

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 Acknowledgement 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 or both;
- be copied for your records;
- be faxed (502-564-0329) or emailed (chfs.firststeps@ky.gov) to the State Lead Agency (SLA); and
- be mailed with original signature to:

Kentucky's Early Intervention System
 Department for Public Health
 Early Childhood Development Branch
 275 East Main Street, HS2WC
 Frankfort, KY 40621-0001

Each Point of Entry (POE) will be notified of the providers in their district who are willing to provide tele-intervention on or about the 15th and end of each month the state of emergency continues. POE staff will begin contacting families to explain tele-intervention procedures and obtain their voluntary consent. Once the POE communicates with the family, they will follow-up with the providers on the Individualized Family Service Plan (IFSP) to notify them of how to proceed.

If the family provides the Service Coordinator (SC) with verbal consent for tele-intervention services, the SC will contact the provider to inform them of the family's decision. At that point, the provider may reach out to the family to discuss the videoconferencing platform that they are planning to use, provide the family with the necessary information to access the platform, and schedule their first tele-intervention visit. These discussions with the family must be documented on the communication log.

Early Intervention visits that have already been missed may be made up through tele-intervention visits, but must be clearly documented in the service log as a make-up visit. The setting for all tele-intervention visits must be clearly documented in the service log by selecting "COVID-19 tele-intervention" from the setting drop down menu.

Please note: The parent/guardian must provide the SC verbal consent that they agree to receiving early intervention services through tele-intervention before the first videoconferencing session may occur. Providers must wait until they hear from the POE that consent was received. Written consent must also be obtained within 15 working days of providing verbal consent. If tele-intervention services begin and written consent is not received by the POE, services must be suspended until written consent is obtained.

First Steps COVID-19 Tele-intervention Acknowledgment Form

Early Intervention Service Provider Acknowledgement

Name of Provider: (print) _____ Discipline: _____

Email: _____

POE(s) Served: Please circle/highlight the POE(s) in your catchment area according to your contract. Note that all POEs will be notified of your willingness to offer tele-intervention and you may be contacted by any POE with a need.

Barren River	Big Sandy	Bluegrass	Buffalo Trace	Cumberland Valley
FIVCO	Gateway	Green River	Kentucky River	KIPDA
Lake Cumberland	Lincoln Trail	Northern KY	Pennyrile	Purchase

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 mind at any time by notifying the family and Service Coordinator (SC). The family may also change their mind by notifying the SC and me.
- I understand that tele-intervention visits may not begin until the family provides verbal consent to the Point of Entry (POE). Written consent for tele-intervention services must also be obtained from the family within 15 working days of giving their verbal consent. If the POE doesn't receive written consent for services, then I will be contacted by the POE and I must immediately suspend my tele-intervention services until written consent is obtained.
- I understand that the early intervention services provided by tele-intervention will count as the planned services according to the family's IFSP. These are not additional services and services provided by tele-intervention are not able to later be "made-up" in-person. 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. 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 also understand First Steps will not provide me a device (computer, tablet, etc.) in order to use tele-intervention. Further, 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 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 also understand it is my responsibility to research any "secure" product

chosen in order to verify it is truly HIPAA compliant. Please initial to indicate your preference for tele-intervention (note you may initial both):

- I am willing to provide tele-intervention services through a secure videoconferencing program. _____(initials)
- I am willing to provide tele-intervention services through a videoconferencing program that is not secure. I understand Protected Health Information and/or Personally Identifiable Information is not secure. I understand there is the risk information will be breached. I acknowledge the State Lead Agency (SLA) has made me aware of the risk and I accept this risk. _____(initials)
- 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 also 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 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 as usual, denial of tele-intervention is not justification to change payor source, and EOBs must be submitted to the SLA. I understand claims for payment must be submitted within 60 days of the date of service. Reimbursement will only be issued to those providers who submitted their signed acknowledgement form to the SLA. The SLA will verify with the POE the signed parental consent form was received by the POE before processing for payment.
- I understand I will be responsible for reading and adhering to any guidance issued by the SLA as this situation evolves.

Early Intervention Service Provider Name (Print)

Date

Early Intervention Service Provider Signature