

Frequently Asked Questions and Answers
Early Intervention COVID-19 Policy/Procedures
for Live Video Visits (EI Teletherapy)
New – 04/10/20

The following are a list of follow-up questions received regarding the implementation of the Live Video Visits (EI Teletherapy) effective April 7, 2020. It is also important to note that the Illinois Shelter-in-Place period under the direction of the Governor due to the COVID-19 Pandemic period has been extended to April 30, 2020, unless otherwise changed. We ask that you continue to watch the Provider Connections website for future updates.

If there are additional questions or need for clarification, please direct those to the Bureau by e-mail to jennifer.grissom@illinois.gov. Questions from Child & Family Connections (CFC) office staff should be directed to the CFC Manager for submission to the Bureau.

Initial Evaluations, Initial Assessments, Medical Diagnostics

1. Question: Can providers conduct initial, quarterly assessments and/or 6-month review assessments via Live Video Visits?
Yes. Understand that providers should continue to utilize the appropriate assessment tools.
2. Question: For families who are in intake and waiting on evaluations to determine eligibility, do Service Coordinators need to complete the COVID-19 EI Live Video Visits Consent form with them?
At this point, initial evaluations are not being performed using Teletherapy. The Bureau is exploring options for an Interim IFSP plan or something to fill the gap but have do not have an approved plan yet.
3. Question: Can Initial Assessments be done on children who are eligible through other means (medical diagnosis or meeting at-risk criteria) to develop an IFSP?
Yes, initial assessments to determine the child's individual strengths and barriers to assist in the development of an IFSP and the meetings may be held via Live Video Visits, following all other written guidance.

Prescriptions

4. Question: Are prescription rules the same as face-to-face therapies?
Yes, prescriptions are still needed and should be collected as normal.

Consent

5. Question: There seems to be some confusion of who collects consent, isn't the service coordinators supposed to gather the consent?
As stated in the initial guidance, under consent, it is the Service Coordinator's responsibility to collect and maintain the Live Video Service consent. This ensures the document has been fully reviewed with families and a signed copy is placed in the child's permanent file.
6. Question: Will consents be sent out in Spanish, Chinese?
These translations have been requested and should be completed soon.
7. Question: Will electronic signatures be allowed on the consents?
We are unable to allow digital signatures at this time. However, as outlined in the Guidance, the Service Coordinator may utilize the verbal consent until the family is able to sign.

Family Participation Fees

8. Question: Will families be charged fees during COVID-19?
Families will receive grace during the months beginning March 2020 when face-to-face services are prohibited. The Bureau is researching the method of implementation.
9. Question: Will services be suspended if family is delinquent?
No, the Bureau has requested delinquency letters be held by the Central Billing Office and CFCs have been asked to not suspend services during this time.

DCFS Child in Care

10. Question: How does this apply to families in DCFS Children in Care? Who signs the COVID-19 EI LVV Consent?
Teletherapy may be utilized for all children in EI. We are working with DCFS to confirm if the LVV consent must be signed by the DCFS Guardian. However, if direct service has been authorized, the team should not postpone LVV services from beginning. If DCFS Guardian signed LVV consents are deemed necessary, the Bureau will obtain appropriate signatures and forward to CFCs to complete and place in those children's permanent files who are impacted.
11. Question: For DCFS Children in Care, does the foster parent have to accept teletherapy?
The foster family does have the right to say no to teletherapy and may continue to utilize the phone consultation time.

Insurance

12. Are teletherapy insurance benefits the same as face to face benefits? Do insurance policies typically have a different policy or set of rules. Do they count toward maximums that some plans might have?
The Bureau is not privy to understanding the uniqueness of the individual plans or payment structure of insurance plans. It is our understanding the provider should continue to bill insurance as they have done in the past, but the provider may choose to confirm with the plan for any other unique requirements of separate coding, etc. Providers may also want to familiarize themselves with the Executive Order 2020-09 signed by Governor Pritzker to temporarily expand the availability of telehealth services in Illinois. Additional guidance can also be found in the Illinois Department of Insurance Company Bulletin 2020-04 (found at <https://insurance.illinois.gov/cb/2020/CB2020-04.pdf>)
13. Question: Does insurance need to be verified with the CBO specifically for teletherapy?
CFCs do NOT need to resubmit BVs to CBO. Providers, depending on the insurance company/policy, may need to contact the insurance companies regarding telehealth billing. As always, appropriate denials or denials regarding lack of coverage for telehealth will be processed by CBO. Waivers will not be issued due to the uniqueness and temporary time-period involved.

Frequency/Intensity/Duration

14. Question: Can they split a 1x a week/60-minute session into a 2x a week/30-minute session?
Original guidance indicated the IFSP must match the delivery of services. This is an update after careful consideration and outreach to multiple technical assistance members.

After a full and family-centered discussion, the decision to utilize less time or split the weekly amount into two, smaller increments of time, the provider may do so. The discussion must be fully documented, and the information must be shared with the SC for their documentation as well. Additionally, the billing must match the documented amount/increment of time. The maximum amount cannot exceed the authorized intensity/duration.

Question: What happens when a provider can't commit to all authorized sessions due to her own family situation?

~~The CFC should search for a new provider who can commit to minimum guidelines in the IFSP. In the meantime, the provider may continue to use phone consultation until another provider may be found.~~

Revised Answer: The Bureau recognizes that each individual family/provider relationship is unique. During this time, it is understandable that the family may wish to alter the original frequency/intensity depending on what works best for a given family. Due to the IFSP having specific written goals, frequency, intensity and duration guidelines, the Bureau is required to ensure that the family is offered the services as written. However, if a family does wish to work with a provider who can commit to some or part of the authorized sessions, the family may contact their service coordinator to ensure documentation of this arrangement. The provider must also document the conversation and the altered scheduled agreed to with the family. If the family wishes to receive the services matching the frequency/intensity as written in the IFSP, the family should contact the service coordinator to try and make arrangements to help locate a provider who can meet the family's needs.

15. Can the same provider split sessions for the same family and use sometimes IFSP dev consult and sometimes live video?

Original guidance indicated the IFSP must match the delivery of services. This is an update after careful consideration and outreach to multiple technical assistance members.

As with number 14 above, with family-centered input, there may be a decision to split the weekly duration of services by part LVV and Phone Consultation. The Claiming should match the services delivered and documentation should indicate that as well.

Training

16. Who is required to attend the training?
EI Providers, including Interpreters, and Service Coordinators.

Make-Up Sessions

17. Question: You also sent another message regarding whether providers may complete make up sessions using teletherapy.

Yes, this is appropriate as long as written guidance within the EI Provider Handbook is followed, which states:

A provider may reschedule a missed session based upon the guidelines stated below:

- 1. A provider may make up a missed session, within seven (7) days from the original scheduled date.*
- 2. If a provider knows that a service will be missed prior to the regular date of service due to an upcoming leave, the provider may complete the service up to seven (7) days prior to the anticipated missed session date. If more than one date of service will be missed due to an extended leave and is unable to be made up, based on the guidelines above, it should be considered a missed session.
NOTE: Do not provide multiple sessions in one week in order to make up for an extended leave (i.e., services on Monday, Wednesday and Friday of one week to make up for a 3-week leave).*
- 3. If a weekly or monthly service session cannot be rescheduled within seven (7) days from the original scheduled date, it should be considered a missed session.*
- 4. Given the frequency of illness in young children, family and provider vacations, and other unforeseen issues, missed sessions are inevitable. However, they should not be routine occurrences. Providers should make every effort to avoid missing service sessions.*
- 5. Never provide a make-up session on the same date that a regular session has been scheduled or as back-to-back sessions. Most birth to three children would be unable to tolerate an extended session.*

6. *If it is necessary for a provider to miss a number of service sessions due to a prolonged illness/injury, or any other leave, an equally-qualified provider (see Equally Qualified Provider definition) must be identified to carry out the services identified on the IFSP. The provider should contact the family and the Service Coordinator for each child on his/her caseload and work with the Service Coordinator to find a substitute for each child.*
7. *Always document in your case notes the date of the missed visit, the reason for the missed visit and if you reschedule based upon the above guidelines.*
8. *When completing documentation after a make-up session, include information in the documentation that identifies the date of service as a “make-up session”.*
9. *Always bill for a make-up session based upon the actual date of service, not the date that the session was missed.*

18. Question: Can parents record the teletherapy?

Although it is documented that providers cannot record sessions, families recording sessions is outside the scope of our authority. Understand the platform will be hosted by the provider, the option for recording has been required to be turned off.

Policy/Procedures

19. Question: Can providers bill for taking notes at the end of the IFSP dev consult and live video sessions? No, this is still considered administrative time. The provider may bill if he/she has the ability to offer a written home plan and share it through the video platform used at the end of the session. The provider may use a maximum of 15 minutes of the direct service session to complete this task.

Authorizations

20. Questions: Do providers need new authorizations for telehealth?

No, as stated in the LVV Guidance in section 9a, existing offsite authorizations can be utilized for billing of Live Video Visit Services. Meaning as long as the provider has a direct service, offsite authorization, no new authorization is needed. Offsite Codes include 03 (childcare) 12 (home), and 99 (other setting).

21. Question: If new authorizations are needed, how do we authorize the place of service code?

New authorizations necessary due to initial, annual or change of provider, will be issued using the applicable offsite place of service code not the teletherapy code of 02. However, providers must follow guidance and submit claims using the 02 (teletherapy) ensuring the use of the two-digit code. The Central Billing Office will process these claims accordingly.

22. Question: Are evaluations allowed to be conducted via Live Video Visits?

As originally announced in the written guidance, evaluations are still not allowed. The Bureau continues to work towards addressing this issue in a manner that is able to account for the variety of Evaluation/Assessment procedures and practices that currently take place across our state. Assessments needed for initial (auto-eligible medical diagnosis or meets at risk criteria), annual or six-month reviews, should be authorized as AS authorizations. EA authorizations are not allowed at this time.

Platforms

23. Question: Is Facetime allowed and if not, what are acceptable forms of Live Video Visit Platforms?

As stated on page 7 of the LVV Guidance, providers may utilize any platform with the exception that, at no time would a public-facing platform be allowed (such as Facebook live, Instagram, TikTok, etc.), the provider is responsible for ensuring that the platform is not a public-facing platform. To learn more about

what that means, please review a link from HHS, the organization who enforces HIPAA, <https://www.hhs.gov/hipaa/for-professionals/faq/3024/what-is-a-non-public-facing-remote-communication-product/index.html>.

24. Question: Do all families have to accept the platform that providers choose to use?
There may be times where the family/provider may need to compromise on the platform but need to use a platform they both can agree upon. If a family/provider cannot come to an agreement, then it is possible the CFC may need to locate another provider or Live Video Visits may not be an option.

Part B Services

25. Question: We've heard of some parents inquiring if EI will extend beyond 3 years of age as early childhood is not conducting evaluations and IEP meetings. Is this a possibility or being looked at? Although the EI Bureau is reviewing the varying options, we also have to consider how ISBE anticipates meeting their guidelines to conduct evaluations and IEP meetings. We are reaching out to our contact with ISBE to get an understanding of what the process may look like once face-to-face services resume. More to come!

Service Delivery

26. Question: Can teletherapy continue after we go back to face to face visits?
As stated in the LVV Guidance in section 1a, the use of live video services will continue only until the Illinois state of emergency is lifted. The Bureau is planning to reassess the Live Video Visit practice and consider for the future once things settle down.
27. Question: Is co-treatment allowed?
If the family agrees, the IFSP recognizes this as a strategy and the platform is able to support multiple people with no interference, yes.
28. Question: Can some providers on the same team use IFSP development phone consultation and some live video services?
This question could have multiple meanings, so answering several ways.
Revised Answer: At this time, if a provider may meet the IFSP Frequency/Intensity/Duration using both live video visit services and phone consultation, he or she may **not** use live video visit services and phone consultation interchangeably.

This answer has since been revised, see Q.16 for correct answer.

IFSP development time to perform phone consultation will no longer be an option once live video visits have had been chosen as the service delivery method.

There could be times when the IFSP team may have providers with the ability to provide live video visits and others may not. This is appropriate as long as the family is in agreement.

Providers who are now delivering services via live video services versus IFSP Development for phone consultation, may continue to the regular use of IFSP development time, such as provider-to-provider consultation.

29. Question: Can a Credentialed-Speech Language Pathology Assistant (SLPA) deliver Live Video Visits (EI teletherapy)?
It was brought to the attention of the Bureau that SLPAs are not allowed, per their licensure, to deliver teletherapy (Live Video Visits). The Illinois chapter of ASHA was contacted to confirm, and the response confirmed that SLPAs are not allowed to perform teletherapy. Other associations confirmed their

assistant-level therapists (Occupational Therapy Assistants and Physical Therapy Assistants) have no restricts and can provide the LVV. Additionally, SLPAs are also prohibited, by licensure, from performing consultation of any kind. A fully licensed Speech Language Pathologist is allowed to perform the Live Video Visits or the Phone Consultation.