

**Department for Children and Families
Child Development Division**NOB 1 North, 280 State Drive
Waterbury, VT 05671-1040<http://dcf.vermont.gov/cdd>[toll free] 800-649-2642
[fax] 802-241-0846*Agency of Human Services***MEMORANDUM**

To: Children's Integrated Services (CIS) Service Providers
From: Morgan Cole, Children's Integrated Services Director
Re: CIS COVID-19 Guidance on delivering services using telemedicine and telephone
Date: April 16, 2020

In an effort to ensure continuity of services for Children's Integrated Services (CIS) clients during the COVID-19 pandemic, the Child Development Division's CIS Unit has issued the following guidance in partnership with the Department of Vermont Health Access (DVHA) regarding the delivery of CIS services using telemedicine or the telephone. Telemedicine is defined as two-way, real-time audio and video/visual interactive communication and telephone. This will be applied retroactively for services delivered beginning on March 13th with the Governor of Vermont's State of Emergency declaration and will remain in place until further notice to support the CIS system during the COVID-19 crisis. For further questions, please contact your CIS Technical Assistance Liaison (contact information is available at:

<https://cispartners.vermont.gov/sites/cis/files/Regional%20TA%20List.pdf>).

CIS EARLY INTERVENTION FEE-FOR-SERVICE DELIVERY

DVHA released fee-for-service billing guidance regarding new, temporary coverage and reimbursement for medically necessary and clinically appropriate services delivered by communications technology, including telephone, in response to COVID-19. This guidance has fee-for-service procedure codes used by many CIS providers including direct therapies and evaluations. Please review the links provided below for specific information. The guidance documents may be updated with additional codes and should be referenced directly from the links as needed. Providers are encouraged to continue using telemedicine for health care delivery under the Agency's existing health care administrative rule when possible.

Services delivered via telemedicine or by telephone, in accordance with guidelines provided by DVHA, will be allowable regardless of funding source. For example, if a CIS-Early Intervention service would normally be reimbursed via the Payor of Last Resort (POLR) funds, DVHA guidelines regarding use of telemedicine or telephonic service delivery methodology should be applied. The requirement to bill private insurers if applicable and receive a denial prior to requesting prior authorization and reimbursement from Medicaid and/or IDEA Part C POLR remains in place.



Additional detail may be found using the links below:

- DVHA COVID-19 Guidance: <https://dvha.vermont.gov/covid-19>
 - [Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19](#)
 - [Vermont Medicaid Payments for Telephonic Services Furnished During the Emergency Response to COVID-19: Reference Charts](#)
 - Telehealth Brochure: <https://dvha.vermont.gov/sites/dvha/files/documents/providers/Telehealth/telehealth-handout-10-12-18-ekc-edits.pdf>
 - Telehealth Rule: <https://humanservices.vermont.gov/sites/ahsnew/files/documents/MedicaidPolicy/3.101-telehealth-rule-adopted-rule.pdf>

CIS BUNDLED CONTRACT SERVICE DELIVERY

The CIS services reimbursed through the bundled contracts and billed under the T1024HU procedure code may be provided using remote modalities (audio plus video) or audio only (telephone or other methods for voice only) as identified below, when in-person service delivery is not possible due to health and safety concerns directly connected with COVID-19. Please note that whenever possible, video modalities are preferred over audio-only with a 02 Place of Service appearing on the claim. Because CIS providers have historically been able to use the T1024HU for some services delivered by telephone, it does not require the V3 modifier as described in the DVHA links above. The table below provides additional detail regarding allowable remote modalities of service delivery for services performed within the CIS bundled contract and reimbursed under the T1024HU code.

CIS Bundled Service Area	Procedure /Revenue Code	Description	Telehealth Video Platform	Audio Only methods	Examples
Strong Families Vermont Home Visiting	S9445	Patient Education, not otherwise classified, non-physician provider, individual	Yes	Yes	Used by SFVT home visitors (nurses/family support) - Family Support Workers (BA or MSW level), RNs and RN/MSW level. [EX: SFVT EBP curriculum work done with a client or SFVT responsive support to improve health outcomes like developing healthy routines, feeding support to breast



					feed/introduce solid foods, etc.]
Strong Families Vermont Home Visiting	T1022	Contracted home health agency services, all services provided under contract	Yes	Yes	Used by CIS Contracted SFVT home visitors (nurses/family support) - Family Support Workers (BA or MSW level), RNs and RN/MSW level [EX: SFVT case management, support to access the community, or other activity not classified as 'education']
Specialized Child Care	SCC	Specialized Child Care Coordination Services without a corresponding CPT code	Yes	Yes	Activities to support access to quality child care for children with specific service needs (protective services, special health needs, family support); Support to specialized child care providers. [EX: work done to help a child care provider to support him/her to become a Specialized provider, training/consultation provided to Specialized Child Care providers to help them understand services such as SAG's or FAP available to children with specialized needs.]
Specialized Child Care	T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment	Yes	Yes	SCC providers can use this for all FAP eligibility activities)



		protocol, per encounter.			
Early Intervention	T1027	Family training and counseling for child development, per 15 minutes.	Yes	Yes	Consultation and family training to support implementation of activities, exercises, and/or strategies to promote a child's healthy development.
Early Intervention	97127 (was deleted 1/1/2020, and 97129 and 97130 were implemented)	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes.	Yes	No	Consultation and family training to support implementation of activities, exercises, and/or strategies to promote that focus on a child's cognitive functioning and strategies the family can use to support the child's development.



Early Intervention	T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children	Yes	No	CIS Service Coordination (BA level or higher, or Family Resource Coordinators) NOTE: Initial Evaluations performed to determine eligibility for CIS-EI IDEA Part C services should not be included in the encounter data. Those are outside of the bundle and not part of this data set. [EX: used when conducting annual One Plan meetings for children with multiple disabilities, not just a single issue such as a well-child who receives health prevention services or a child with only a speech delay]
Early Intervention	T1027	Family training and counseling for child development	Yes	Yes	Developmental Therapy - Developmental Educators (BA level) [EX: IDEA Part C work to improve a child's developmental functions as a result of any type of condition or delay (whether or not it is related to a diagnosed condition) - often called 'DE' or Specialized Instruction. May be activities performed directly with a child, or modeling for an adult caregiver and supporting that caregiver to implement. Must be direct therapeutic work done to support a child's developmental skill development in any of the 5 domains]



Early Childhood and Family Mental Health	90791	Psychiatric Diagnostic Evaluation	Yes	Yes	ECFMH clinical assessment - VT Lic. Psychologist or Psychiatrist; Professional nurse holding MS in Psychiatric/MH nursing with a VT Lic.; VT Lic. Social Worker; VT Lic. MH Counselor; Persons with Master's degree in Human Svs qualified to conduct assessments.
Early Childhood and Family Mental Health	H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)	Yes	Yes	<p>ECFMH Consultation and Education - The mental health practitioner seeks to build the skills and capacity of another adult, rather than trying to directly change an individual child's behavior or symptoms. Consultation may include: 1) child- or family- centered consultation (see direct services), and 2) programmatic.</p> <p>Differentiated from consultation involved in direct services as this is consultation/education for programmatic or staff development to improve staff skills/program quality to address the ability of caretakers to promote the healthy social/emotional/behavioral development of young children. [EX: training provided to child care providers to improve skills in addressing social, emotional, or behavioral development or</p>



					challenges with enrolled children; consultation with a parent or team to develop strategies to support healthy social development for a child.]
Early Childhood and Family Mental Health	H2014	Skills Training and Development	Yes	No	ECFMH Direct treatment services - Specific, individualized (to a child/family/group), and goal-oriented services to assist in developing skills and social supports necessary to promote positive growth. VT Lic. Social Worker or MH Counselor, or a person supervised by such holding a bachelor's degree in Social Work or other mental health-related field who functions at the intermediate level of Vermont's Early Childhood and Family Mental Health Competencies. [EX: used when a child has an identified mental health condition needing direct therapeutic intervention by a trained mental health clinician or behavioral interventionist to support development of independent skills/activities of daily living.]
Early Childhood and Family Mental Health	H2017	Psychosocial rehabilitation services	Yes	No	ECFMH Direct treatment services - Specific, individualized (to a child/family/group), and goal-oriented services to assist in developing skills and social



					<p>supports necessary to promote positive growth. VT Lic. Social Worker or MH Counselor, or a person supervised by such holding a bachelor's degree in Social Work or other mental health-related field who functions at the intermediate level of Vermont's Early Childhood and Family Mental Health Competencies. [EX: used when a child has an identified mental health condition needing direct therapeutic intervention by a trained mental health clinician or behavioral interventionist.]</p>
<p>Early Childhood and Family Mental Health</p>	<p>H2019</p>	<p>Therapeutic behavioral services</p>	<p>Yes</p>	<p>Yes clinically appropriate to support caregiver implementation of strategies</p>	<p>ECFMH Direct treatment services - Specific, individualized (to a child/family/group), and goal-oriented services to assist in developing skills and social supports necessary to promote positive growth. VT Lic. Social Worker or MH Counselor, or a person supervised by such holding a bachelor's degree in Social Work or other mental health-related field who functions at the intermediate level of Vermont's Early Childhood and Family Mental Health Competencies. [EX: used when direct services by a MH clinician or behavioral interventionist are needed to support child or</p>



					caregiver:child dyad to improve social, emotional, or behavioral skills.]
Early Childhood and Family Mental Health	H2032	Activity therapy	Yes	No	ECFMH Direct treatment services - Specific, individualized (to a child/family/group), and goal-oriented services to assist in developing skills and social supports necessary to promote positive growth. VT Lic. Social Worker or MH Counselor, or a person supervised by such holding a bachelor's degree in Social Work or other mental health-related field who functions at the intermediate level of Vermont's Early Childhood and Family Mental Health Competencies. [EX: used when direct services by a MH clinician or behavioral interventionist are needed to support child to improve social, emotional, or behavioral skills.]
All CIS	99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by	Yes	Yes	Team meetings conducted for the development or review and adjustment of a client's One Plan or consultation with other team members with the client/family around the delivery of planned services.



		nonphysician qualified health care professional.			
All CIS	99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician.	Yes	Yes	Team meetings conducted for the development or review and adjustment of a client's One Plan or consultation with other team members without the client/family around the delivery of planned services.
All CIS	99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional.	Yes	Yes	Team meetings conducted for the development or review and adjustment of a client's One Plan or consultation with other team members without the client/family around the delivery of planned services.
All CIS	T1016	Case Management	Yes	Yes	Service Coordination for Early Intervention, or Specialized Child Care performed by a public health or welfare agency (BA level or Family Resource Coordinators) [EX:



					an FRC/service coordinator may conduct and intake, help a parent find a primary care physician or coordinate a One Plan meeting; a Specialized Child Care Coordinator may work with a child care to complete a SAG application or with a family to apply for FAP]
All CIS	T1017	Targeted Case Management	Yes	Yes	CIS Service Coordination (BA level or higher, or Family Resource Coordinators). [EX: a service provider (EI or ECFMH most generally, though may be appropriate for other CIS providers) when providing case management around <u>complex</u> issues such as arranging for I-Team EI project to consult around a child's complex medical condition; arranging for consultation or services to be provided to a child with autism; care coordination for a child with both delays in development and complex medical needs.]

