FREQUENTLY ASKED QUESTIONS REGARDING FIRST STEPS
TELETHERAPY SERVICES DURING THE COVID-19 PANDEMIC

April 2, 2020

The following is temporary guidance on how to conduct services via teletherapy while face-to-face visits are suspended due to the COVID-19 pandemic. This guidance is applicable until April 30, 2020 but may be extended if conditions warrant.

Teletherapy Expectations

1. Can teletherapy be implemented during the COVID-19 pandemic?
   Answer: Yes, teletherapy may be considered during the COVID-19 pandemic, with the expectation that in-person visits will resume once DESE has removed the suspension of face-to-face visits.

2. What is the expectation for teletherapy visits in First Steps?
   Answer: Teletherapy occurs when the provider is in a location separate from the family and uses the internet/computer to talk to the parent and observe the child and parent in their home. Teletherapy sessions should look the same as a high-quality traditional home visit.

   Recommended practices for both teletherapy and traditional home visits include the use of coaching strategies, routines-based interventions, and naturalistic teaching opportunities. The child is typically present for this method of service.

   Because First Steps services are based on the unique needs of each individual child and family, teletherapy may not be appropriate in all circumstances.

3. What skill sets should a provider possess when considering implementing teletherapy?
   Answer: A provider must be familiar with how to utilize video conferencing platform(s) including the technical and security considerations (i.e., non-public facing video connection). The provider may need to teach the family how to use the platform.

   In addition, the provider should possess the skills to adapt evidence-based, in-person home visiting practices to a video conferencing format while maintaining quality.

4. How can a provider prepare for a teletherapy session?
   Answer: Preparation is essential to help avoid challenges that may occur during the teletherapy session. Communicate with the family prior to the session to confirm the appointment, answer any video platform questions, determine who will be participating, what materials are needed and review what the parent’s role is during the session. Document all attempted and completed sessions in progress notes.

5. What is discussed during a teletherapy session?
   Answer: The provider should review the current IFSP outcome(s) including any strategies and
activities with the parent. Discuss strategies and techniques that can help the child and family reach outcomes and any new developments or changes with the child and/or family. Conclude the session with a review of what was discussed, an opportunity for the family to ask questions and goals for the next session.

**Technology, Privacy/Confidentiality**

1. **What are the considerations for appropriate video conferencing platforms?**
   Answer: At a minimum, the video conferencing platform must be non-public facing, of no-cost to the family, accommodate the necessary number of people for the visit, and be dependable.

2. **Which video conferencing platforms are acceptable for teletherapy?**
   Answer: The conferencing platform must be a secure, non-public facing platform (e.g., Zoom, Cisco WebEx, Microsoft Teams, Skype, FaceTime) and used in a location that ensures privacy. Video conferencing applications that are public facing are not allowed (e.g., Facebook Live, Twitch, TikTok).

3. **Can the provider record a teletherapy visit to review later?**
   Answer: No. Any recordings become part of the child’s educational record and First Steps does not have the capacity to store such recordings.

4. **If a family sends a video of their child for a provider to review, can the provider bill for the time spent reviewing the video?**
   Answer: The provider cannot bill for time spent reviewing a video outside of a teletherapy session or phone consultation.

5. **If a family does not have access to video conferencing technology, what are other options for service delivery?**
   Answer: Consultation via phone to share strategies is also an option. If the family has no access to phone or internet but the family does have access to text messaging, then the provider may offer some support via text. A provider may bill no more than 30 minutes (2 units) per week for text conversations with a family. The provider’s therapy log or progress note must document the text message conversation(s), as well as the reason text messaging was used in place of other communication.

   If the family has no access to phone, internet or text messaging, then the provider may offer some support via a packet of strategies and activities mailed to the family. A provider may bill no more than 15 minutes (1 unit) per week for mailing a packet to a family. The provider’s therapy log or progress note must document the strategies and activities sent via mail, as well as note the family’s lack of access to other communication methods.
Authorizations and Claims

1. Can I use my current direct service authorization to claim teletherapy services?
Answer: Yes. Typically, teletherapy services are authorized under a separate code and paid at a lower rate per unit. In order to ensure continuity of services during COVID-19, providers may use a direct service authorization to claim for the teletherapy service to ensure the higher rate. This would also apply to new services that start during the suspension of face-to-face visits. If the IFSP team determines services are to be provided via teletherapy, then a direct service authorization should be entered for any services the parent gives consent to initiate.

2. I have a current authorization for teletherapy which reimburses at a lower rate than direct service authorizations. How can I get paid at the higher rate?
Answer: Providers should bill on the teletherapy authorization as normal. Additionally providers with current teletherapy authorizations may submit an offline billing request for the payment difference (i.e., direct service rate versus teletherapy rate) in order to obtain full reimbursement. This may occur for the duration of the suspension of in-person visits. Contact your First Steps Area Director to obtain the offline billing request form and instructions.

3. How will First Steps ensure claims are not submitted fraudulently to Medicaid if I am providing teletherapy under a direct service authorization?
Answer: First Steps Central Finance Office will ensure compliance with Medicaid regulations for the COVID-19 pandemic and if needed will segregate claims during the in-person suspension time to ensure those claims are not submitted to Medicaid.

4. If a provider has a phone call or video conference scheduled with a parent, and the parent does not answer after multiple tries, can the provider bill for a no-show visit?
Answer: No. First Steps no-show visit guidance (Service Provider Manual Chapter 8) is very specific to when a provider arrives at the natural environment and child or family is not there.

If the parent does not answer, the provider should leave a message and document the attempts in the therapy log or progress note. If after several attempts with no answer, then the provider should contact the Service Coordinator.

Additional Resources

TELEThERAPy GUIDELINES FOR FIRST STEPS SERVICES, MARCH 2014

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA):
https://www.aota.org/Practice/Manage/telehealth.aspx
https://www.aota.org/coronavirus

AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA)
http://www.apta.org/Coronavirus/
http://www.apta.org/Telehealth/
AMERICAN PSYCHOLOGICAL ASSOCIATION (APA):
https://www.apa.org/practice/guidelines/telepsychology

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA):
https://www.asha.org/Practice-Portal/Professional-Issues/Telepractice/
https://www.asha.org/About/Coronavirus-Updates/

NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW):
https://www.socialworkers.org/Practice/Infectious-Diseases/Coronavirus