

To: Early Intervention programs and vendor agencies
From: Bureau of Family Health and Nutrition (BFHN)
Re: COVID-19: Early Intervention telehealth guidelines update
Temporary Policy Change - Extension of Early Intervention Services
Date: June 5, 2020

Summary: To mitigate the spread of COVID-19, the Department of Public Health (DPH) remains committed to providing services in a manner that reduces exposure and transmission, to the extent possible, for the duration of this public health emergency. This memo presents guidance concerning provision of telehealth services by Early Intervention (EI) vendor agencies.

The purpose of this guidance is to ensure that EI services continue to be provided to the extent possible and that vendor agencies continue to receive reimbursement for EI services. DPH and BFHN are highly motivated to ensure that no one is left behind in these trying circumstances.

Telehealth definition

- Telehealth (sometimes called “telemedicine”) is the use of electronic communication and information technologies to provide or support clinical care at a distance.
- Telehealth provides an alternative means for vendor agencies to deliver a service, when clinically appropriate and consistent with applicable regulations.
- For the purposes of this guidance, telehealth is a modality of treatment and/or treatment planning.

Telehealth home visits in MA EI

- Vendor agencies should follow all precautions, prevention and mitigation strategies, and checklists contained within the Agency Based In-Home Caregivers & Workers 2019 Novel Coronavirus (COVID-19) Guidance posted to the [mass.gov/covid19](https://www.mass.gov/covid19) website.
- Vendor agencies should determine whether home visits are appropriate based upon the Agency Based In-Home Caregivers Screening Flow Chart within the Agency Based In-Home Caregivers & Workers 2019 Novel Coronavirus (COVID-19) Guidance.
- When indicated by the flowchart, programs should conduct home visits via telehealth where possible and with the consent of the family.

Telehealth modalities

- For the duration of the public health emergency related to COVID-19, DPH is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for covered services delivered through telehealth so long as such services are deemed necessary by a provider, are clinically appropriate, and are consistent with the DPH EI Reimbursement Manual.
- Vendor agencies are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services.
- Vendor agencies must inform members of any relevant privacy considerations.

Temporary policy change: Telehealth services

- Effective March 12, 2020, DPH will allow telehealth as a reimbursable service delivery method/activity for the provision of all EI billable activities if vendor agencies determine the service to be clinically appropriate.
- These services will be reimbursed at the current EI billable rates as documented in the DPH EI Reimbursement Manual. Documentation of services must be provided in the child’s record.
- Families must give verbal consent to engage in telehealth home visit services and this consent must be documented in the child’s EI record.

Temporary policy change: Extension of EI services

- **DPH will allow for EI services delivered to children who turned or will turn three between March 15, 2020 and August 31, 2020 and meet one of the following eligibility criteria:**
 - o **Have been referred to their LEA to be evaluated for federal IDEA Part B (Special Education) services but have not yet been evaluated to determine eligibility for Part B services due to delays related to the COVID-19 public health emergency; or,**
 - o **Have a signed IEP and continued EI services are necessary to support the transition to Early Childhood Special Education (ECSE).**
- **EI Individualized Family Service Plan (IFSP) services for children that meet the criteria above may continue until their LEA is able to complete a comprehensive Part B eligibility evaluation and the LEA determines that the child has successfully transition to ECSE or until October 15, 2020, whichever is sooner. EI providers must ensure there is no duplication of services provided by LEAs during the transition period.**
- **Vendor agencies may contact families of children discharged from EI services prior to issuance of this temporary policy to offer continuation of EI services.**

Billing and fiscal matters

- All telehealth activities will be billed at the current EI reimbursement rates.
- In order for reimbursements to be processed, documentation of all telehealth contacts related to the provision of EI services with the child and family must include:
 - o the date,
 - o service type,
 - o duration and content of the contact, and
 - o the name and discipline of the staff person providing the service.
- Claims for telehealth home visits will be submitted to DPH on the Service Delivery Report (SDR).
 - o All telehealth services must be identified on the SDR file under the service setting data field (data field name: WAIVER) with a code of “T02.”
 - o This includes all telehealth services regardless of payer.
 - o DPH will have all necessary updates in place to accept telehealth services on the EI TVP website to allow telehealth service reporting on the SDR by April 1, 2020.
- All telehealth service charges for non-MassHealth/MCO children should go to the appropriate commercial insurer, prior to submitting the charges to DPH.
 - o EI vendor agencies should follow up with commercial insurers directly for additional guidance on billing for telehealth, prior to submitting claims to DPH.
- DPH will continue to act as payer of last resort.
- **For services provided between June 1 and October 15, 2020 to children over three who meet the criteria noted above, EI vendor agencies should bill at current EI reimbursement rates to MassHealth/MCOs and appropriate commercial insurers prior to submitting billing to DPH.**