

## Early Intervention Provider Instructions

The early intervention service provider must review the First Steps COVID-19 Tele-intervention guidance document and the First Steps COVID-19 Tele-intervention Acknowledgment Form (attached). Providing early intervention services through videoconferencing is voluntary. Both the provider and the family must consent to this mode of early intervention. Tele-intervention is temporary and only offered during the COVID-19 pandemic. If an early intervention provider is able to adhere to the required stipulations for providing early intervention services through videoconferencing, the provider must consent using the acknowledgment form prior to the first tele-intervention session. The First Steps COVID-19 Acknowledgment Form does not need to be completed if the provider isn't offering tele-intervention services.

The acknowledgement form must:

- be signed and dated;
- indicate whether the provider will be offering early intervention services through a secure or an unsecure videoconferencing platform;
- be copied for your records; and
- be returned to the State Lead Agency (SLA) by email to [fsproviderenrollment@ky.gov](mailto:fsproviderenrollment@ky.gov).

Once the completed First Steps COVID-19 Tele-intervention Acknowledgment Forms are received by the SLA, the Provider's profile is updated to reflect the appropriate service delivery type (in-person, tele-intervention or both).

## First Steps COVID-19 Tele-intervention Acknowledgment Form

### Early Intervention Service Provider Acknowledgement

Name of Provider: \_\_\_\_\_

I have read the attached policy, which allows for tele-intervention temporarily during the COVID-19 pandemic. I understand that this is only allowed temporarily until the Kentucky state of emergency is lifted or when it is announced for the general public to no longer social distance from one another, whichever comes first. Further:

- I understand that I may offer tele-intervention to families, but am not required to provide services this way. If I choose to offer tele-intervention, I must offer it to all families on my caseload. I understand it is the parent/guardian's decision to accept this offer or not and I cannot make them choose tele-intervention. I also understand I cannot make any claims to families that tele-intervention is just as effective, or more effective, than in-person sessions.
- I understand that I can change my service delivery method at any time and must notify the SLA by completing the addendum and service catchment forms. I must also notify the family and Service Coordinator (SC) of any changes to my service delivery method.
- I understand that the family can change their service delivery method at any time by notifying the SC and me. The family will be eligible for in-person make-up visits for any services remaining on the Individualized Family Service Plan (IFSP) that were not provided by tele-intervention.
- I understand that tele-intervention visits may not begin until the family provides written consent to the Point of Entry (POE).
- I understand if a tele-intervention service is cut short due to an extended interruption (10 minutes or more) of internet service and/or poor video or audio quality, that service will still count and not be made-up unless the service was less than 15 minutes. I will only be able to bill for the amount of time I actually provided intervention, rounded down to the nearest 15 minutes. If the tele-intervention service was 15 minutes or less before the interruption, I must not bill and I must offer a make-up session to the family as either another tele-intervention service or an in-person service. I have read the attached policy explaining how to document these services in the service log.
- I understand First Steps will not pay for my internet, data plans, or any technology used for tele-intervention.
- I understand First Steps will not provide me a device (computer, tablet, etc.) in order to use tele-intervention.
- I understand First Steps will not provide technical support.
- I understand that not all videoconferencing programs that can be used for tele-intervention are secure. There are secure options with end-to-end encryption, such as Zoom for Business, Skype for Business, Microsoft Teams, Blue Jeans, Clocktree, and Signal.
- I understand options such as Face Time, Skype (personal/free accounts), and Zoom (personal/free accounts) are not secure.
- I understand that I will need to work with the family to choose what platform works best for us. If a paid platform is chosen, I am responsible for the purchase price and any fees. I cannot ask the family to contribute to the cost and First Steps will not reimburse me.
- I understand that I cannot ask a family to purchase data plans or equipment to enable tele-intervention.
- I understand I cannot make the family choose an option that is not secure.
- I understand it is my responsibility to research any "secure" product chosen in order to verify it is truly HIPAA compliant.
- I understand virtual sessions are not to be recorded unless I am a participant in the Coaching in Early Intervention Training and Mentorship Program (CEITMP) and have obtained parental consent to record using the separate consent form provided by the CEITMP team.
- I understand I must conduct the session in a location where other people will not be able to hear or observe. Families may report concerns regarding the privacy of sessions to the SC, POE office, or SLA.
- I understand I may be subject to a billing audit. First Steps may contact families to verify any dates of service for which I billed. Families may also report concerns about incorrect billing to the SC, POE office, or SLA.

- I understand that tele-intervention will be reimbursed at the maximum KEIS rate per hour (pro-rated in 15-minute increments).
- I understand I will not be reimbursed for phone calls, text messages, or emails. These types of messages are required to be documented in the TOTS communication log.
- I understand I must note in the service log what program/platform (i.e. Zoom for Business) was used for the videoconference.
- I understand I must bill private health insurance for tele-intervention services. A denial of tele-intervention is not justification to change payor source, and EOBs must be submitted to the SLA.
- I understand I will be responsible for reading and adhering to any guidance issued by the SLA as COVID-19 policies evolve.

Please initial to indicate your preference for tele-intervention (mark all that apply):

- I will provide tele-intervention services through a secure videoconferencing program. \_\_\_\_\_(initials)
- I will provide tele-intervention services through a videoconferencing program that is not secure. I understand Protected Health Information (PHI) and/or Personally Identifiable Information (PII) is not secure. I understand there is the risk information will be breached. I acknowledge the SLA has made me aware of the risk and I accept this risk. \_\_\_\_\_(initials)

\_\_\_\_\_  
Early Intervention Service Provider Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Early Intervention Service Provider Signature