

TO: IDEA Part C Providers

FROM: Joshua D. Baker, Director

DATE: April 30, 2020

SUBJECT: Telehealth and COVID-19 Clarification for IDEA, Part C Program

The purpose of this memorandum is to provide supplemental guidance to address questions and feedback received from providers participating in the Individuals with Disabilities Education Act (IDEA), Part C program. This supplemental guidance should be considered in context of bulletins issued by the South Carolina Department of Health and Human Services (SCDHHS) for healthcare providers participating in the South Carolina Healthy Connections Medicaid program, available at www.scdhhs.gov/covid19. Healthcare providers should adhere to the same standards and policies articulated by their state licensing authorities and Medicaid program standards, to include specific flexibilities offered during the coronavirus disease 2019 (COVID-19) pandemic, throughout the duration of the declared public health emergency.

This memorandum does not reflect new guidance, rather it clarifies previously issued guidance.

Telemedicine and Face-to-face visits

Since the state of emergency was declared due to COVID-19 on March 13, 2020, SCDHHS has issued guidance and memoranda to clarify existing, as well as to authorize new, telehealth and telemedicine flexibilities. These actions were taken to support the principles of social distancing and to ensure continuity of care for South Carolina Healthy Connections Medicaid members.

Underlying these flexibilities is the principle that providers engaging in telemedicine services are required to ensure that the quality of care delivered is the same as if engaging the beneficiary in a face-to-face interaction. Not all interventions and services or beneficiaries are suited for delivery via telemedicine and may be deferred based upon a family's preference for social distancing, self-isolation or quarantine. Families and providers must use professional judgement when deciding to offer services via telemedicine or defer services due to the current public health emergency.

Providers should note that while social distancing has resulted in the cancellation and deferral of many face-to-face services, there is no prohibition on delivering face-to-face care when necessary and appropriate. Providers should follow guidelines issued by the Centers for Disease Control and Prevention (CDC), the South Carolina Department of Health and Environmental Control (SCDHEC), and the Centers for Medicare and Medicaid Services (CMS) with respect to the priority of care provision and precautions to take when providing face-to-face services.

Ultimately, the decision to provide and receive care in a face-to-face format, transition to telemedicine or defer services for some period should be made cooperatively by the provider and family. Families and

beneficiaries should be given every opportunity to make informed decisions about the receipt of services via telemedicine, including the clinical appropriateness of the intervention, its limitations, privacy and confidentiality and the effect the provider's settings have on each of these issues.

Note that limitations and billing guidelines provided in this and previous COVID-19 guidance apply only to those instances when these services are provided using the flexibilities detailed in the relevant bulletin(s). When services are provided in a manner consistent with current SCDHHS policy, existing limitations, such as those detailed in the Individualized Family Service Plan (IFSP) and billing requirements, apply.

IFSPs

Currently, SCDHHS is continuing to receive and process referrals into the IDEA Part C program and is conducting eligibility determinations telephonically using the Battelle Developmental Inventory (BDI) Screener. SCDHHS has suspended the use of the full BDI as the interactive and face-to-face nature of segments of the tool render it inappropriate for remote use. Early interventionists (EIs) may receive referrals and conduct service coordination activities and IFSP meetings and receive reimbursement for each using T1016 and T1018, respectively, in accordance with Medicaid Bulletin [20-010](#).

Initial and annual IFSPs may be prepared without the completion of a curriculum-based assessment (CBA). EIs who receive referrals of eligible IDEA Part C beneficiaries should proceed to refer them to therapy providers when there is enough clinical documentation from a pediatrician or other qualified healthcare provider to warrant the referral. EIs who receive referrals of eligible IDEA Part C beneficiaries for whom no clinical or medical assessment has been conducted should refer the family or caregiver to their primary care physician, pediatrician, or Developmental Evaluation Center (DEC), if such a formal clinical evaluation is necessary.

New Patient Evaluations

On April 16, 2020, SCDHHS provided [telemedicine guidance](#) for certain healthcare providers to accept new patients, an expansion of previous guidance that applied only to existing patients. Certain evaluations and tools used to assess and inventory developmental skills and determine courses of referral or treatment are intensive and interactive and are, therefore, not suited to a telemedicine environment. In these instances, providers should use their professional judgement, training, and guidance from medical literature and regulatory sources to determine if a face-to-face evaluation is appropriate, a more limited telemedicine evaluation is appropriate or if an evaluation or service should be deferred. Providers will not be reimbursed for services or courses of therapy that were not rendered effectively or were formulated based upon inadequate clinical information.

Telephonic codes detailed in Medicaid Bulletin [20-008](#) do not have authorized analogs in the BabyNet Reporting & Intervention Data Gathering Electronic System (BRIDGES) and will not be available to IFSPs. Therapists must bill the appropriate telemedicine codes for properly provided services.

IFSP Extensions

As provided in Medicaid Bulletin 20-010, EIs may extend IFSPs without full assessments during the period of the COVID-19 public health emergency. SCDHHS encourages providers to refer to this guidance but notes that BRIDGES will not allow simple date extensions and requires the creation of a new IFSP.

Notwithstanding the need to create what will appear to be a new IFSP in BRIDGES, SCDHHS will regard the new IFSP as an extension authorized by Medicaid Bulletin 20-010. Providers will not be sanctioned for formulating the IFSP, under the circumstances described above, without a full assessment during the public health emergency.

Foreign Language Interpreters

Individuals providing interpretation services in a manner consistent with an IFSP, and in support of a service authorized for and provided by a telemedicine platform, may receive reimbursement for such services by selecting telehealth as the actual setting for services in the BRIDGES service log for dates of service beginning March 30, 2020 as described in Medicaid Bulletin [20-010](#). Interpreters should continue to select “other” as the actual setting in BRIDGES when they are scheduling or rescheduling appointments. **Interpreters can begin to enter the service logs for these services in BRIDGES beginning May 6, 2020.**

SCDHHS will continue to facilitate the ongoing exchange of information with IDEA Part C providers and welcomes any feedback as it continues to work every day to ensure that South Carolina’s beneficiaries have access to care that is essential to maintain their health and safety during the COVID-19 pandemic.

Thank you for your continued support of the IDEA Part C and South Carolina Healthy Connections Medicaid programs.