

To: Specialty Service Providers – Vision Loss and Deaf/Hard of Hearing
Early Intervention vendor agencies
From: Bureau of Family Health and Nutrition (BFHN)/Division of Early Intervention
Re: COVID-19: Early Intervention telehealth guidelines
Specialty Service Providers – Vision Loss and Deaf/Hard of Hearing
Date: March 25th, 2020

Summary: To mitigate the spread of COVID-19, the Department of Public Health (DPH) remains committed to providing services in a manner that reduces exposure and transmission, to the extent possible, for the duration of this public health emergency. This memo presents guidance concerning provision of telehealth services by Early Intervention (EI) vendor agencies.

The purpose of this guidance is to ensure that EI services continue to be provided to the extent possible and that vendor agencies continue to receive reimbursement for EI services. BFHN is highly motivated to ensure that no one is left behind in these trying circumstances.

Telehealth definition

- Telehealth (sometimes called “telemedicine”) is the use of electronic communication and information technologies to provide or support clinical care at a distance.
- Telehealth provides an alternative means for vendor agencies to deliver a service, when clinically appropriate and consistent with applicable regulations.
- For the purposes of this guidance, telehealth is a modality of treatment and/or treatment planning.

Telehealth home visits in MA Early Intervention

- Vendor agencies should follow all precautions, prevention and mitigation strategies, and checklists contained within the [Agency Based In-Home Caregivers & Workers 2019 Novel Coronavirus \(COVID-19\) Guidance](#) posted to the mass.gov/covid19 website.
- Vendor agencies should determine whether home visits are appropriate based upon the [Agency Based In-Home Caregivers Screening Flow Chart](#) within the [Agency Based In-Home Caregivers & Workers 2019 Novel Coronavirus \(COVID-19\) Guidance](#).
- When indicated by the flowchart, programs should conduct home visits via a telehealth where possible and with the consent of the family.

Telehealth modalities

- For the duration of the public health emergency related to COVID-19, DPH is not imposing specific requirements for technologies used to deliver services via telehealth and will allow reimbursement for covered services delivered through telehealth so long as such services are deemed necessary by a provider, are clinically appropriate, and comport with all applicable guidelines set forth in [Appendix A](#) of MassHealth All Provider Bulletin 289, *MassHealth Coverage and Reimbursement Policy for Services Related to Coronavirus Disease 2019 (COVID-19)*.
- Providers are encouraged to use appropriate technologies to communicate with individuals and should, to the extent feasible, ensure the same rights to confidentiality and security as provided in face-to-face services.
- Providers must inform members of any relevant privacy considerations.

Temporary policy change

- Effective March 12, 2020 DPH will allow telehealth as a reimbursable service delivery for Specialty Service Providers (SSPs) for Vision Loss and Deaf/Hard of Hearing method/activity for the following activities:
 - o IFSP meetings and reviews (HV rate)– to develop the initial written plan for providing EI and SSP services to an eligible infant or toddler and the infant or toddler’s family, or to

review the current plan. The meeting provides an opportunity to discuss the evaluation, functional assessments, and any other information provided by the family to determine the appropriate services deemed necessary by the team to enhance the development of the child to meet IFSP outcomes.

- Home visit services as indicated on the IFSP (HV rate)
- Administration of interview-based assessments (HV rate)
- Child group – EI only – a group service with two or more children enrolled in EI
- Parent group – a group service with two or more parents of children enrolled in EI
- Families must give verbal consent to engage in telehealth home visit services and this consent must be documented in the child’s Early Intervention record.

Billing and fiscal matters

- All telehealth claims should be billed under the Home Visit rate except for Child Group and Parent Group (see chart below):

Service Code	Service Description	Per Unit
H2015	Child visit	\$23.50
96164	Child Group – EI only	\$13.70 – first 30 minutes
96165	Child Group – EI only	\$27.40/hr. remainder of group service
T1027	Parent Group	\$35.16

- In order for reimbursements to be processed, documentation of all contacts related to telehealth/teleconference related to the provision of Part C services with the child and family must include the date, service type, duration and content of the contact, and the name and discipline of the staff person providing the service
 - Claims for telehealth home visits will be submitted to DPH on the Service Delivery Report (SDR). Telehealth visits would be indicated in the ‘Service_Setting_Code’ field on the SDR with the code ‘T02’ (NOTE: Updated SDR specifications will be sent out separately)
 - NO additional report will be required