



Combined Questions and Answers about EI Supports During the COVID-19 Public Health Emergency (PHE)

The "Interim use of Remote Early Intervention (EI) during the COVID-19 State of Community Preparedness Emergency" advisory published on March 16th has been repealed since DSS Provider Bulletins 2020-16 and 2020-17 were published with an effective date of March 16th.

EIS programs must follow the guidance in the two Remote EI procedures on Birth23.org and use Form 5-2 as directed.

Aspects of the Remote EI procedure, which will continue after the COVID-19 PHE, are waived in the Interim Remote EI procedure. In addition, OEC memo #11 clarified that effective March 23rd no EI visits are to be completed in person.

Questions related to documentation:

Q: How do we get consent for first remote service?

A: Programs are still expected to call families upon receiving referrals. This initial call may not in fact be a Remote EI service unless the evaluation is being started. Since evaluations will be completed remotely, programs can explain to families about Remote EI and send them Form 5-2 along with the Consent to Evaluate and Written Prior Notice forms. For families who are already enrolled Form 5-2 should be sent to families but an initial phone call can be billed as an EITS to help get families connected and explain their rights and the consent form. The form should be obtained within one week.

Q: Do we need to obtain prior authorization (PA) from the OEC using Form 5-2?

A: During this public health emergency PA is waived as described in the Interim Remote EI procedure. Consent from the family using 5-2 is still required and a signed 5-2 form must be kept in the child's permanent service record. The only time PA is required is for EITS being provided only by phone. Email Form 5-2 to Alice.Ridgway@ct.gov. See the Interim Remote EI Procedure for more details.

Q: How does a parent sign the IFSP?

A: Postal mail is still an option. Electronic signatures are permitted using secure email. Families may also sign a paper IFSP and take a picture of it and send the picture to program. While it is best to use secure email and file transfer platforms, families can send documents and images to programs without being HIPPA compliant. EIS programs should not. Eventually the signed IFSP should be in the child's record.

Q: If Remote EI will result in fewer supports/hours than what is on the IFSP and the family wants fewer hours remotely, do we need to revise the IFSP?

A: Yes. This is addressed in the OSERS Fact Sheet that was sent to programs.

Q: What should service contact notes look like for remote?

A: The requirements are the same as for in person notes and joint plans but must include that that visit was completed remotely.

Q: How should remote EI be listed on the home visit note?

A: All documentation should reference “Remote” Early Intervention or that the visit was done “remotely” (including each home visit note). Do not write “tele...” anything as telehealth or telemedicine have different regulations.

Q: What about parent signature on visit note?

A: Parent signature has never been required by the OEC procedures. The procedure reads that parents *may* sign the note.

Q: For IFSP-R does the 90 minute daily time apply?

A: No. The 90-minute time limit mentioned previously is not in effect at all for any EIS. Since DSS approved Interim Remote EI effective March 16, 2020 all EIS can be provided as they were prior to the public health emergency; they just will be done remotely.

Q: Can the HIPAA compliant software list add other software that may not be on the list?

A: Yes, by emailing nicole.cossette@ct.gov the name of the application or platform along with documentation about how it meets HIPAA compliance. The lead agency will review and add to the list as necessary.

Questions related to service delivery:

Q: Are there any restrictions, at this point, with the coronavirus and home visits?

A: As directed in OEC Memo #11, as of March 23, 2020 in person home visits are not permitted until notified by OEC at the end of the public health emergency.

Q: Would the OEC be willing to provide some guidance on how programs should complete evaluations and assessments remotely?

A: Guidance developed with a group of EIS program directors about how to do Evaluations and Assessments remotely has been posted on the procedures page (under Remote EI). An Interim Remote Evaluation procedure is being developed that will allow use of either a standardized, norm-referenced tool such as the BDI or a standardized, criterion-referenced tool such as the HELP, Carolina, AEPS, ESDM to determine eligibility. Use of clinical opinion to determine eligibility should be reserved for those times when neither of these types of instruments can be used at all, and will require re-evaluation of eligibility after the public health emergency is over.

Q: Can Remote EI be just audio not video?

A: Best practice and the recommendation is to always use video. However when this cannot be completed, the Interim Remote EI procedure includes options for when audio only would be permitted.

Q. How do we satisfy the multidisciplinary input requirement at an IFSP?

A: The same way as in person. Two people can participate in one remote IFSP meeting.

Q: Can a remote IFSP happen on the same day as remote EI service?

A: Yes

Q: How do we use ASL on A/V platform?

A: ASL is an interpreter service like other languages but it clearly relies on video. There are other methods for communicating with parents who are DHH and the OEC defers to DHH experts about how to do this.

Questions related to billing, payments, and SPIDER:

Q: What EI services can be billed for under the interim Remote Advisory?

A: All EIS services can be billed under the Interim Remote Procedure

Q: Was 1xconsult left out on purpose?

A: Since the “R” services aren’t pulling from IFSPs there is no need for “1 x consult-R”. Programs would just use EITS-R. The “Show All” button will show all practitioners.

Q: What do we put for Location on the service grid?

A: The location is where ever the remote early intervention is provided on the receivers end. (Home, Child Care, Community, etc.). Currently Remote EI is a method, not a location, but this may change if requested by 3rd party insurers.

Q: If a family had one visit in March but will not have any more in the near future should we put these kids on services at no cost?

A: Services at no cost is only for families who pay FCP fees and, unless services are suspended due to non-payment, families are the ones to choose whether they want to receive only the IDEA services required to be provided at no cost (S@NC)

Q: Does the family receive a bill for remote EI services?

A: Currently yes but the OEC is working on waiving this for March fees billed in April.

Q: In light of significant revenue issues for programs-what can the OEC do to compensate programs since they did it for other programs?

A: The OEC and Governor’s office are looking all available options and understand the challenges related to the PHE and declining referrals.

Q: Will the OEC pay an emergency GAP payment for families as well as some type of coverage of lost revenue?

A: If a program provides even one EIS service in the month remotely, this will trigger the GAP. The OEC is working on other options since families may be declining remote EI visits.

Q: Will private insurances be required to pay for remote EI?

A: PCG will follow same procedure and there are federal mandates about how insurance should respond.

Q: How do we code an annual assessment (HELP)?

A: Assessment is an EI service that can be provided remotely.

Q: Can late visits be entered into SPIDER so payments can be made quicker?

A: The processing of invoices by the OEC and Medicaid will be timely so the rules about timely and accurate approval of services will not change.

Q: How do we get reimbursement for using interpreters from DAS list who are not approved for telehealth or language line?

A: DAS interpreter agencies have permission to provide their by phone interpretation.

Q: If there is a joint visit that happens and one person is also providing translation, how should this be handled/billed?

A: This is not permitted. The OEC does not reimburse translation and the rules for the payment of interpretation in the Payment procedure have not changed.

Q: How will fraud be prevented or monitored?

A: DSS requirements are not different for providing remote EI the same as regular EI. The OEC will be starting fiscal audits after the PHE and DSS is collecting data about Remote EI using the modifier on claims. This will likely be added to the DSS audit protocol.

Questions regarding transition/extended services:

Q: What do we do about transition conference if the school is closed?

A: The CT Department of Education (SDE) has sent out guidance that LEAs are still required to participate in transition conference which they can do by phone or video link. Programs plan to hold timely transition conferences however OSERS has clarified in their Fact Sheet that for all timelines (45 days and 90 days) the COVID-19 PHE is a documented extraordinary family circumstance. The SDE and OEC are working on a joint guidance that hopefully will go back to 3/16.

Q: Can Birth to Three provide EIS after age 3 if the LEA is closed.

A: Currently, No. The OEC and SDE are exploring options as 36 months is in federal and state statutes. Waivers to support families after age 3 will be published as OEC Memos. Until then LEAs may contract directly with EIS programs to provide IEP services after age 3.

Questions regarding information and resources:

Q: Will there be info on our website to let families know about Remote EI?

A: The OEC relies on programs to communicate the individual specifics of to each family. A COVID-19 heading has been added to the Birth23.org website and resources will be added there.

Q: Where can we find resources?

A: The Birth to Three blog has some resources. Birth23.org > For Providers > Other Resources > Remote EI is one place along with the COVID-19 tab and the links below.

OSERS identified the ECTA Center as the lead TA center for Part C during this PHE.

<https://ectacenter.org/topics/disaster/coronavirus.asp>

Connecticut also has the ECPC Center at here at UConn as a local resource.

<https://ecpcta.org/covid-19-resources/>

Finally the OEC has a webpage dedicated to COVID-19 that may be helpful

<https://www.ctoec.org/covid-19/>

Q: Can we have a notice to referral sources that EI programs are open to take referrals?

A: The OEC Communication emergency support function (ESF) team can help develop something but it will be happen after the decision about FCP fees is made.