



**Bureau of Early Intervention
Technical Assistance**

April 1, 2020

**Frequently Asked Questions Related to Virtual Early Intervention (EI) Visits During
COVID-19 Declared State of Emergency**

March 19, 2020 – original issue date

March 30, 2020 – Note: FAQ #12 has been updated (see FAQ #24)

March 30, 2020 – Note: FAQ #13 response has been updated

March 30, 2020 – Note: FAQ #22 has been updated (see FAQ #37)

Platform

1. What type of platform can be used to deliver virtual early intervention services during this declared state of emergency?

Response: Any non-public facing, remote communication product, that is available to communicate with families for the entire duration of the authorized EI visit, is permissible during this state of emergency. Please see the following link for guidance from HHS - <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

Parental Consent Documentation/Service Log Documentation

2. Do providers need signatures from parents on session notes in order to bill. And since they will not be in personal contact, how would that be done?

Response: In accordance with EI Program (EIP) regulations at 10 NYCRR section 69-4.26 (c), providers must have parent signatures on a *service log* (not the session note). The service log must document that the service was received by the child on the date and during the period of time recorded by the provider. To obtain the necessary signature, the provider can maintain the list of sessions furnished virtually for the week and send the child-specific service log to the parent for signature via US mail. The signed service log can be returned to the provider, either via the US mail or electronically (scanned/returned via email or the parent can take a picture of the signed document and return it electronically). The session note that documents the service furnished, must be maintained by the provider. Both the signed service log and the session note must be available upon an audit.

3. Is a typed signature ok if they convert the document to a fillable form?

Response: A typed signature is not acceptable. Please refer to options in the response to question 2.

4. If the provider mails the consent form to the parent, can the parent sign it, take a picture and email or text it back to the provider?

Response: Yes, if a provider mails the consent form to the parent, they can sign the form and return it to the provider electronically.

5. If a parent agrees to telehealth visits and agrees to sign documentation, can a provider treat the child while awaiting the signed consent?

Response: No. Parental consent must be in place before virtually delivering EI services.

6. Do the Ongoing Service Coordinators (OSCs) need parental consent for telehealth sessions?

Response: Either the OSC or the provider can obtain written parental consent for virtual EI services allowed under the current state of emergency. Parental consent is specific to each EI service being furnished virtually, and must be obtained prior to initiating any early intervention service via telehealth.

Individualized Family Service Plan (IFSP)/Session Length/Makeup Sessions

7. The EIP's guidance states that "virtual therapy services must be a minimum of 30 minutes in duration." If a child's IFSP states that services are to be provided for 45 minutes, would 30-minute telehealth visits be reimbursable?

Response: No. Services must be delivered in accordance with the child's IFSP to be reimbursable. If the child's IFSP calls for a 45-minute service, the service must be 45 minutes in duration.

8. Are 30-minute sessions sufficient for the children with 45-minute authorizations?

Response: No, all EI services, including those via telehealth, must be delivered pursuant to the IFSP. If the IFSP authorization is for 45 minutes, the session must be delivered for that length of time.

9. Will there be an extension for makeup sessions? If so, can telehealth sessions be used to make up in-person missed sessions that occurred prior to EIP allowing telehealth due to the COVID-19 state of emergency?

Response: Guidance on telehealth is prospective. Telehealth should not be used for makeup sessions that are occurring due to missed sessions, prior to issuance of this emergency guidance. Additionally, services must be delivered in accordance with the IFSP and follow what is included in the IFSP regarding makeup visits, as well as the requirements of the provider's county or municipality regarding makeup sessions.

Operational/Logistical Questions

10. When does this guidance go into effect?

Response: This guidance regarding virtual EI visits is effective as of the date of issuance, March 18, 2020.

11. Are there any services that cannot be provided by telehealth/virtual visit?

Response: All EI services included in a current IFSP can be provided virtually. However, all professional services must be administered in accordance with the applicable NYS practice act.

Update March 30, 2020: Please refer to FAQ #24 for updated guidance on occupational therapy assistants and physical therapy assistants.

12. Will waivers be issued for those professions that are not allowed to provide telehealth services like occupational therapy assistants (OTAs) and physical therapy assistants (PTAs)?

Response: No, not at this time.

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13. Can evaluations including Multidisciplinary Evaluations (MDEs) be provided via telehealth?

Response: Yes. Please refer to the guidance developed by NYC BEI regarding providing EI services, including evaluations via telehealth.

14. If the local county EIP has suspended all EI services, can providers render services via telehealth?

Response: Services cannot be rendered until a municipality lifts the suspension on early intervention services. The Bureau of Early Intervention is working to notify municipalities of the availability to provide EI services virtually and will assist municipalities in understanding how such services should be rendered. Please consult with your municipality for the most current guidance and direction.

15. Should all home-based face-to-face services be canceled/suspended due to COVID-19?

Response: Providers must follow guidance issued by the State Department of Health regarding face-to-face service delivery, titled ***Interim Guidance for Home Care Services Regarding COVID-19***, and the directives of their local health department regarding face-to-face visits.

16. What are the rates for telehealth services? Is it the same as they are for face-to-face visits?

Response: As long as services are delivered in accordance with the child's IFSP, as outlined in the COVID-19 guidance and any subsequent FAQs, they are reimbursable and the usual rates apply.

17. What CPT code(s) should be used when billing for EI service via telehealth?

Response: Providers should use the same CPT code they would normally use. Providers must document in their session notes that the visit was delivered using telehealth. In addition, providers must have a signed parent consent form prior to initiating service delivery via telehealth.

18. Are new service authorizations (SAs) in NYEIS needed for virtual home/community sessions or are existing SAs applicable?

Response: Existing service authorizations for home/community sessions are applicable for virtual EI sessions.

19. Can/should providers continue with the current frequency/duration of sessions approved on the IFSP?

Response: Providers should consult with families regarding the frequency of services parents would like to have during this declared state of emergency. Early Intervention services delivered virtually cannot exceed the visits included in the child's IFSP. In order to be reimbursable, services must be delivered in accordance with the duration listed in the child's IFSP. That is, if the IFSP calls for a 45-minute service, the virtual visit must be 45 minutes in length to be reimbursable.

20. Do municipalities need copies of the consent for teletherapy in their child's record or only the service provider?

Response: The provider must retain a copy of the signed parental consent for teletherapy in the child's record. Providers should also upload the signed parental consent in the child's Integrated Case in NYEIS.

21. Is written justification of medical necessity and/or a written order/prescription required specifically for teletherapy?

Response: No. The written referral/order on file for EI services is sufficient for delivery of such services virtually.

Transition from Early Intervention

3-30-2020 – Please refer to FAQ #37 for updated information on transition.

22. Some children who are currently in the evaluation process with the Committee on Preschool Special Education (CPSE) have not yet had their initial Individualized Education Program (IEP) meeting to determine eligibility. Now such children may not be able to sit for their eligibility meeting or be able to complete evaluations prior to their third birthday due to the state of emergency. What will happen with EI services in these situations?

Response: The Department will seek guidance from the Office of Special Education Programs (OSEP) regarding this situation. Additional guidance will be forthcoming.