Eric Holcomb, Governor
State of Indiana

Division of Disability and Rehabilitative Services
First Steps
402 W. WASHINGTON STREET, P.O. BOX 7083
INDIANAPOLIS, IN 46207-7083
1-800-545-7763

March 24, 2020 | Last updated April 24, 2020 | Update #3 | Updates highlighted in table of contents
First Steps COVID-19 policy Frequently Asked Questions (FAQ)

Find the First Steps COVID-19 policy memo here: https://www.in.gov/fssa/ddrs/3399.htm.
Please continue to send questions and concerns to firststepsweb@fssa.in.gov.

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VIRTUAL VISITS & SERVICE DELIVERY	
1. What is the policy on make-up visits?	Early intervention services should continue to be provided in accordance with state and federal laws and rules under Part C of the IDEA. This means that services should be provided as they are written on the family's IFSP in conjunction with the service flexibilities provided in the First Steps COVID-19 policy memo and clarified in this FAQ. IFSP team meetings should be used to determine what changes are needed, if any, to the IFSP. This includes any change in the frequency of services or in the type of services—such as changing to an IFSP with service coordination services only, as addressed further in questions #10 and #13. Make-up sessions should not be a factor in determining what early intervention services look like for children and families. The IFSP and IFSP team collaboration need to be the mechanism for deciding what services look like both now and in the future.
2. Should First Steps personnel continue to provide in-person services?	Continuing to offer in-home services is a business decision for provider agencies, independent service providers, and system points of entry (SPOE). However, based on national and state recommendations for social distancing, the Division of Disability and Rehabilitative Services (DDRS), Bureau of Child Development Services (BCDS) is recommending that First Steps agencies and personnel provide services virtually until further notice.
3. Which videoconferencing platforms can be used for virtual visits?	Providers are responsible for complying with privacy laws and ensuring that confidential information is protected and that families are aware of their rights. It is within the discretion of the provider to identify and determine the technology to use so long as it complies with the law to the fullest extent possible, is not public facing, and provides the appropriate level of privacy. The family must consent to whichever platform the provider has chosen, and the provider must document this consent. First Steps has not reviewed all products that allow for video chats and as such cannot endorse, certify, recommend, or approve a particular video chat product. We strongly encourage all providers to consult their IT team or legal counsel for additional guidance when selecting a video chat platform.
4. What should be done if a family is unable, for any reason, to participate in virtual services?	The following options can be offered to families who are unable to access services through videoconferencing technology: a) If the family is able and willing to use a telephone: i. A developmental screening can be done using the ASQ and CPT code T1023. If the results indicate that the child might have a delay, an interim IFSP is appropriate. If the results do not indicate that the child might have a delay, the parents must be informed of their right to request an evaluation. Developmental screenings will

	be reimbursed at the off-site rate for CPT code T1023 and should be entered like a standard authorization for initial evaluation. ii. The initial evaluation using the AEPS can be completed over the phone using parent report and can be divided into multiple sessions if needed. iii. Annual evaluations using the AEPS can be completed over the phone using parent report and can be divided into multiple sessions if needed. iv. **Unless it is prohibited by Executive Order 20-13, providers can provide their typical services over the phone using their typical CPT codes and will be reimbursed at the offsite rate.** v. If a provider is prohibited from providing their typical services over the phone or otherwise feels uncomfortable doing so, family training and counseling can be provided via phone using CPT T1027 as outlined in question #4. b) If the family is **un**able or **un**willing to use a telephone: i. If the family is being referred for an initial evaluation, the SPOE should mail the family an ASQ with instructions to complete and return. The instructions should also inform the family that the ASQ does not determine eligibility for the First Steps program, but if the results indicate that their child may have a delay, an interim IFSP can be developed and a home program can be given to the family to help them address their concerns until in-person services can resume. ii. If the family already has an IFSP, the family may choose to withdraw from services or have an IFSP with service coordination only. If the family chooses service coordination only, the provider may use one regularly scheduled session to develop a home program so the child and family can continue to make progress toward IFSP outcomes. The provider may use T1027 one time for the development of the home program. iii. The requirement for an annual evaluation will be waived.
5. How should family training and counseling / CPT code T1027 be used? *Please see the answer to question #4 for clarification on the use of CPT code T1027.*	**Providers are encouraged to provide their typical services whenever possible, even when using video or phone to provide services.** CPT code T1027 is an option for providers who: • Are prohibited under Executive Order 20-13 from providing their typical services via phone; • Do not feel comfortable providing their typical services via video or phone; or • Develop a home program for a family who can't use video or phone to receive services. CPT code T1027 can be provided as an ongoing service via phone or video and will be reimbursed at the offsite rate. This may include supporting the family in the use of a home program and, at the professional discretion of the provider, can be used for activities related to developing the home program. A home program is not required and providers must utilize CPT code T1027 **within the limits of their existing service authorization**. For example, if a provider is authorized to provide services 1 time a week for 60 minutes, the provider's use of CPT code T1027 is limited to 4 units a week (where 1 unit = 15 minutes).

	Please note: • Home programming means compiling written documents, exercises, pictures, videos, and/or activities for a family to address their child's IFSP outcomes within the family's daily routines. • Family training and counseling is a distinct early intervention service under Part C of the IDEA that means **services provided to assist a family in understanding the needs of their child and enhancing their child's development**. While family coaching is already an important component of any early intervention service provided in First Steps, the distinct service of family training and counseling is being highlighted as an option during the COVID-19 outbreak to ensure families continue to get the support they need from First Steps and that First Steps providers have options for providing billable services when opportunities to provide their typical services are limited.
6. Are physical therapists and occupational therapists allowed to provide virtual services?	It is within the provider's discretion to determine whether providing virtual services is permissible under their practice act. Providers are encouraged to contact their state and national professional associations or the Indiana Professional Licensing Agency with questions or concerns. If a provider feels uncomfortable providing their standard services virtually, he or she may provide family training and counseling using CPT code T1027. The following statement from the Indiana chapter of the American Physical Therapy Association may be helpful: Telehealth in Physical Therapy in Light of COVID-19. Please note that per Executive Order 20-13, physical therapists, occupational, therapists, and speech and language pathologists are not allowed to provide physical, occupational, or speech therapy by phone. Please see questions #3 and #4 for more information.
7. Does family training and counseling count as the provider's regularly scheduled session?	Yes. Family training and counseling (CPT code T1027) is an early intervention service just as various therapies are early intervention services.
8. Does a session provided over the phone count as the provider's regularly scheduled session?	Yes. Please see questions #3 and #4 for more information.
9. Can virtual visits be provided in one 30 minute session twice per week?	Yes. This is likely best practice for virtual visits and can be done without changes to the provider's current authorization. Two 30 minute sessions in the same week should be entered as two (2) separate claim detail lines within the same claim. This also applies to services authorized for once or twice per month.
10. Can a 14-day break from services be extended?	If both parties consent to the extension and the extension is documented in the child's record, yes. **The break can be extended up to but no more than another 14 days.** As this emergency continues and due to the uncertainty of the full duration of the emergency, extended breaks are not appropriate. The IFSP team should convene a meeting to determine how best to proceed in order to meet the needs of the child and family during this time.

	If one party wants to extend the break but the other does not, the family, provider, and service coordinator should discuss all available service options, including an IFSP with service coordination only. If the provider wants to extend the break but the family does not, the family can request a new provider be assigned so that services can be delivered. If the family wants to extend the break but the provider does not, the family should be offered a home program and moved to a service coordination only IFSP until the family is ready to resume services. The intent of this policy and FAQ clarification is that, after a permissible break in services, **the IFSP team will work together to identify another option for the child and family.** One available option is an IFSP with service coordination services only. If the IFSP team chooses an IFSP with service coordination services only, an IFSP change page must be completed; previous service authorizations must be discontinued; the frequency (e.g., weekly) and length (e.g., 30 minutes) of service coordination services must be indicated on the IFSP and/or IFSP change page; and the family must be notified in writing before this change to their IFSP services occurs. When the family is ready to resume services, another IFSP team meeting will be needed to identify goals, outcomes, and service needs.
11. Can a family resume services before the end of their 14 day break?	Yes. If a family has chosen a 14-day break in services, they may request to resume services before the 14th day. To see all of the service options provided in the original COVID-19 policy memo, go to https://www.in.gov/fssa/ddrs/3399.htm.
12. Can a make-up session be provided using a virtual visit?	Yes.
13. Can make-up sessions be provided for time when a family was on a service coordination only IFSP?	No. As stated in #10, if the IFSP team chooses an IFSP with service coordination services only, this represents a change in the early intervention services that will be provided to the child and family. For an IFSP with service coordination services only, an IFSP change page must be completed; previous service authorizations must be discontinued; the frequency (e.g., weekly) and length (e.g., 30 minutes) of service coordination services must be indicated on the IFSP and/or IFSP change page; and the family must be notified in writing before this change to their IFSP services occurs. When the family is ready to resume services, another IFSP team meeting will be needed to identify goals, outcomes, and service needs.
14. Can developmental therapists receive supervision virtually?	Yes.
CONSENT & DOCUMENTATION	
15. Do providers need to keep a log of the families they are serving virtually?	Yes. Providers and provider agencies must keep a log, preferably in Microsoft Excel or a comparable product, of the families being served by video, phone, or with a home program. This is for audit and quality review purposes. Providers will not be responsible for obtaining parent signature on the log.
16. Can parent consent be obtained verbally?	Yes. Please use the guidance for receiving verbal consent: https://www.in.gov/fssa/ddrs/3399.htm.
17. Who can obtain verbal consent?	Service coordinators, evaluation and assessment providers, and ongoing service providers may obtain verbal consent. Anything collected by the ongoing service

	provider must also be shared with the family's service coordinator and documented in the child's early intervention record.
18. If a family has multiple service providers, can one consent for virtual visits be used?	If the providers in an agency are all using the same videoconferencing platform, one consent may be used.
19. Who is responsible for documenting a family's request to take a break from services?	Whoever receives the request from the family is required to document the request. The service coordinator is responsible for completing the IFSP cover sheet.
20. How should providers share documentation with the service coordinator?	If a SPOE is not using Teamwork software, the provider agency and/or the ongoing service provider should follow typical protocol for sharing documentation. Emails must be sent securely. Teamwork software is currently being used in SPOE regions A, B, C, D, and G: https://www.in.gov/fssa/ddrs/4819.htm.
21. Are providers required to use the face-to-face sheet provided by DDRS / BCDS?	Other forms are permissible if they capture the same information.
22. Does T1027 have to be documented on the face-to-face sheet / session documentation?	Yes. Any time a provider submits a claim for T1027, it must be documented on the face-to-face sheet / session documentation. This includes development of a home program if billing for the home program is allowed. Please see questions #3 and #4 for more information.
23. Is the provider's home address required on the face-to-face sheet / session documentation?	Per guidance from the Indiana Office of Medicaid Policy and Procedure, providers are asked to document their location when providing virtual services. If a provider is uncomfortable using his or her home address, the address of the provider agency may be used. But please note that an address for the provider's location during service delivery **must be provided**. Independent providers may use the SPOE's address or the address of a provider agency in their area.
24. How should providers sign their face-to-face sheets if they do not have access to a printer or scanner?	A typed name is permissible, but agency directors are asked to provide any necessary oversight and may have varying requirements and guidance for personnel.
25. Can consent forms and face-to-face sheets be signed digitally / electronically?	Yes.
FAMILY COST PARTICIPATION	
26. Will family cost participation apply to virtual visits?	The DDRS/BCDS has every intention of continuing to submit claims to private and public insurance for all services rendered. All family cost participation rules, policies, and guidelines still apply at this time. This also means that cost participation must be re-assessed for any family who reports a reduction in income, which is consistent with current policy.
BILLING	
27. Is a special authorization needed for CPT code T1027?	No. The central reimbursement office has added T1027 as an allowable CPT code for all direct child treatment service authorizations.
28. Can provider agencies be reimbursed directly for interpreter services?	Yes. Interpreter services authorizations can be entered under the name of the provider agency. The agency can then work with any interpreter regardless of whether the individual is enrolled with Indiana First Steps. Procedures and more information can be found here: https://www.in.gov/fssa/ddrs/3399.htm.

29. How long will agencies be authorized to provide interpreter services?	These authorizations cannot be dated earlier than March 1, 2020 and must have an end date on or before June 30, 2020 to allow DDRS / BCDS to assess the fiscal impact of this policy.
30. What is the rate for CPT code T1027?	The offsite rate for CPT code T1027 is $16.00 a unit (15 minutes). This is the rate for all provider types.
CREDENTIALING	
31. Can training on teleservices be used toward credentialing?	Yes. Please note that this is being allowed on a temporary basis until Indiana's public health crisis designation is lifted.
32. Can independent PD activities related to teleservices be used toward credentialing?	Yes. Completion of the Independent PD Activity Approval Request form will not be required for independent PD activities related to the provision of teleservices. Please note that this is being allowed on a temporary basis until Indiana's public health crisis designation is lifted.
33. How should webinars be classified on the annual credential form?	Any training in webinar format should be classified as "professional conference or workshop" on the annual credential form.
34. Can the COVID-19 Reflective Consultation virtual sessions be used toward credentialing?	Yes. The COVID-19 reflective consultation virtual sessions hosted by the LEND program at Riley Child Development Center can be used for annual credentialing hours. This option should be classified as "mentoring or reflective supervision" on the annual credential form and the title should be written as (or include the terms): "Riley COVID-19 reflective consultation, participant".