Frequently Asked Questions Compilation for Early Intervention during COVID-19 Pandemic Period, Revised 05/07/20

Please note that the Shelter-In-Place order issued by Governor Pritzker was extended and is in effect until **May 30, 2020.**

Topics are categorized alphabetically

Assistive Technology

Question: Should we be waiting to create authorizations for ear molds and AT requests since these authorizations include face-to-face meetings?

Yes, per the OSEP guidance for the disruption of services during the COVID-19 crisis, children, upon resuming services, must be assessed for any needed updates/changes to their services. The need for authorizations should match the need for services upon the resumption of service delivery.

Associate-Level Providers

Question: Are SLPs in their clinic fellowship year able to perform live video visits (LVV) (telehealth)?

According to the information received from ASHA, SLPs in their clinical fellowship year (CFY) may do everything in the Early (EI) Intervention Program that fully-licensed SLPs can, with the exception of evaluations and billing. From what we understand, licensure does not restrict those in their clinical fellowship year from providing live video visits (telehealth), as long as IDFPR lists the provider as a "Licensed Speech Language Pathologist Temporary". As long as that criteria is met and aligns with current licensure, CFY SLPs may provide live video visits (telehealth).

Question: Can a licensed SLPAs provide Live Video Visits or Phone Consultation during the COVID-19 Exception period?

Effective with the Executive Order 2020-35 SLPA, signed by Governor Pritzker on May 1, 2020, licensed SLPAs can perform the direct provision of therapy services as authorized by and under the supervision of a speech-language pathologist in accordance with the Illinois Speech-Language Pathology and Audiology Practice Act (Practice Act). As outlined in the Executive Order, Section 15, licensed SLPAs are able to perform the LVV sessions with supervision by speech-language pathologists also being conducted via LVV. Per the Practice Act, SLPAs must be supervised at least 20% of their actual patient or client contact time per patient or client. SLPAs but must also ensure compliance with Illinois Administrative Code Rule 500.Apendix D for Early Intervention requiring supervision of a minimum of once each month per child. The Executive Order also specifies that Phone Consultation can only be performed by the SLP/Supervisor as outlined in the Practice Act, as licensed SLPAs are not allowed to counsel or consult. (Updated 05/07/20)

Attendance

Question: Does the child need to be present during Live Video Visits (LVV)?

When utilizing a true coaching model of service delivery via Live Video Visits, early interventionists' aim is to build the capacity of a parent or caregiver to improve existing abilities and developing new skills. The key components of coaching include: joint planning, observation, action/practice, reflection and feedback. Observation and Action/Practice are a big part of the coaching process (even in Live Video Visits). At times, these will come easily, and the child and parent/caregiver will be engaged together, and an early interventionist can observe the interaction or strategies being used/practiced. In a Live Video Visit, there will be times where a child may not want to stay in the area or may not be fully engaged with the parent, and that is acceptable. This would then provide an opportunity to reflect on the strategies attempted, discuss modifications or adaptations, and problem solve together to come to a decision on the best course of future action.

Authorizations

Question: Do providers need new authorizations for live video visits (telehealth)?

No, as stated in the Live Video Visit Guidance in section 9a, existing Offsite authorizations can be utilized for billing of Live Video Visit Services. As long as the provider has a direct service, Offsite authorization, then no new authorization is needed. Although new authorizations are not needed, the provider must use the "02" telehealth code in the Place of Service section of the professional CMS1500 claim form. Offsite Codes include 03 (childcare) 12 (home), and 99 (other setting).

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 live video visits (telehealth) code of 02. However, providers must follow guidance and submit claims using the 02 (telehealth) ensuring the use of the two-digit code. The Central Billing Office will process these claims accordingly.

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.

Question: Are new authorizations needed for consultation time or can we use our existing IFSP development time so far?

If the authorization was created less than 90 days ago, there is no need for new authorizations. Existing authorizations for IFSP development time are to be used and almost exhausted prior to requesting adjustments. If the authorization was created greater than 90 days ago and is at risk of being exhausted, contact the Service Coordinator with information to help inform the need of the new authorization. There are also additional questions regarding the authorizations in this section that may also be helpful.

Question: What type of justification would be needed to request additional time above the existing authorized amount?

As IFSP Development time is conventionally authorized to allow consultation among team members at an average, it is important to know it also has a "total" of time for the IFSP length calculated. If the provider, following the Exception Period practice of teleconferencing families as well as providers routinely, feels the total may be exceeded (i.e., if the child is closer to their annual IFSP end period or aging out AND IFSP development time has been billed routinely throughout the IFSP period) the provider should contact their Service Coordinator to request additional time sufficient to fulfill their responsibilities for the remainder of the IFSP period.

Two questions should be asked to help calculate the amount of IFSP time left: How much time have I billed for? And then, how much IFSP time do I have left? This can be determined from the original authorization in hand.

If the authorization is for one time per month at 60 min and the IFSP was for about 12 months, this would be 720 minutes or 12 hours over that IFSP period. If I have served the child for six months and used the standard amount of IFSP time at 60 minutes per month, I should have about 360 minutes left. Utilizing 30 minutes per week for the next month for a total of 120 minutes, will leave me 240 minutes.

Service Coordinators are not required to increase time unless there is a need. Having all providers inundate the CFCs at this moment would cause unnecessary frustration for everyone. You should be prepared to share how many minutes you have available for use. You should also be prepared to show how much additional time you anticipate you will need to allow for consultation, taking into consideration time to write any necessary reports, and the normal provider- to-provider consultation. It is also important to note that while the CFC is able to add the necessary authorizations, due to remote work locations, they may not have access to a printer to create the authorization HSPR0771 report for physical distribution.

Remember that each child is unique and the need for additional time should be determined through the process above and only requested as needed.

Question: My agency bills for my IFSP development time, what should I do in the event that I am unaware how much time is left on my authorization?

All Payees should review current authorizations to determine if there is a need to request additional time prior to requesting additional IFSP Development time for services during the Exception Period. Following the directions in the answer to Question 7, the amount of remaining IFSP Development time can be determined. Neither the Cornerstone system, nor the Central Billing Office system has any such report available for use by payees.

Question: Some disciplines, such as Social Work, are requesting additional time because they believe much may be done over the phone with families. Would this be justifiable to allow more than 15 to 30 minutes?

Each child and family are unique, so determining the appropriate amount of service required to support the needs of the family will not be based on any specific discipline or provider type. As outlined in the Exception Policy released March 16, 2020, we recognize that some families may need additional support while others need less. As with any service being billed, appropriate documentation must support the consultation. Additional resources have been posted to help clarify the practice during the Exception Period that will continue until May 30, 2020 or until the Shelter-In-Place order issued by Governor Pritzker is lifted.

Question: How should the following be authorized, onsite or offsite?

IFSP meetings conducted by Live Video Visits would be treated as a regular IFSP meeting and receive an Offsite authorization and the provider should bill place of service "02".

IFSP meetings being conducted by phone would be treated the same as an onsite authorization and the provider should bill the place of service "11"

Phone consultation using IFSP development time will continue to be authorized as Onsite using the COVID-19 Exception Policy released March 16, 2020.

Question: How do we authorize an onsite rather than offsite IEP meeting using IFSP development time, if the provider still needs to perform phone consultation until the case is closed? Wouldn't the current authorization have to be ended before a new authorization is created?

Since IFSP development time is generally authorized onsite, Providers may use their current authorization to attend IEP meetings while keeping in mind that concise documentation of the IEP meeting must be placed in the child's file for billing purposes. The provider must also be keeping track of the time used for any/all IFSP Development time and, if necessary, contact the Service Coordinator if they risk running out. The provider should provide their Service Coordinator with a summary of use and work with the Service Coordinator to ensure an authorization with appropriate time is obtained to continue through the IFSP period as necessary.

Question: I have an authorization for POS 11 (onsite). Some families are requesting services to be delivered by LVV/telehealth. Will I need a new offsite authorization and if so, what POS code will I request, "03" (daycare), "12" (home) or "99" (other)?

Yes, the Payee must request a new offsite authorization from the child's Service Coordinator to utilize during the Stay at Home order issued by Governor Pritzker. The Payee would request the POS that would be the most relevant to the family. However, when it is time to bill for services, the Payee must bill using POS "02" (telehealth). (Updated 05/07/20)

Billing

Question: Can providers bill for taking notes at the end of the Phone Consultation (using IFSP Development time) 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 activity 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.

Question: I didn't get the information to cease face-to-face services; may I still be paid for services?

It is anticipated that some services occurred on Monday, March 16 prior to seeing the release of the Provider Informational Notice. Services provided after that date are at risk of denial based on non-compliance with state guidance and/or the Shelter-In-Place order issued by Governor Pritzker.

Question: Can I bill for the time that I text or email information to the families instead of calling them?

Texting and emailing have never been approved delivery methods for billable services and remain that way.

Consent

Question: There seems to be some confusion of who collects consent. Aren'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 Visit consent. This ensures the document has been fully reviewed with families and a signed copy is placed in the child's permanent file.

Question: Will consents be sent out in Spanish, Chinese?

Both Spanish and Chinese versions of the Live Video Visit consent form have been completed and emailed to CFC offices. (answer revised 05/01/20)

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 for LVV.

If the family accepts consents verbally, the Service Coordinator will print the caretaker's name and indicate it was collected verbally.

The Service Coordinator will then sign their name and supply a copy to the provider and family until a signed consent may be obtained as quickly as possible. (answer revised 05/01/20)

Question: How should the Live Video Visit consent be handled by the CFC?

Live Video Visit consents will be reviewed with the family by their Service Coordinators via phone or other approved methods using approved technology for EI COVID-19.

Verbal consent/Paper copy: The Service Coordinator may get verbal consent during this time. If the family accepts verbally, the Service Coordinator will print the caretaker's name and indicate it was collected verbally.

The Service Coordinator will then sign their name and supply a copy to the provider and family until a signed consent may be obtained as quickly as possible.

Verbal consent/Electronic copy: The Service Coordinator will get verbal consent and type the caretaker's name and indicate it was collected verbally. Then the Service Coordinator will type their name to the form and provide a copy to the provider and family to alert the provider that the consent was verbally received so that the provider may begin services.

Non-Verbal consent collection: If the family prefers to receive and apply their signature, the Service Coordinator must send the consent to the family, with a self-addressed, stamped envelope, to complete and mail back to the

Service Coordinator who will then apply their signature and send copies to the provider and family. Services will not begin until the Service Coordinator receives and submits a copy to the provider and family.

Credentialing

Question: What will happen to Service Coordinator credentials (or provider credentials) that are up for renewal? Will they still be processed timely?

Provider Connections announced the following on March 25, 2020: Due to the COVID-19 pandemic, the Illinois Department of Human Services Bureau of Early Intervention and Provider Connections will be extending by 3 months any EI credential with expiration dates of March 2020, April 2020, and May 2020, unless the provider submits their necessary information in a timely manner. Providers with credentialing expiration dates for March 2020, April 2020 and May 2020 will receive an email from Provider Connections giving the extension within the next week. Any provider who can successfully submit their credential renewal is encouraged to do so in a timely manner. (Updated 05/01/20)

DCFS Child in Care

Question: How does LVV consent apply to families in DCFS Children in Care? Who signs the COVID-19 EI Live Video Visit Consent?

Live Video Visits (Telehealth) may be utilized for all children in EI. DCFS advised the Bureau there is no need for the Guardian to sign for LVV, only for the actual services outlined in the IFSP. The CFC will process the LVV consent with the foster family or other appropriate caretaker as outlined in the Consent section.

Question: For DCFS Children in Care, does the foster parent have to accept live video visits (telehealth)?

The foster family does have the right to refuse live video visits (telehealth) and may continue to utilize the phone consultation time.

Developmental Justifications

Question: How do we handle developmental justifications to increase services?

Developmental justifications will be handled the same way as they always have been handled. The EI Provider who recommends any increase will provide the Developmental Justification to the Service Coordinator. The Service Coordinator will schedule an IFSP meeting with the entire team to review the request to discuss the need for services to be increased. If the justification is approved, the IFSP must be revised to include new outcomes to be met by increasing services.

Question: Will a developmental justification have to be completed for a location change from onsite to offsite to provide LVV/telehealth?

A developmental justification does not have to be completed for the specific purpose of changes due to COVID-19 and LVV. However, the family and IFSP team must be in agreement, have completed the LVV consent with the Service Coordinator, and the provider must have completed LVV training. Once these things are complete, the Service Coordinator and the Provider will include documentation within the child's file that supports the family's decision. (Updated 05/07/20)

Documentation

Question: What type of documentation will be needed for phone consultation?

Documentation is defined in the Provider Handbook, Chapter 23: Glossary and Abbreviations. The documentation should outline the activities performed (who was on call, what was discussed, next steps, etc.) and should be sufficient to support the claim submitted for the amount of time utilized.

Evaluations, Assessments, & Medical Diagnostics using Live Video Visits (telehealth)

Question: For families who are in intake and waiting on initial evaluations to determine eligibility, do Service Coordinators need to complete the COVID-19 EI Live Video Visits Consent form with them?

Initial Evaluations to determine eligibility **are not** currently permitted using live video visits (telehealth). The Bureau is currently in discussions which explore options for an Interim IFSP or Initial Evaluation/Assessments using Live Video Visit to help families, but we do not have an approved plan yet.

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 needs to assist in the development of an IFSP and the IFSP meetings may be held via Live Video Visits, following all other written guidance.

Question: Are annual evaluations able to be conducted via live video visits?

During the COVID 19 pandemic, the Bureau is allowing annual evaluations to be authorized as **Assessments.** For this pandemic period, redetermination of eligibility will not be required. Annual assessments may include a combination of parent/caregiver report or interview, review of existing developmental information, virtual observation of play or engagement in daily routines and activities, and/or guiding parents/caregivers in simple activities for tool item administration to discern a child's individual strengths and needs. Providers can utilize any of the approved early intervention tools via live video visits to determine a child's ongoing need for early intervention services and to develop the child's Individualized Family Service Plan, as applicable. As with other services, the provider must ensure that they have an Assessment authorization in hand prior to performing the Live Video Visit Assessment.

Although eligibility re-determination will not be required for the annual review during COVID-19, all areas of development must be assessed to determine strengths and ongoing need for early intervention services. Additionally, assessment reports should indicate in Section E the specific needs of the child that require continued EI services for developmental progress. As with other Live Video Visits, the service coordinator will ensure the family has a Live Video Visit Consent on file for the provider. If a provider must be added to the existing IFSP team to ensure that all areas of development are assessed, the Service Coordinator must collect a Live Video Visit Consent for the new provider and provide documentation in the child's case notes. For families who choose not to engage in Live Video Visit for the annual assessment, the Service Coordinator can extend the IFSP, as needed, until the COVID-19 Pandemic period is over.

In addition, the provider must work with the family to determine how tool administration will occur. Prior to scheduling/conducting the assessment via Live Video Visit, providers must prepare families by:

- discussing how the assessment will be accomplished, the anticipated length of the visit, what the family can expect and the family's role in the assessment;
- inviting the family to have materials available for the assessment and suggest materials (based upon developmental level) that will support your observation and/or test administration, that will make the child more comfortable and that the family is likely to have in their home (i.e., blocks, books, puzzles, crayons, paper, rattle, ball, bubbles); and
- answering any questions and discussing any concerns the family may have

Providers must document within their assessment report that the tool was administered via Live Video Visit. After the Service Coordinator has received and shared with the team all Assessment Reports, the service coordinator will schedule the annual review of the IFSP. As a reminder, a new IFSP should only be written for children:

- who have not attained a level of development in each of the following domains: cognitive, physical (including vision and hearing), communication, social or emotional, or adaptive, that is equivalent to the child's same age peers, and
- who have been determined by the multidisciplinary team to require the continuation of EI services in order to support continuing developmental progress, pursuant to the child's needs, and provided in an appropriate

developmental manner. The type, frequency, and intensity of services may differ from the initial IFSP because of the child's developmental progress, and may consist of only service coordination, and assessment.

The provider must submit their claim in accordance with the authorization and use the two-digit Place of Service code 02 (telehealth).

Question: For Providers completing Assessments, are authorizations to be onsite or offsite?

As this time, the EI Program is allowing Initial, Annual, six-month or any "as needed" Assessments to be authorized as offsite when performed via Live Video Visit. Place of service code 02 (telehealth) should be billed for this service.

Question: If there are appointments needed for Medical Diagnostics or onsite services such as in a clinic setting, and the family and provider agree, can services still take place face-to-face?

At this time, no face-to-face services are approved in EI to comply with all health and safety requirements during the Shelter-In-Place order issued by Governor Pritzker for the COVID -19 Pandemic period. Please note that the Bureau is exploring mechanisms to complete Evaluations for eligibility determination, Medical Diagnostics, and Assistive Technology that require face-to-face interactions. Until the guidance is available, no face-to-face visits and/or Evaluations are allowed at this time.

Face-to-Face Service Delivery

Question: I do not understand why PT, OT, and ST are still not allowed to provide direct services through Early Intervention. We have been deemed essential workers, and home care agencies are still providing care to homebound patients wearing masks. I understand that some families may still opt out based on their child's health condition and/or family situation. My outpatient PT load is almost back to normal. Parents are genuinely concerned about their children's development. With proper equipment and cleaning, services can be provided safely. In addition, research is showing that Coronavirus cases in children are very limited and present with milder symptoms. Can we provide face-to-face services?

Illinois Early Intervention has not been deemed an essential service that we are aware of. Therefore, we must follow the Shelter-In-Place order issued by Governor Pritzker any non-essential, face-to-face services are prohibited. We must protect not only the child but the child's family as well as ourselves and our families. Face-to-face services will be allowed once the Shelter-In-Place order issued by Governor Pritzker is either removed or variance has been provided.

Family Participation Fees

Question: Will families be charged fees during COVID-19?

Families will receive a credit to their family fee installment beginning March 2020 through future months while face-to-face services are prohibited. March and April 2020 credits will be combined into one total "adjustment" noted on May 2020 invoices. (answer revised 05/0/20)

Question: Will a new IFSP development time authorization trigger the family fee?

No, a new IFSP development time, by itself, will not trigger the family fee. As described in the CFC Procedure Manual, Chapter 11, Family Participation Fees are triggered in an IFSP with the begin date of a Direct Service authorization (not IFSP development time).

Question: Will services be suspended if a 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.

Question: Will Family Participation Fee credits be required once face-to-face services resume?

No, not for COVID-19 related months as those installments will be credited automatically.

Question: How specifically will Family Participation Fee be handled during this time?

During the months that the Shelter-In-Place order issued by Governor Pritzker are in effect, the Bureau will be applying a credit of the monthly installment to every family. This means the monthly installment charged for March will credited and the monthly installment charged for April will be credited as well as the May monthly installment will be credited. The March and April monthly installments will be combined and appear as a credit on the May invoice. The monthly installment charged for May will appear on the June invoice. Each month that the Shelter-In-Place order issued by Governor Pritzker is activated, the Bureau will have the Central Billing Office apply a credit for that month accordingly.

All other Family Fee policies and procedures will remain. Any services subject to fees and paid by EI will apply to the total amount paid by the Early Intervention Program. The total amount paid by EI will be compared to the maximum out-of-pocket and the family will be responsible for the lesser of the two amounts. The credits will reduce the maximum out-of-pocket from the original calculation.

Question: What if a family becomes unemployed due to COVID-19 how does that affect family participation fees?

As stated in current policy, families who have a change in household income or family size, should notify their Service Coordinator to recalculate the fee. The credit for any months while the Shelter-In-Place order issued by Governor Pritzker would also apply if a family, even after a reported income or household change, has a Family Fee monthly installment. Any reported changes in income/household size should be submitted as a Family Fee Credit request using normal policy and procedures and will be processed once the credits for COVID-19 are completed.

Frequency/Intensity/Duration

Question: Can a family and provider split a 1x a week/60-minute session into a 2x a week/30-minute session?

If a family-centered discussion between the provider and family occurs, and the family agrees that it is in their best interest 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 his/her own family situation?

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.

Question: Can the same provider split sessions for the same family and use some phone consultation IFSP Development time and some Live Video Visit time?

While ensuring family-centered input, the decision to split the weekly duration of services using part Live Video Visit and part Phone Consultation may be done. Claiming must match the services delivered and documentation should indicate how services were provided as well.

General

Question: Who should be explaining the new policy for no face-to-face contact to the family?

The explanation should come from both the Service Coordinator and Providers that this Exception Period is for everyone's safety and follows current guidance from the CDC, Department of Public Health and the Governor of the State of Illinois in an effort to stop the spread of the virus COVID-19.

Question: Are unemployment benefits being offered to EI Providers?

The Bureau is not be able to answer that question as we are not aware of the employment relationship with the Payee. Payees/Providers must consult with their tax attorney/experts or contact the Illinois Department of Employment Services for more specific information.

Group Therapy

Question: Can group therapy still be completed by Live Video Visits?

Yes, if the teams feel the outcomes of the child can be met using Live Video Visits. However, the platform being used must ensure that multiple lines are supported and clear for all families/children involved with no disruptions in connectivity or clear visibility. The same guidelines apply as mentioned within the Provider Handbook in regard to use of Group Therapy.

IFSPs

Question: We have families who have requested their IFSP be extended. Providers are still working on scheduling evaluations but the IFSP is currently scheduled to expire prior to 4/15/20 (which includes a three-month extension). What is the process to get it extended further?

On a case-by-case basis, the Service Coordinator should submit a request to the Bureau Data Manager who can approve the Cornerstone team to adjust the IFSP period as needed.

Insurance

Question: 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 cannot provide a single response to this question given the uniqueness of the individual plans and payment structure of insurance plans. It is our understanding that providers should continue to bill insurance as they have done in the past, but providers are encouraged to contact the plan about any unique requirements, e.g. separate coding, etc. during this period. 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.

Question: Does insurance need to be verified with the CBO specifically for live video visits (telehealth)?

CFCs do NOT need to resubmit BVs to CBO. Providers, depending on the insurance company/policy, may need to contact the insurance companies regarding live video visits (telehealth) billing. As always, appropriate denials or denials regarding lack of coverage for live video visits (telehealth) will be processed by CBO. Waivers will not be issued due to the uniqueness and temporary time-period involved.

Question: Will I have to obtain an insurance pre-billing waiver from my Service Coordinator for live video visits (telehealth) if the service is not covered?

Based on the EOB received from the private insurance company when a provider submits their claim to the CBO, the CBO will take appropriate action to process the claim and apply any applicable post-billing waiver(s). The Provider is expected to follow all appropriate billing practices for COVID-19 live video visits (telehealth) claims.

Question: If I am an out-of-network provider and denied live video visits (telehealth) due to being an out-of-network provider will I be denied by the CBO for payment?

Any provider who follows the appropriate practices established by the plan and receives an appropriate denial must send their EOB and claim to the CBO for processing. The CBO will honor all appropriate billing documentation and process the claim appropriately and/or apply appropriate post-billing waiver(s).

Interpretation Services

Question: Since Interpreters authorizations for direct service are offsite, will new onsite authorizations be required?

At this time, we have a process in place with the EI Central Billing Office (EI CBO). The following is what all Interpreters should do effective with dates of service March 17, 2020 (and March 16, 2020 if those were also delivered over the phone) while the provider was doing a Consultation with the family:

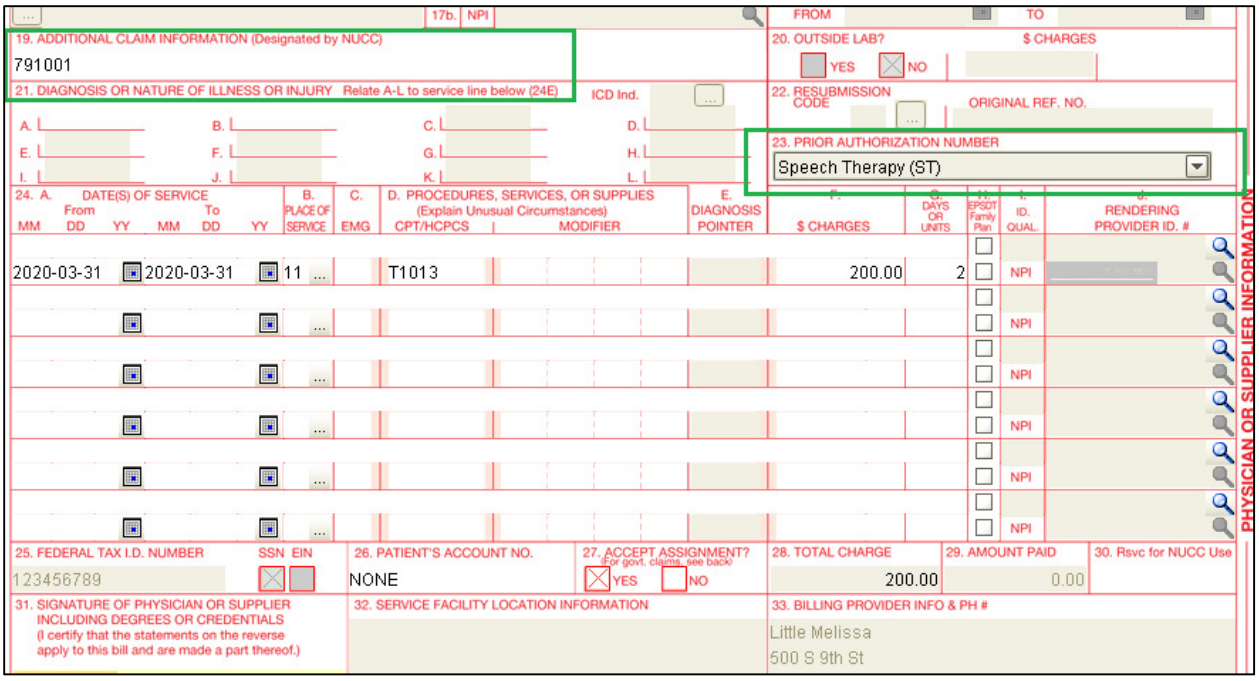
Billing Instructions:

- The authorization number without special characters or dashes should be billed in box 19 of the CMS 1500 claim form.
  - Authorization number appears, for example, as 123456-791-001-00 on the paper authorizations. However, Interpreters should only enter 791001 in box 19.
  - Do not include the suffix (last two digits of the auth number)

AUTH NUM: 123456-791-001-00

- The two-character direct therapy alpha code should be billed in box 23.
  - The set of two-character alpha codes should be the codes traditionally billed for direct therapy session (e.g. ST) not a phone call (e.g. IS).
- The place of service billed on the claims should be 11 (onsite).
- Interpreter claims for phone claims for IFSP Development time should be billed separately from claims that are for the canceling and rescheduling of a phone call or visit (Claims that would traditionally be billed for place of service 11 and have an authorization in place for place of service 11)
- It is preferred that QClaims is used for claim submission.
- Paper claims should be mailed to the Central Billing Office at 500 S. 9th Street, Springfield, Illinois 62701, to the attention of Arkeitha Monroe May within 90 days of the date of service.

Image from QClaims:



Live Video Visits (telehealth)

Question: Can parents record the live video visits (telehealth)?

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

Live Video Visit (telehealth) Platforms, etc.

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

As stated on page 5 of the Live Video Visit 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, that defines non-public facing platforms.

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.

Make-Up Sessions

Question: Can providers complete make up sessions using live video visits (telehealth).

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.*

Part B Services

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 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!

Question: We have received several referrals for children who will be turning three within two to three months. It is unlikely that these children will even be evaluated for EI eligibility. Some or most of these children could also be potentially eligible for services through the school districts. How would IDHS like us to work with these families?

The CFC should make every effort to work with the LEA to assist in as timely transition as possible given the current status. The CFC may also discuss priorities with the family and choose to create an Interim IFSP with the focus on the family's concerns. The CFCs are encouraged to send information, with appropriate consent, to the LEA and encourage the family to reach out to the LEA for additional information and discuss plans for determining potential eligibility for Part B services.

Phone Consultation

Question: What should providers be discussing during these consultation calls?

Providers should discuss with the family the strategies, activities, routines, and progress/barriers they are working on with their child. Please review the Partnering with Families through Consultation Time (telephone only) for more information.

Question: It was the impression of this CFC that the use of phone consultation using IFSP Development time worked best with an already established direct service provider by moving face-to-face sessions to phone consultation. This question is in regard to children that have been found eligible during this time. When an evaluator agrees to take on a case, are they eligible to be given IFSP development time for phone consultation although there is not an "established" relationship or direct service authorization to perform LVV?

Due to the circumstances, yes. If the family and the provider agree that this will be beneficial, an authorization may be given for phone consultation or LVV, until face-to-face services may begin.

Question: Are these accurate examples of Phone Consultation?

Example: Nutrition assessment completed a couple of weeks ago, nutrition services add to IFSP and meeting has been conducted. The nutrition evaluator (and family) are requesting IFSP development time "just to talk" to family.

Assuming that "just to talk" means to go over established strategies for the family and the child, then yes, this could be appropriate.

Example: An initial evaluation has been completed and an evaluator agreed to pick up but was unable to begin direct service before 03/16/20.

This is appropriate as it is assumed that the family chose this provider for direct services.

Example: Speech assessment completed to add to IFSP. Evaluator originally agreed to pick up the case but was unable to deliver direct service. Provider is requesting IFSP development time for phone consultation.

This is also an appropriate request as long as the family has agreed, and the provider is able to discuss established strategies.

Example: New ST (replacement from an established ST) agrees to pick-up and they want the DS IFSP time authorization for family phone consultation.

This is appropriate as long as strategies are available for the family.

Question: Must all IFSP Development Time authorizations (includes phone consultation) be associated with direct service authorizations?

A direct therapy service is not required to perform Phone Consultation. In some situations, the family may want to only use Phone Consultation until face-to-face can resume as the Family Participation Fee does not activate until the month that the first direct therapy service authorization is scheduled to start.

Prescriptions

Question: Are prescription rules the same as face-to-face therapies?

Yes, prescriptions are still needed and should be collected as normal.

Service Delivery

Question: Can live video visits (telehealth) continue after we go back to face-to-face visits?

As stated in the Live Video Visit 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.

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.

Question: Can some providers on the same team use IFSP development phone consultation and some live video visits?

This question could have multiple meanings, so we are answering several ways.

If a provider may meet the IFSP Frequency/Intensity/Duration using both live video visit services and phone consultation, he or she may use live video visit services and phone consultation interchangeably.
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 the regular use of IFSP development time, such as provider-to-provider consultation.

Services Outside of Early Intervention

Question: What if the family asks to pay me for my services privately whether to provide face-to-face or by tele-health, am I allowed?

The family always has the right to seek services outside of Early Intervention, but it is important to help the family understand the current guidance of the CDC, Department of Public Health and the Governor of the State of Illinois for social distancing to stop the spread of the virus, as well as the financial and personal health information protections that are within Early Intervention that can't be guaranteed outside of Early Intervention. However, this type of service is not a reimbursable service by the EI Program even after face-to- face services continue. Families must be informed that any services not delivered under the umbrella of the EI Program are not billable to us and cannot be reimbursed by us and would be a direct cost to the family.

Training

Question: Who is required to attend the training?

All individuals who will be using Live Video Visit are to attend. This includes EI Providers, Interpreters, and Service Coordinators. (Answer revised 05/01/20)

Question: How am I supposed to document I have been through the Live Video Visit training modules through the EI Training Program?

Each provider who successfully completes the training will receive a certificate that they must keep in their files.

Transitioning & Exiting

Question: If a child is going to age out before we are able to complete the evaluations, but have offered other resources, is there anything else we should be doing with these cases?

Every effort should be made to help support the family, but the Exception Period may not allow the complete set of services the child and family would normally receive prior to exiting. Document all efforts and assure family of their options and resources to the maximum extent possible as they follow the EI principles that the family is the primary educator of their child.

Question: How will Transition be supported?

To the maximum extent possible, teleconference should be utilized to complete all required transition activities of ensuring timely transition steps and services are in the IFSP and a timely Transition Planning Conference is convened. OSEP did not provide guidance on any exception to Transition requirements but clarification has been requested.