

# CHILDREN'S INTEGRATED SERVICES (CIS) COVID – 19 FREQUENTLY ASKED QUESTIONS

## COVID-19 Links Referenced in Responses:

- CIS Guidance to the Field: Re COVID-19: <https://dcf.vermont.gov/cdd/covid-19/cis>
- COVID-19 and HIPAA: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>
- Home-Based Service Delivery Guidance – COVID -19: <https://www.healthvermont.gov/sites/default/files/documents/pdf/Final%20VDH%20Guidance%20on%20Home%20Based%20Service%20Delivery%203.17.20.pdf>
- Early Childhood Care and Education Programs Closure and Dismissal During a Novel Corona virus Outbreak: <https://www.healthvermont.gov/sites/default/files/documents/pdf/vdh-dcf-aoe-technical-guidance-early-childhood-programs-closure-dismissal-covid19.pdf>
- Vermont Department of Health – Coronavirus (COVID-19): <https://www.healthvermont.gov/response/coronavirus-covid-19>

## General

### 1. When should CIS services be delivered in person while the state is under “Stay Home Stay Safe” orders?

Services should **only** be delivered in person if **all** the following criteria are met. Please also refer to the VDH guidance on home visiting and the CIS guidance on delivering services.

- The service is deemed essential by applicable department
- The services cannot be delivered through alternative means
- The response to both screening questions is “no”
- There would be a significant detrimental impact to the child if the service was not delivered

The CIS State Team is working with VDH and other partners to develop guidance regarding restarting in-person service delivery for home-based services more broadly and will communicate when there is additional information to share.

Only EI services are essential considered essential for the purposes of this guidance but should be delivered via remote means in nearly all instances. Any in-person services must follow VDH guidance and meet the criteria above. Evaluations that will also be used to identify whether a child may be potentially eligible for Part C services may need to be delivered in person in accordance with the timelines guidance available at: <https://dcf.vermont.gov/cdd/covid-19/cis>, in order to support effective transition to Part B services.

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- 2. What supports are in place for home visiting staff who are concerned with a child's safety?**

Staff should continue to bring child safety concerns to their supervisor, and follow program, agency and Mandated Reporting policies, protocols, and guidance.

### Fiscal/Billing

- 3. Is the State offering fiscal relief to providers financially impacted by COVID-19?**

The State has shared the process for applying for CIS Provider Retainer Funds to support the stability of the CIS system in response to COVID-19.

- 4. Who do we submit invoices to during COVID-19?**

The invoices should be submitted using the current practice. Please submit through GlobalScapes, or by email as follows:

- CIS-EI billing should be sent to: [AHS.dcfcdccisei@vermont.gov](mailto:AHS.dcfcdccisei@vermont.gov)
- CIS contract billing should be sent to: [AHS.dcfcdccis@vermont.gov](mailto:AHS.dcfcdccis@vermont.gov)

- 5. Due to COVID-19 will there be an opportunity to extend the contract dates to 12/31/20?**

DCF is evaluating options for July 1<sup>st</sup> contracts and will communicate more as we are able.

- 6. Will tele-health be included in the July 1, 2020 contract?**

We will continue to align with Medicaid guidance on billing both during this crisis and in the future. As we shift away from COVID-19 oriented allowances, back to 'normal' practice, CIS will be providing guidance about the use of telehealth for CIS services.

- 7. When can we expect to see a draft of the July 1, 2020 contract?**

Contractors should refer to the draft shared in October 2019 which was originally intended to be implemented on January 1, 2020 prior to the decision to extend contracts by six months. The State will share additional information as it becomes available.

## Telemedicine and Remote Service Delivery

8. **What is allowable regarding consent (One Plan, evaluations, transition page) when using remote service delivery options? Will the state issue a common consent form, or should we create our own?**

Please refer to the CIS COVID-19 Guidance regarding CIS Timelines for direction on obtaining consent (<https://dcf.vermont.gov/cdd/covid-19/cis>). The State will not be issuing a common consent form.

9. **How do we document if a family has requested to suspend services during COVID-19?**

Use the One-Plan Review (or EMR-equivalent) page to document that the family has requested that the services be suspended. Please indicate that services will begin again with an anticipated date, or other planned next steps.

10. **What is the process if a tele-health session is cut short due to attention or technology?**

Please do not change the frequency of the sessions, but providers should note the shortened session in the client progress/case note. Services must continue to meet the minimum unit definition for the procedure code and requirements shared in the CIS Bundled Case Rate Billing Guidance.

11. **Electronic health records are not set up for telehealth documentation. How do we indicate the service delivery type?**

Providers may record the method of service delivery in the client file using the contact log and progress/case notes and encounter tracking. Encounter tracking for services delivered under the bundled contract via remote means should use a 02 Place of Service on the claim.

12. **What services are authorized to be delivered via remote service methods? How should we code and document the remote service delivery?**

The most current information about fee for service billing and telehealth flexibility during COVID-19 can be found at <https://dvha.vermont.gov/covid-19>. reference the **Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19** and the **Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19: Reference Charts**. It is important to clearly document the service, including what method was used to deliver it (Video,

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Telephone, Skype etc.) in the client contact log and/or progress/case notes. Information about services delivered under the bundled contract can be found at:

<https://dcf.vermont.gov/cdd/covid-19/cis>

### **13. Is audio only service delivery is acceptable when other options such as video are not available?**

The most current information about fee for service billing and telehealth flexibility during COVID-19 can be found at <https://dvha.vermont.gov/covid-19>. reference the **Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19** and the **Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19: Reference Charts**. It is important to clearly document the service, including what method was used to deliver it (Video, Telephone, Skype etc.) in the client contact log and/or progress/case notes. Information about services delivered under the bundled contract can be found at:

<https://dcf.vermont.gov/cdd/covid-19/cis>

### **14. Is it appropriate to request consent for any anticipated service need during the initial evaluation?**

Yes, if you suspect multiple evaluations will be needed, use the 'Consent for Evaluation' form to list all possible evaluations indicating that these will be conducted 'if necessary' and then seek parental consent.

### **15. How will non-Medicaid services delivered via telehealth or remote methods be reimbursed?**

Please refer to CIS COVID-19 guidance memo regarding use of telehealth. Part C will remain the payer of last resort for non-Medicaid families. Providers must first bill private insurance. If they receive a denial, as in the past, they will seek prior approval in order to bill Part C as the payor of last resort (POLR) and proceed with tele-health services in accordance with the DVHA guidance.

### **16. How will we share changes to the one plan when we don't have access to a fax machine?**

Please refer to CIS COVID-19 Guidance regarding CIS Timelines for details. HIPAA has issued guidance around COVID-19 waivers. One Plans can be e-mailed to families and providers as long as it is done securely. You will need to password protect the documents to send them electronically.

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### 17. What resources are there to support telehealth service delivery?

Please refer to the telehealth guidance located within the CIS COVID-19 guidance link above. and the weekly resource lists e-mailed to CIS Coordinators every Friday from Kati Ringer. These offer a range of links and resources to support providers in use of remote service delivery methods. Additionally, CDD has conducted a survey of CIS staff professional development needs and is evaluating additional training opportunities.

## Early Intervention Services

### 18. Is prior approval still required after 8 speech and language telehealth appointments?

Yes, prior approval is still needed for more than 8 visits per calendar year. It is important to make sure the service is not ACO-attributed. If the appointment is ACO-attributed because you will be billing Medicaid, no prior approval is required.

### 19. Should we bill for a consultation rather than tele-medicine for developmental educators?

Please see CIS COVID-19 guidance. Developmental Education is covered under the bundled billing (T1024 HU), as well as completing encounter reporting.

### 20. As new referrals are made will timelines be relaxed due to COVID-19?

If there are unavoidable delays due to COVID-19, the federal Office of Special Education Programs has allowed States to attribute these delays to “exceptional circumstances due to a natural disaster.” The reason for a delay needs to be clearly documented in the clients file, and not all delays experienced during this time will be attributable to the child/family circumstances or COVID-19. Please see Timelines guidance located on the CIS COVID-19 guidance page for additional detail (<https://dcf.vermont.gov/cdd/covid-19/cis>).

### 21. How should the initial evaluations be handled?

Initial evaluations may be conducted via telehealth or phone only if there is no other reasonable alternative. Providers should seek to gather as much developmental data as possible from observations of the child, interviews with the child's caregivers, and copies of the child's medical records (as applicable). Any areas not able to be well-documented in conducting the formal assessment may be left to the informed clinical opinion of the evaluation team. Again, clear and comprehensive documentation, including the providers'

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rationale when information is not readily available will be essential here. Using this, providers can determine eligibility for Part C Early Intervention through CIS.

### **22. What are the best practices when using clinical opinion during to determine eligibility?**

The National Early Childhood Technical Assistance Center (NECTAC) has issued guidance around the appropriate use of clinical opinion. The link to the paper can be found [here](#).

### **23. How will the One Plan Services Grid be altered in order to collect the appropriate data?**

The One Plan Services Grid will not be altered. Please indicate that the service happened in the 'Home' and then to put in the bottom of the location box if the delivery is planned via "Phone" or "Telehealth" (meaning audio with visual).

### **24. Would it be allowable to use the phrase "up to" for the number of visits?**

No, the CIS-EI database does not allow for this. Please continue to document frequency of services using a number (1 to equal 1x/month, 4 to indicate 4x/month, etc.). If the meeting did not happen, as with any time a service is unable to be delivered, please document the attempt and reasons why the visit didn't occur in the client contact or service notes.

### **25. What if the eligibility assessments have not been completed when the transition date has arrived?**

Please see the CID COVID-19 timeline guidance in the transition section.

### **26. What if the child arrives to the system "late" or after the 180 days prior to 3<sup>rd</sup> birthday due to COVID-19?**

As with things prior to COVID-19, providers should conduct a parallel process of conducting all activities associated with Part C eligibility timelines, while also conducting transition activities:

- a) Potential Eligibility (PE) determination should be done at the same time as you determine eligibility for Part C – so you would look at both criteria using the same evaluation and information
- b) Send Local Education Agency (LEA) notification if you are able to determine PE,
- c) Transition conference planning – ideally held with the initial One Plan meeting with the family to streamline this activity, and
- d) Developing the transition plan as part of the initial One Plan.

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- 27. The system for assigning educational surrogates has been impacted. How will the field find out who has been assigned and get required signatures?**

Ernest Wheeler at the Agency of Education manages the Educational Surrogate program for Vermont and is available at [ernest.wheeler@vermont.gov](mailto:ernest.wheeler@vermont.gov) to respond to questions.

### Specialized Child Care

- 28. Where can I find the most up to date essential persons list?**

Please see [Essential Persons for Critical Infrastructure Guidance link](#).

- 29. Who is eligible to receive child care transportation?**

Specialized Child Care is for families with children who have an identified specialized need under the Child Care Financial Assistance Program, when the parent or caregiver qualifies as an essential person. Transportation must be for qualified service need. This includes foster parents when SCC transportation is part of their case plan.

- 30. If the Family Services child care is due to end or ends during the COVID-19 period will the dates be extended?**

The Protective Services Authorization (PSA) will not be extended. Reference:  
<https://dcf.vermont.gov/sites/dcf/files/CDD/Docs/COVID/Guidance-for-CCCSAs-3.17.2020.pdf>

- 31. Will there be a financial incentive for special needs child care placements due to COVID-19?**

Please reference the [Financial Incentives to Child Care Programs for Serving COVID-19 Essential Critical Infrastructure Workforce](#).

- 32. Where should CIS Specialized Child Care Coordinators refer child care providers when they have health-related questions around COVID-19, or supports for their own mental health and well-being?**

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For questions related to COVID-19 for child care programs not addressed in [existing guidance](#), child care providers may be referred to a VDH nurse using the information below:

- Call 802-863-7240, select the option for "Childcare Services," available 8:00 AM to 3:00 PM Monday through Friday

Providers seeking supports related to their own mental health and well-being may be directed to the Vermont Department of Mental Health [website](#) for resources, or 2-1-1 for mental health services in their area.