

## VCHIP CHAMP VDH COVID-19

July 1, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Practice Issues: Update on Vermont Children's Integrated Services**

*Morgan Cole, MPP, Director, CIS, Child Development Division (DCF) and Danielle Howes, MSW, Part C Program Administrator*

*Morgan Cole, MPP, CIS:* For many people, the immediate association with Children's Integrated Services (CIS) is going to be early intervention services, but just a reminder that we do actually have four core services. In addition to early intervention services, these include specialized childcare services, home visiting services, and early childhood and family mental health. Service coordination is at the center of all four of the core services we provide for families. I want to give a brief overview of how COVID-19 has impacted CIS so far and what our current status is.

We have seen a decrease in new referrals. Many of the normal referral sources that CIS relies upon have either been closed for periods of time over the past couple of months or have seen reduced traffic, including childcare programs, pediatricians and family medicine providers. Among the families who continue to be served by CIS, providers are unsurprisingly reporting that there's an increase in the case complexity they are seeing, especially in terms of the problems the families are struggling with. The problems faced by those families are proving more complex than ever.

We have shifted to primarily remote service delivery (telehealth and telephonic). This happened very quickly and very early on in the beginning. At this point, we are able to be reimbursed for nearly all services that are delivered via remote mechanisms. That's not to say though that all our families are receiving all of the services to the degree that they would have prior to COVID-19.

Some families are facing challenges in participating in remote services in some instances for varying reasons. In some cases, that's because they don't have Wi-Fi at home, they don't have great phone reception, or they don't have cell phones that will allow them to reliably connect with providers. Similarly, there are some families who are feeling overwhelmed right now with everything. Engaging with CIS on top of that is something that they're not wanting or equipped to deal with at the moment. Some simply don't find remote service delivery to be as effective as in-person. Our providers are doing a great job of generally staying engaged with families. Some of them are finding it actually easier to engage through remote operations than others. No shows and disconnections with families have decreased quite a bit. There are some innovations going on there as well as financial relief opportunities for providers.

In terms of what CIS service delivery actually looks like during COVID-19, we are accepting new referrals. We rely on you all as pediatrician and family practice clinicians to make a lot of our referrals, particularly for early intervention, but also for other services as well. We are open for business and accepting new referrals. As I mentioned, nearly every service in CIS can be delivered remotely, but in-person service delivery is allowed under limited circumstances that I will speak about in a moment. Here's a link where CIS providers can access more detailed guidance if they're interested in checking that out:

<https://dcf.vermont.gov/cdd/covid-19/cis>.

\*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

VDH Home-Based Service Restart Guidance: Key Points

<https://www.healthvermont.gov/sites/default/files/documents/pdf/Final%20VDH%20Guidance%20on%20Home%20Based%20Service%20Delivery%203.17.20.pdf>

This guidance is applicable not just to CIS, but to all providers that are doing home-based service delivery or community service delivery. In-person services should be limited to those that are related to safety and medical necessity. If the desired outcome can be achieved via telehealth or other remote means, we are highly encouraging our providers and agencies to use those options for as long as possible while we are in this phase two of the COVID-19 situation.

We're trying to coordinate amongst all of the providers that would normally be going into the home with many of the families that CIS serves or that receive home-based services. There are generally multiple providers going into that home, such as Family Services Division case workers, early interventionists, and a home visitor delivering lactation consultant services, for example. Whenever possible, we want to minimize the number of folks going into the home, so we are asking providers to connect with each other as much as possible and to see where there can be some efficiencies gained and some improved care coordination and collaboration amongst each other to ensure the necessary services are delivered while keeping the numbers down. In addition, home-based service providers need to ensure that they are following all of the health and safety guidance to limit the spread of COVID-19, including the PPE guidance.

PRIORITY/PHASE*	CRITERIA
<b>High/Phase I - Significant Controlled Transmission</b>	<ul style="list-style-type: none"> <li>Acute safety concerns</li> <li>History of abuse, neglect, or violence</li> <li>Requires in-person skilled services</li> <li>Significant behavioral/mental health concerns</li> </ul>
<b>Moderate/Phase II - Moderate, Controlled Transmission</b>	<p><i>All Phase I Criteria, plus:</i></p> <ul style="list-style-type: none"> <li>Attempted/intermittent engagement</li> <li>Isolation/lack of engagement due to access/resources</li> <li>Virtual outreach and support attempts with less than optimal outcomes</li> <li>Hands on skilled services have been delayed</li> <li>There will be a service interruption unless in-person assessment/evaluation</li> <li>Non-English speaking</li> </ul>
<b>Low/Phase III – Low, Controlled Transmission</b>	<p><i>All Phase I and II Criteria, plus:</i></p> <ul style="list-style-type: none"> <li>Regular engagement</li> <li>Effective virtual outreach and support</li> <li>No need for hands on skilled services</li> </ul>

\*Phase is determined by State leadership

The above grid shows the criteria around in-person services. As you know, we are in phase two. These are the criteria we are asking CIS providers and other home-based service delivery providers to use when making a determination about whether in-person services are appropriate at this point. It is left to their discretion, but we are encouraging them to use remote service delivery as the default whenever possible and then to use this criteria to determine which families to prioritize restarting in-person services with.

In cases where there's some sort of risk factor going on in the family, then the providers want to make sure they are able to provide support in the home. Some services certainly just aren't as effective for all families

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when delivered via telehealth, and if it is necessary to go in the home, then that may be appropriate for a family. Those are some of the things we're asking providers to consider when they're making that determination.

*Danielle Howes, MSW, CIS:* I work with CIS and oversee the Part C early intervention services for the State of Vermont. We received some national early intervention guidance from the Office of Special Education Programs. They have allowed states a lot of discretion and advised states to follow guidelines from local departments of health. The guidance states that we must still be delivering early intervention services in accordance with our federal timelines and services should be delivered remotely as much as possible. They had several webinars for states to participate in to advise how best to do that. Vermont's practices completely conform to that. We worked with the Department for Vermont Health Access, and most of our services can be provided remotely, since early intervention is primarily a parent education service, which works well when families are at home together.

As children return to childcare, we are facing challenges figuring out how to continue to find ways to provide services. For transitions at age 3, we do have a challenge around finding the evidence using remote service delivery for the 25% delay, which is necessary to be established with evidence when a child transitions. We are working closely with our Agency of Education and our providers to do our best to establish evidence of 25% delay or to get parent permission to support effective transitions.

For families who are wanting in-person services, we are making sure we find providers who can do in-person services when it is safe and indicated to do so. Our service coordinators work directly with families and service providers, although, at times, this may mean a family needs to change service providers because their current speech therapist or physical therapist may not be able to go safely into a person's home because of their needs or the needs of someone in their household. Applied Behavioral Analysis (ABA) services are subject to guidelines from the Department of Mental Health and Department of Vermont Health Access.

*Melissa Kaufold, RN, UVMHN Home Health & Hospice; Family and Children's Program:* CIS services: We are able to provide services with interpreters via telephone interpretation.

*Alex Bannach, MD, North Country Pediatrics:* I agree that some parents have been hesitant to accept referrals as only remote services. I'm hoping that will improve as everyone gets more comfortable with that.

*Morgan Cole, MPP, CIS:* Some of our providers are struggling with that as well, finding the right balance of application of when in-person is appropriate or not. Encouraging the default to remain remote. Trying to work with families to figure out the hesitancy of remote access and is there some way for this to be addressed.

*Kimberly Aakre, MD, Mt. Ascutney Hospital and Health Center:* We have families who are having difficulties with transition from early intervention to ongoing services through EEE. I've been particularly concerned regarding my kids with ASD and the paucity of needed services.

*Danielle Howes, MSW, CIS:* I have been meeting regularly with the Agency of Education around the transition. They have said that they have provided guidance to schools around transitions but essentially there are a lot of discretions schools can have. We're finding most schools are open and amenable to supporting children's transitions even if there has been a gap in service provision because they were not able to participate in remote sessions or they had to suspend services for a time. There are some schools

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that are reluctant to complete IEPs for kids who may have had a gap in services or, if we received a referral during this time, and the child was almost 3 years of age, we were not able to provide any in-person services due to COVID-19. It's an ongoing conversation.

*Beth Forbes, MD, UVMCH:* I would echo comments regarding the limitation of services for young children with ASD. The majority of my patients are having trouble engaging with remote service. I'm hoping that many can shift back to in-person services as things improve.

*Danielle Howes, MSW, CIS:* We are hearing from early intervention providers that people who are new referrals have been a bit more amenable to telehealth as they have not previously received in-person services. So, please encourage families to give it a try.

### **Questions/Discussion**

**Q: Any other particular challenges or any examples come to mind in terms of pediatric care?**

*A: Morgan Cole, MPP, CIS:* We've heard incredible stories about creativity especially with essential items, diapers and food, to families. Seeding those delivers with developmental items to support the family. Also been some creative online opportunities using FB and other social media to provide engaging child development activities for families.

**Q: I tried to sign my husband up for a test (he had to travel out of state), and all sites seem booked for weeks. Are new sites or spots being added?**

*A: Wendy Davis, MD, VCHIP:* I just had this question in response to a neighbor's child who is coming in from out of state. I also noticed that many of those events were noted as full. If you go out a few weeks, there are still open slots. My neighbor's child is going to have to go to Bennington. The Commissioner of Health said he would look into it. They are working hard to keep sites open. Currently, what you are seeing is the most up-to-date information.

**Q: How about Clear Choice?**

*A: Wendy Davis, MD, VCHIP:* I checked into that a few weeks ago, and they are requiring an appointment.

*A: Monica Ogelby:* Clear Choice is a great option. I've also heard people have great luck calling their PCP to schedule the testing that way.