond to this. But, some of the SPOE intake and screening process has been detailed elsewhere in this document and therapy disciplines should follow their licensing board recommendations for teletherapy and face-to-face contacts if a child has not been seen in person.

6. Q: If teletherapy is not an option for a family, and the provider refuses to provide services in the home or any in other LDH-approved setting, and no other provider is available should NPA be entered on the IFSP at this time?

A: Start with the family’s decision about continuing services from the Telephone Screening. If they would like to continue with an alternate location or alternate provider, the IFSP team should meet and determine a method to meet the family needs in the interim. It may not be

with the specific service that they were already receiving. During this event, we have to be as flexible as possible before eliminating services altogether. Be creative!

- 7. Q: If a provider says she will not provide services to family during COVID-19 event, but will resume providing services to the family once she feels it safe, should the FSC end the authorization for that provider or leave it active?**

A: Similar to the answer to Question 6 above. Follow the process and make the best decision possible. No authorizations need to be cancelled since we don't know the end date of this event, unless the family agrees to a new provider and wishes to keep the new provider ongoing. If they elect the new provider, then the original authorization can be ended.

Teletherapy

- 1. Q: Is FaceTime HIPAA compliant? Some are reporting it is not for Telehealth. If not for Therapists, can FSC and SPOE staff still use FaceTime for meetings.**

A: The Centers for Medicare and Medicaid (CMS) has given states "broad flexibility" in the use of "telehealth." We are aware that some systems do not reach the security level of HIPAA compliance. In order to be as available to families as possible, systems such as FaceTime, Zoom, etc., are allowable as long as the early interventionist's site and the family site allow for confidentiality in each space. On March 17, HIPAA released the following waiver for system security compliance:

Under this Notice, covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency. Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications. Under this Notice, however, Facebook Live, Twitch, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth by covered health care providers. Under this Notice, however, OCR will not impose penalties against covered health care providers for the lack of a Business Associate Agreement (BAA) with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good faith provision of telehealth services during the COVID-19 nationwide public health emergency.

- 2. Q: If family is ok with HV, but staff is not can Telehealth meeting still occur?**

A: The decision is reached jointly between the family and the early interventionist using the Home Visit Screening tool. If any of the screening risks apply to the early interventionist (exposure, community spread, etc.) then alternate methods such as change in location, alternate provider and teletherapy is jointly considered.

- 3. Q: If no agreement can be reached, do they just document or change IFSP to NPA for the current time?**

A: The decision/no decision should be documented on the Telephone Screening Form. After alternatives are discussed, services can be suspended until the COVID-19 event is concluded.

4. **Q: What is family has no device/internet?**
A: Although not a preferred method, cell phones can be used for teletherapy using an app that allows for video and audio. If that is not an option, decisions such as change in location, alternate provider etc. are jointly considered. The decision is jointly reached with the family including the option to continue with a home visit.
5. **Q: Several questions related to OTs and teletherapy.**
A: The guidance states that therapists should follow the specific requirements of their licensing board. State law allows for teletherapy for OTs and other disciplines, OT services were also included in the list of allowable services by Medicaid. LDH is waiting for clarification from the OT board. Please follow their requirements when released.
As of 3/19/2020, we have not received any update from the OT Licensing Board. Several EarlySteps OTs have been contacting the board and will let us know if/when there is a decision.
6. **Q: I am a motor interventionist. Everything I do is physical.**
A: Your role in early intervention is as a coach to the family to ensure that they family can support their child in the activities which need support in their environment. AOTA has long recognized this role and has issued guidance on it in the past. You can find resources from them on how to implement a teletherapy model in general and specifically related to early intervention.
7. **Q: Special Instruction wasn't listed for teletherapy options. Can it been done through teletherapy?**
A: Yes, all services are eligible for teletherapy according to the discipline-specific licensing requirements. Since special instruction does not have licensing requirements, it is eligible when the screening process is used.
8. **Q: I read over the data you sent out today, but did not find any specific directions on how to set up "Zoom." Please let me know how to set up "Zoom."!!**
A: Zoom has a great website with the process to set up an account and with videos and a schedule of webinars regarding its use. You can find it at: <https://zoom.us/>
9. **Q: There are much cheaper options and doxy.me is free and HIPPA compliant.**
A: Thank you for sharing, we have just provided a few examples among many of the systems available.
10. **Q: Is Facebook video messenger acceptable for video chat if it is what the family requested be used?**
A: Facebook video messenger is specifically NOT recommended
11. **Q: What if the family did not have enough minutes on their cell phone to conduct FaceTime or etc. or that a phone was not capable of doing any Teletherapy services.**

A: Perhaps another family member can assist using another phone. There are other options including alternate service locations. One suggestion was a “social distancing” visit such as at a park or parking lot, etc. where the early interventionist and family can conduct the visit with the 6 feet distance recommendation and the early interventionist interacts with the family on the activities as they might by teletherapy.

Signatures

1. **Q: How do we obtain signatures for Intake/IFSP paperwork? Do we have to mail or can we wait until COVID19 incident is over?**

A: If the discussion about services, etc. for which consent is being sought occurs outside of a face-to-face meeting, carefully review with the family what the request is, ask for verbal confirmation of their understanding and document what was stated and if they are comfortable giving “verbal consent” without a signature. If they are, document as such where the signature would be placed. If they are not, mail the item and wait for the signature. If you already have an electronic signature from the family and they verbally consent after the explanation, you may use the electronic signature. Thorough explanations and good documentation are the key here.

2. **Q: how do we handle families who decline the autism screening via teleservice since we're not able to get a signature on the refusal form?**

A: Follow the process in question 1 and document on the autism screening refusal form and upload into EarlySteps Online.

3. **Q: What should we do about signatures on the Voter Registration Applications?**

A: We have requested clarification from the Secretary of State's office and will respond as soon as we know.

Evaluations and Annuals

1. **Q: We have families who are refusing annuals, their authorizations are going to end.**

A: If the refusal occurred before the guidance was issued on March 16 with the screening questions and alternative service options, call the family and offer a teletherapy approach for the annual and services.

- If they refuse services altogether, let the IFSP and service authorizations expire, notify the service providers. Contact the family after the event and offer the annual evaluation again.
- If the family chooses a teletherapy option, the evaluation and IFSP can be conducted via alternate means. EarlySteps Online allows for a new IFSP to be developed and authorizations issued in the event that an annual has not been conducted timely allowing for services to continue.
- Authorizations should not be allowed to expire without discussing with the family, FSC, and providers.

2. **Q: Would it be feasible to conduct an evaluation using Skype, etc. and Parent Administration plus parent report?**

A: Offer the manipulative drop-off process detailed in the guidance first. Parents can administer items with the evaluator watching and your best judgement will determine how the item will be scored. Only the parent report items can be scored that way, but you will document the parent's report in your summary. Item 3 which follows offers more details.

3. Q: For teletherapy evaluations, how do you score the items that require specific manipulatives?

A: Conducting evaluations via teletherapy is not an ideal or typical situation, so it is unlikely that one solution will work for everyone.

Let's start with "ideal:"

- Whenever possible, evaluators provide parents with appropriate materials and BDI-2 manipulatives needed for testing the child by dropping materials off for parents to use and then picking up materials to use for the next evaluation after appropriately cleaning and sanitizing them. The evaluator can conduct the visit from their car or other nearby location, to quickly pick up the manipulatives for the next evaluation. If possible, evaluators should provide a copy of any structured items for the parent to have with the materials they drop off to assist in the administration of the item. (Can also use email and text to share this information with parents). If for some reason the evaluator can't provide a copy for the parent in any format, they should read the item to the parent explaining they must repeat the script exactly when administering the item
- Have the parent administer the item by reading/repeating the script for the item
- Evaluators observe the parent and child completing the item through appropriate technology
- The evaluator would then review the item criteria for scoring, if in their observation of the child doing the task they can score the item, they should do so
- If the evaluator's observation does not allow them to make an accurate score, they should discuss the criteria for scoring with the parent to come to a consensus on the score

Less than ideal:

- Evaluator reviews the list of manipulatives for the items most likely to be needed for the child's age and those likely to be found in the home. Send the list to the family to see what they may have and ask them to have ready for the appointment.
- Share the structured items as described above.
- Demonstrate/explain the test item and observe the family with the child and the child's performance. Score as well as you can.
- Items that can be administered via parent interview are scored that way if possible. For younger children there are many parent interview items.
- If the BDI-2 cannot be administered exactly according to the requirements, deviations should be noted in the evaluation report and on the protocol and the items scored as closely as possible.

4. **Q: Can a decision still be made for eligibility based on a diagnosis and the items on the BDI that could be administered for now, even it means we need to write Interim IFSP?**

A: Yes, if the child has an established medical condition that makes them eligible, the IFSP can be developed based on any identified needs if BDI-2 cannot otherwise be administered. An interim IFSP can also be developed for children with medical conditions or for those with suspected developmental delay. For annuals, we can develop a new IFSP and re-authorize services without an evaluation if needed. Not knowing the length of time for the COVID-19 event, it is acceptable to issue the interim IFSP and service authorizations for 6 months.

5. **Q: Also I'm worried about trying to administer the BDI-2 via video. Is there any way they can approve use of the DAYC for now. It would be much easier and accurate to administer that via video conference**

A: No, we are satisfied with the options we have identified for conducting evaluations and we will continue using the BDI-2 only.

Team Meetings

1. **Q: During all of this going on, if one of my FSCs is holding a meeting with the family and the provider wants to participate in the meeting via Video, could we submit an authorization for their participation?**

A: Yes, if the provider would not otherwise be able to participate in person, a teletherapy meeting is allowable with a team meeting authorization and documentation.

2. **Q: I am not clear about IFSP quarterly team meetings. If the family is not comfortable with us coming into the home, are we allowed to hold meetings via telephone instead of video conference?**

Following the use of the Home Visit Screening Tool which results in the decision not to make home visits, the team will meet by video conference. If the family cannot use this platform, they can just call into the phone number associated with the video conference platform and participate by phone. Other team members should be able to join via the video platform.

Loss of Income by Families and Providers

1. **Q: Can the state provide a link for information when we experience loss of income due to COVID-19?**

A: Regarding loss of income by providers, the Louisiana Workforce Commission has established Disaster Unemployment. Providers/families can apply at:
http://www.laworks.net/PublicRelations/COVID_19_Information.asp

Individuals who receive only a 1099 and not a W-2 may not be eligible, but should apply.

- 2. Q: Those of us who are full time are going to end up in a tight financial spot due to low referrals and people canceling. Part-time people have a check coming in from another employer. Can they please, just for one month, only offer full-time Early Steps workers?**

A: EarlySteps is committed to supporting all of our providers. Freedom of choice in provider selection is a major component of our system. Unless a provider's full vs. part time status is on the provider's service matrix, the status may not even be known to the SPOEs or FSC. If the matrix is updated appropriately an explanation regarding status can be provided to the family as part of the Freedom of Choice offer.