

Q/A Document: Part C Program and Tele-Intervention

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General:

Q: Will the presentation from 3/31/2020 about providing services via tele-intervention be available or downloadable through the FC page? Will the resources links be sent as a document to providers?

A: Yes, the recorded session from 3/31/2020 and the document of resources links will both be linked on the First Connections web site on the EIS Provider page at:
<https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-eis-providers>

Q: Are service coordinators responsible for getting the signature from the family for consent for tele-intervention or is the therapy provider?

A: Service coordinators are responsible for coordinating services for families of Part C program-eligible children. The service coordinator must upload/attach the signed consent form with the new PA required for IFSP services provided via tele-intervention (teletherapy). And, the contact with the family regarding consent must be documented in CDS in the communications section. So, it makes sense that the service coordinator would be the one coordinating documentation and obtaining consent for the families on their case load. However, First Connections allows for service coordinators and providers (who are all part of a family's IFSP team) to work together to manage this in a way that works for them as a team. But, because the service coordinator is federally-mandated under IDEA to coordinate services and facilitate team meetings, the service coordinator is the "team lead" of each IFSP team.

Q: Can we meet face to face with a family if we have a waiver from them saying it is okay?

A: No, all face to face, in-person meetings with families and children must be remote meetings as of 3/23/2020 and until the public health emergency has been determined over and Part C providers notified in writing by the lead agency. The State's Part C Program does not have a "waiver" for in person visits but does have a program-approved form that is used to document parent/guardian consent for IFSP services that will be provided via tele-intervention (teletherapy). The form is called FC Consent for Remote Services.

Q: Does the service coordinator only need to get parental consent for services if Part C funds are the pay source or get signed parent consent across the board with all children who receive teletherapy no matter the funding source?

A: Parents must sign consent on the FC Remote Services Consent form for any IFSP service that will be provided through tele-intervention (teletherapy). All services on an IFSP are IDEA, Part C Program services regardless of paysource.

Q: On the FC Remote Services Consent Form (teletherapy consent form), is the provider listed in the “Other individuals” box or someone else?

A: Anyone the family would like to call in to participate in their remote session who is not at the family’s location is recorded in the “other individuals” box of the FC Remote Services Consent Form. For example, if a grandparent wanted to participate, the parent can grant consent for her to join into the remote session. The parent or another adult at the home with the child would still have to be present/participating in the session.

Q: If the developmental evaluation was already completed, can the IFSP team move forward with determining program eligibility and making the initial IFSP to provide services?

A: Yes, if the developmental evaluation report is in the child’s electronic record in CDS, the service coordinator can conduct the initial IFSP meeting virtually (teleconference) with the 3 required participants/roles: family, SC, evaluator or evaluation interpreter. The child/family may receive services on this IFSP via tele-intervention (teletherapy) if the parent grants/signs consent for services to be provided remotely.

Q: If the initial IFSP meeting was held prior to the outbreak, can the child/family receive services now if they have not been seen by the provider they chose at their initial IFSP meeting.

A: Yes, after the parent grants/signs consent for services via tele-intervention (teletherapy).

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Providing IFSP Services via Tele-intervention:

Q: Is there a FC Tele-Intervention Session Outcome form that therapists send to parent/guardian to sign after each session or can we use our program’s current ‘data sheet’ noting ‘remote session’ in our session note and have the parent/guardian sign electronically?

A: There is an FC form that must be used to document any service on an IFSP provided via Tele-Intervention (DT, OT, PT, SLP). The form is called: FC Tele-Intervention Session Outcome Form. It must be completed and signed by the adult caregiver who participated in the tele-intervention (teletherapy) session and uploaded in the case notes of the child’s electronic record in CDS.

When saving the file to attach/upload in CDS, the file name must begin with the word “Remote” and include the date of service. Recommended file name format: Remote + discipline + first initial + last name + date. Example: RemoteOTJDoe4_3_2020 or RemoteSPJDoe4_3_2020).

Q: For kiddos that have an annual evaluation coming up what do we do? Do we stop services at that point since we can’t do the annual re-eval? Will the IFSP expire?

A: First Connections will allow for an extension of time (similar to Medicaid’s extension for annual evaluations in DMS 04). The IFSP team will have to meet to develop a new IFSP (before the old one expires). Part of that process includes determination of the child’s ongoing eligibility for the Part C program. The IFSP team is encouraged to use informal means of assessment, including (but not limited to) a developmental screening (with parent consent), assessment of progress in meeting

goals/objectives, COS rating, etc. and make a determination (as a team) of the child's ongoing program eligibility and document this in CDS on the IFSP page where date of eligibility determination and category of program eligibility is recorded.

Q: If family does not have access to technology, can we resume IFSP services when this all ends?

A: Yes, when the lead agency notifies Part C providers in writing that the public health emergency has ended, service provision will return to typical modes of delivery and regular Part C program policies/procedures. The family's IFSP team documents in the case notes of the child's electronic records any situation in which a family is unable to participate remotely or when a family chooses to "take a break" and not participate in IFSP services for an extended period of time. When the family resumes services, an assessment of child functioning can be accomplished as part of a delivered service session and the IFSP team will meet to update the plan to meet the family's current priorities and adjust the plan to meet the child's current needs/strengths/interests/functioning.

Q: Is additional funding available for the children who typically get DT with medicaid reimbursement?

A: Yes, Part C providers needing additional Part C funding to provide developmental therapy via tele-intervention to program-eligible children whose DT was paid by Medicaid, may request additional funding for DT therapy in 30-day increments with a fillable form. DT can be offered via tele-intervention for a maximum of 60 minutes per week; IFSP teams may choose to provide tele-intervention for less time (45 minutes) or for 60 minutes every other week, depending on parent/caregiver need for support.

Q: Do we need to wait for a new PA prior to starting Teletherapy?

A: Yes. Every service on an IFSP that will be provided via tele-intervention (or teletherapy) must have a new PA. PAs for IFSP services provided via tele-intervention are requested in 30-day increments. IFSP services provided via tele-intervention may be provided (maximum) 60 minutes per week (per discipline/service on an IFSP), regardless of pay source.

Q: Does the teletherapy platform we choose need to be HIPAA compliant?

A: The platform or application used to provide IFSP services to parents/caregivers of children with a current IFSP must be accessible to the family at no cost, work on a variety of different devices, easy to install/use, and easy to explain to family members who need assistance using the technology to attend their virtual sessions.

Q: If a child is in a daycare, how do we provide services to that child during this period?

A: The provider would work with the family to identify a time convenient to the family to participate in their early intervention via tele-intervention (tele-therapy) with their child at home at a time when the child is not in class.

Q: If a family chooses to not do their IFSP services via teletherapy at this time, what does the IFSP team need to do?

A: Families have the right to "take a break" for whatever reason for a period of time. The EI professional who spoke with the parent/guardian (SC or therapist) would document that the family has elected to not continue services during the public health emergency via teletherapy in the case notes child's electronic record in CDS and communicate this information (email is fine) with the other members of

the IFSP team.

The family should be offered developmentally appropriate activities to do at home with the child and document these actions to support the family in the child record in CDS. These activities should correspond with the family's priority area or area of greatest concern (such as "communication" or "movement"). The SC and parent/guardian should determine how often/when the SC should contact the family to "touch base" (in a month, at the time the next IFSP review is due, etc) regarding the child's services on the IFSP.

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Part C Funds:

Q: What if we don't have any Part C funds in CDS? How do we request these PA's?

A: Part C providers needing additional Part C funding to provide services on a child's current IFSP via tele-intervention, may request additional funding in 30-day increments with a fillable form that is completed and emailed to Amanda.Smith@dhs.arkansas.gov . See the section below for information about PA requests.

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Billing/PA:

Q: Since every IFSP service that will be provided via teletherapy requires a new PA. Do providers need to de-obligate the original PA?

A: Providers will need to de-obligated funding on current PAs for the dates those services are provided via Tele-Intervention.

Q: Do providers continue to request a PA for tele-intervention services in the CDS system under 'Prior Authorization' tab or through a "Provider Portal" in Interchange?

A: Service coordinators continue to submit PA requests in CDS in the Prior Authorization section for any IFSP service that will be provided via Tele-intervention and paid for with Part C funding. The SC attaches the FC Remote Services Consent form to the PA request (either in the Justification section or where the Rx goes) and types "teletherapy" in the notes box of the PA request. These PA requests are for 30-day increments. IFSP services provided via tele-intervention (teletherapy) may not exceed eight thirty-minute units per month (per discipline/service) on a current IFSP.

For services on an IFSP provided via Tele-Intervention that are funded by Medicaid (OT, PT, ST), the provider enters the PA request in the Provider Portal. There are how-to guides on entering the PA in the Provider Portal help section "Job Aids." The FC Remote Services Consent Form must be in the child's electronic record in CDS and is uploaded/attached in case notes when there is not a PA entered in CDS.

Q: I tried using the PA # as the number for the beneficiary but that did not work for me. Can someone walk me through that?

A: Only use the Medicaid or DDS ID number as the beneficiary number.

Q: Will EI follow Medicaid that telehealth is limited to 30 minute sessions at a maximum of 90 minutes per week?

A: Services on a current IFSP can be provided via tele-intervention (teletherapy) for a maximum of eight 30 minute units per month (per service/discipline). The IFSP team may decide to do two 30-minute sessions per week, one 45-minute session per week, or 60-minutes per week (or less – 60 minutes every other week) depending on the preferences and needs of the family.

Q: Does Medicaid only require a new PA for "Parent Education?" If we have a current PA for services on a child's IFSP, do we have to request a new PA for those services?

A: Medicaid guidance in DMS 04 and 04a indicates teletherapy services are 100% PAd. A new PA is required to enter the GT and 02 modifiers for all services provided via teletherapy. A new PA is required for any service on an IFSP that will be provided via teletherapy. Providers can de-obligate unused funds from PAs current prior to the public health emergency.

Q: Will billed claims be similar to Medicaid: Include Place of Service = 02 and GT modifier for all CPT codes?

A: Yes, the GT and 02 modifiers are required for all services provided via teletherapy.

Q: How long will take to process PA for this teletherapy? Will the PA unit increase staff to process the additional PAs for teletherapy?

A: This is a new way of doing business and we are not sure of the process time. We're anticipating a short turn around with providers assisting by entering the required pa information in Medicaid's Provider Portal. This will generate a tracking number notifying the pa unit to review, modify and/or approve to create a pa number.

Q: When the provider or the service coordinator receives a prescription from the PCP "late" (after services have already been done), what needs to happen then?

A: If the service coordinator put in a PA request for services to be provided using Part C funds (for a child receiving Medicaid) because there was no Rx for the evaluation or service, when the Rx is received, the provider can de-obligate the Part C funds and submit billing to Medicaid for the services.

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Service Coordination:

Q: If a child is referred to the Part C program and meets Part C Program eligibility, can the initial IFSP be created and services provided before the DT evaluation has been completed?

A: No, an initial IFSP cannot be developed without the required developmental evaluation. But, if a newly referred infant/toddler meets Part C program requirements, a temporary or “Interim IFSP” can be developed.

Children newly referred to the program meet program eligibility in the following ways:

MD – diagnosed (documented) medical condition likely to result in a developmental delay

DD – child referred with a recent evaluation other than the developmental evaluation (example, referred with a speech evaluation). The recent evaluation demonstrates a qualifying percent delay in one area, so the child meets Part C Program eligibility.

On the interim IFSP, the child record in CDS will show MD or DD as the category of program eligibility and describe in the box the child’s documented, diagnosed medical condition or describe the qualifying percent delay in any one area of development. The IFSP team will develop a “temporary” IFSP (interim IFSP) with goals that align with parent concerns (with parent consent, the team can use a screening such as ASQ-3 and document). The team should be aware, however, that some services will not be able to be provided without an evaluation and may want to begin with DT or the service that aligns with the recent evaluation.

Normally, the 45-day timeline must still be met when an Interim IFSP is used, but due to the delays that will result from the public health emergency, the Interim IFSP can be used and the initial IFSP will be created “late” (beyond the 45-day timeline) when the developmental evaluation can be completed. The SC will document the reason for the delay in making the initial IFSP as “public health emergency” in CDS.

Q: Can Transition Conferences be held via teleconference (or Zoom)? If so, how do I reach the Part B EC Coordinators if the schools are closed?

A: The list of EC Coordinators is frequently updated and posted on the Dept of Ed Web site at:

<https://docs.google.com/spreadsheets/d/1O97kDRsQQ-YM37D9JcqWECUbB6Q8c9PnWNg7j5Gszt4/edit#gid=1086563166>

EC Coordinators are working remotely, so email is the best way to reach them because they will not have access to their faxes and may not have call forwarding on their office numbers. EC Coordinators in districts where remote special education / special instruction is not being offered still must participate in “Child Find” (referral) activities and are required to make an effort to attend (or choose a delegate to attend) Transition Conferences.

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