

## **CIS Guidance to the Field Re: COVID 19**

March 19, 2020

Hello Children's Integrated Services Partners,

While the situation continues to rapidly evolve, we want to provide as much information as possible to you at this point regarding impacts of COVID-19. Please review the information below carefully and distribute it to your staff and partners, including private therapists in your region. We recognize additional detail will be necessary in some areas and guidance may change in the coming days and weeks. We will share further information as clarification becomes available. If the Vermont Department of Health subsequently releases any direction that differs from the guidance below, the VDH direction takes precedence.

### **General Public Health Guidance**

Please ensure you are accessing the Vermont Department of Health (VDH) [website](#) for guidance regarding public health measures. This is updated regularly and has topic-specific information including [Early Childhood Care and Education Program Closure and Dismissal Guidance](#) to many of our programs and clients. This is also a good source for information and resources to share with clients.

### **Service Delivery, Documentation & Billing**

The Vermont Department of Health (VDH) has issued guidance regarding home-based service delivery, available here: [Guidance: Home Based Service Delivery](#). As stated in the guidance, no home-based service delivery should occur if either a household member or the provider are exhibiting symptoms or have had contact with a person who has COVID-19. Early Intervention is considered an essential service, and additional direction is detailed below. The remainder of home-based CIS services reimbursed through the bundled contracts are considered non-essential and therefore should shift to delivery by alternate means whenever possible.

Alternate means of service delivery may include use of telemedicine following appropriate privacy protections and Medicaid guidelines. Please note that the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communications technologies, like FaceTime and Skype, during the COVID-19 nationwide public health emergency. The Notification of Enforcement Discretion on telehealth remote communications may be found at: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>.

Services delivered via telemedicine, as well as care coordination and parent/caregiver guidance and support provided via telephone, qualify a case to be billed to the CIS bundle for the month in question, as long as there has been at least one 15-minute unit of service delivered (defined by Medicaid as greater than or equal to 8 minutes).

CIS providers should contact families to determine appropriate changes to service delivery methods or OnePlans. These conversations must be clearly documented and maintained in the child and family's files. If discussions result in any OnePlan updates, consent should be obtained via email or postal mail (with a self-addressed stamped envelope to be provided to the family), with a copy maintained in the child and family's file.

### **Fiscal Impacts**

We understand the impacts of COVID-19 could pose significant hardship to CIS providers and we will communicate more information as it becomes available regarding the Federal, State and CDD's efforts in this area. CDD and DCF are working to ensure as little disruption as possible to existing payment processes to ensure continuity.

### **OSEP Part C Early Intervention Guidance**

The Child Development Division (CDD) and the Agency Of Education (AOE) have jointly developed the guidance below related to IDEA Part C services, in accordance with the direction received from the federal Office of Special Education Programs (OSEP) and Vermont Department of Health (VDH). We recognize additional detail may be necessary in some areas and we will share further information as clarification becomes available and as the situation evolves.

The Vermont Department of Health has issued guidance for home-based service delivery which may be found here: [Guidance: Home Based Service Delivery](#). Early Intervention (EI) services are considered essential and therefore should continue to be delivered at this time. This includes EI services reimbursed through the CIS bundled contracts, as well as fee-for-service. However, these may be provided using alternate means of delivery as articulated below. Early Intervention providers are directed to take the following measures to ensure continuity of service delivery:

- Early Intervention providers shall contact families to review their OnePlan in order to determine alternate methods of service delivery as detailed in #3 below for the purpose of ensuring OnePlan goals and service needs are met.
  - Conversations with families must be clearly documented and maintained in the child and family's files.
  - OnePlan updates require written parental consent which may be obtained via email or postal mail (a self-addressed stamped envelope will be provided to the family), with a copy maintained in the child and family's file.
- Once the Governor has directed students to return to schools, full in-person service delivery must resume. At this point, Early Intervention providers should hold a meeting with each family to update OnePlans, including reassessing the child's present levels of functioning and reviewing outcomes with the family.

Additionally, The State has reviewed guidance from OSEP regarding impacts of COVID-19. The implications of this for Vermont Early Intervention includes the following:

1. **If the State Part C office (the Child Development Division) is closed**, Part C services are not required to be provided. The current shift to remote operations does not qualify as closure.
2. **If a regional Early Intervention program is no longer operational (This decision should only be made in close coordination with CDD; a shift to remote operations does not qualify as closure) due to an outbreak in that area**, Part C services in that region are not required to be provided, even if the State Part C office is open.
3. **If State Part C Office (CDD) and the regional Early Intervention program are both operational, but in-person service delivery is not an option based on VDH guidance**, the following must be done to ensure continuity of services:
  - a. use an alternate provider;
  - b. use an alternate location; or
  - c. provide services through alternate means, such as consultative services to the parent. Alternate means may include telemedicine delivered with appropriate privacy protocols, or phone consultation.
4. **If Child Find, Part C service delivery, and/or transition activities and timelines are impacted by COVID-19 in any way**, this explanation should be clearly documented in the child's file and in all data reported to CDD.

This is a quickly evolving and uncertain time for everyone, and we understand the stress that you are all under in striving to continue to meet the needs of vulnerable kids and families while also addressing the health and well-being of your families and yourselves. We are working hard to provide guidance and support in every way possible and will communicate more information as soon as it becomes available. Thank you for the incredible work you are doing in these challenging circumstances.