

North Carolina Infant-Toddler Program (ITP)
Guidance for Provider Teletherapy During COVID-19
As of March 30, 2020

This document is intended to provide guidance to NC ITP contract providers about teletherapy to support standards of practice. **Teletherapy** is defined as the virtual provision of specialized services. Given the dynamic situation with COVID-19, updates will be made (as necessary) to address new Federal and State guidance or policies and procedures.

NC ITP Specific Guidance on Teletherapy Procedures

- A. Parental Consent for Teletherapy: See *Teletherapy Consent form*
- B. Documentation requirements
 - All requirements remain the same as for in-person therapy sessions
 - *ITP Client Checklist for Teletherapy* (recommended)
 - *Teletherapy Coaching Note* (recommended)
- C. IFSP
 - An IFSP review is NOT required for transition to teletherapy as a location of service
 - Contract providers must notify Early Intervention Service Coordinator (EISC) by phone and/or email if parent consents to teletherapy.
- D. N.C. ITP Reimbursement
 - *NC ITP Billing, Fees, & Reimbursement Policy* Requirements (including the ITP Sliding Fee Scale) will apply as usual
 - It remains the responsibility of the provider to verify the eligibility and benefits with the client's insurance company. ITP will continue to be the payor of last resort for Medicaid-approved policies related to teletherapy services.
 - Medicaid Guidance – NC ITP teletherapy implementation and reimbursement timelines will align with Medicaid teletherapy policy dissemination. Please refer to this site for Medicaid policy updates: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid>
 - Telemedicine and Telepsychiatry Services will be effective March 30, 2020 and retroactive to March 10, 2020.
 - Teletherapy may begin for Specialized Therapies (PT/OT/ST) when the Medicaid policy is disseminated (as of March 30, 2020).
 - Provision of teletherapy for other CDSA services will begin in alignment with Medicaid policy roll-out for those services (anticipated April 7, 2020).

Teletherapy Platforms

From US Department of Health and Human Services: A covered health care provider that wants to use audio or video communication technology to provide telehealth to patients during the COVID-19 nationwide public health emergency can use any non-public facing remote communication product that is available to communicate with patients. The Office of Civil Rights (OCR) is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. This exercise of discretion applies to telehealth provided for any reason, regardless of whether the telehealth service is related to the diagnosis and treatment of health conditions related to COVID-19.

CDSA network providers will be responsible for any cost incurred for teletherapy platforms.

Resources

A. Early Childhood Technical Assistance (ECTA) Center -

Tele-Intervention and Distance Learning <https://ectacenter.org/topics/disaster/tele-intervention.asp>

Per ECTA, a number of states are providing service delivery via technology to young children with disabilities and their families, using funding from both Medicaid and private health insurance. ECTA has gathered various resources relevant to tele-intervention. This webpage contains the following topics:

- Coronavirus (COVID-19)
- Effectiveness
- Funding: Medicaid and Private Insurance
- HIPAA and Technology
- State Tele-Intervention Guidance
- Additional Resources on Telehealth and Telepractice
- Video Conferencing 101

B. US Department of Health and Human Services:

Telehealth Remote Communications during COVID-19 (<https://www.hhs.gov>)

C. Providing EI services through distance technology (Dathan Rush, Family-Infant-Preschool Program) <https://www.youtube.com/watch?v=kWtJgLgpuc4&feature=youtu.be&fbclid=IwAR0oylSPG0FP8YCQISzeO5C4icEspGrn7DddTfYRBFrjPwsRfO-acRuVbE>