DIVISION OF DEVELOPMENTAL DISABILITIES

DELIVERING EMPLOYMENT AND HABILITATION SERVICES VIA TELEHEALTH DURING COVID-19

Effective Date: April 10, 2020 through the end of the COVID-19 Emergency

Purpose
The Centers for Medicaid and Medicare (CMS) have granted waivers to state Medicaid plans, giving states authority and flexibility to tailor changes to best serve its citizens. In order to meet the member need for employment and other habilitative services while avoiding congregate settings, DDD is allowing members to receive continued in-person support for essential job functions in addition to telehealth services (video and/or telephonic delivery) for Employment and other habilitative services. The purpose of this guidance is to provide flexibility to DDD Vendors to temporarily provide employment and other habilitative services using telehealth. This guide should also be used to determine when services can adequately and safely be provided to a member via telehealth.

Exclusions
Group Home services (HAB, HPD, HAN), Developmental Home Services (HBA, HBC), and Habilitation Individually Designed Living (HID) greater than Range 2 in the DES DDD Ratebook, are not approved for telehealth services.

HIPAA and Privacy
The Department of Health and Human Services (HHS) Office of Civil Rights (OCR) has announced that during the COVID-19 national emergency it will exercise enforcement discretion and will not impose noncompliance penalties for HIPAA rules for covered providers for good faith provision of telehealth services. HHS OCR has provided guidance that the following applications are approved and recommended; Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, & Skype. HHS OCR further has, specifically, indicated that Facebook Live, Twitch, TikTok are not approved for telehealth services. Additionally, the Division of Developmental Disabilities (DDD) has determined that Telehealth using video shall not be used in any space that could compromise physical privacy (i.e. in a member’s bathroom).

Employment Services
Service Specifications-DDD will be temporarily suspending service specification prohibitions under its Qualified Vendor Agreement for Employment Program services until further notice.

Service Settings-Members may continue to be supported in integrated competitive employment, enclaves or group supported employment in the community, and facility-based employment programs which are identified as “essential services”. Additionally employment services may support members who are carrying out “essential functions”.

Determining if Center Based Employment (CBE), Career Preparation and Readiness (CPR), Transition to Employment (TTE), Group Supported Employment (GSE), Individual Supported Employment (ISE), or Employment Support Aid (ESA) are suitable for Telehealth.

This guidance aids in determining if employment services can be adequately and safely provided to members through Telehealth services. The following considerations generally apply to all employment services, and should be used in determining the appropriateness of Telehealth services.

**Service Goals and Objectives**

Review members’ employment habilitation objectives, teaching strategies and risk assessment to determine which members outcomes will be supported by Telehealth. The review should consider instruction, training or support provided for the member to develop abilities, skills, and behaviors that will enable them to most fully realize their vocational aspirations including supporting the transition into a more independent employment setting.

**Service Outcomes**

Consideration should include whether Telehealth service will support achieving employment outcomes of a progressive move to integrated or competitive employment in the community. The planning team may re-assess employment supports and services to determine if another employment service is needed which would allow for continued career pathways to Vocational Rehabilitation (VR).

Using technology If the member can benefit from virtual/remote supports, the use of non-public facing products is an allowable billable strategy. The use of technology and innovative strategies in virtual supports must continue to meet the instructional needs of the member.

**Center-Based Employment (CBE)**

For members receiving Center Based Employment who cannot work because of a nonessential work environment or choose to stay at home, telehealth may support members in developing skills, abilities, and behaviors that will enable them to most fully realize their vocational aspirations. This service can be provided without gainful, productive, and paid work by continuing to work on assessed outcomes and goals.

**Career Preparation and Readiness (CPR) and Transition to Employment (TTE)**

Telehealth can be provided:

- To have direct conversation with a coach to discuss goals, activities, progress towards goals, and to develop skills is supported using virtual/remote platforms when it best meets the member’s needs and learning styles.

- To systematically demonstrate tasks to be completed and skills to be acquired. The use of videos, apps, and virtual platforms can support interaction and instruction for an individual to continue these activities.

- To virtually expose members to types of jobs, career pathways, and work settings available in the community; different vocational themes helps members have a broader awareness of potential jobs, job tasks, and work settings.
• To learn how to use DB101 which provides information on going to work, how to increase income and how a job can affect benefits. It also includes benefits estimate calculators and informational videos about the ability to work, work incentives, and the impact of earned income. In addition, for those professionals skilled in benefits education, the purposeful activities of benefits planning can be completed.

Group Supported Employment (GSE)
For members receiving Group Supported Employment who cannot work because of a nonessential work environment or choose to stay at home, Telehealth may be an option to support members in focusing on Career Planning, Job Development, Prevocational, and Supported Employment outcomes. In order to avoid congregate settings, this service will not be provided in a work setting. It can also be provided without gainful, productive and paid work by continuing to work on assessed outcomes and goals.

Individual Supported Employment (ISE)
Telehealth can be provided for ISE services that will continue to include integrated community employment settings and/or virtual supports. Services provided need to be aligned with assessed needs and outcomes as documented in the Planning Document.

Employment Support Aide (ESA)
Telehealth can be provided for ESA service (Job Coach follow-along) that will continue to include integrated community employment settings and/or virtual supports. Services provided need to be aligned with assessed needs and outcomes as documented in the Planning Document.

Habilitation Services
Determining if Habilitation-Hourly (HAH), Day Treatment (DTA, DTT, DTS), or Individually Designed Living services (HAI/HID) are suitable for Telehealth

The following considerations generally apply to all habilitation services, and should be used in determining the appropriateness of Telehealth services. Review the member’s habilitation objectives, teaching strategies and the risk assessment to determine which member outcomes may be supported by Telehealth. During the review, if the considerations below apply to the objective, the teaching strategy, or the member’s current risk assessment then the objective is not appropriate for telehealth (if no natural support is available in the home to assist during service delivery).

Does the objective require the provider to provide physical guidance while the objective is being implemented?

• Examples may include, but are not limited to:
  • Hand-over-hand or hand-under-hand support for any outcome
  • Bathroom/dressing/hygiene support, when a member requires more than reminders or use of a schedule
  • Behavior management support when the member requires more than verbal prompts or where there is a history of physical intervention required to keep the person safe.
  • Physical assistance or guidance from the provider for the member to complete the task (i.e. pull up pants, help hold a fork).
• Cooking/ Food preparation when the member uses equipment with support
• In-person supervision to support seizures, wandering, or lack of basic safety skills

Does the objective require a **specific environmental setting** or to have the **provider set up materials** for the objective to be implemented?

• Examples may include, but are not limited to:
  • Community objectives where the member requires real life practice for generalization (i.e. shopping at the store, placing orders at a restaurant, supervision using specific equipment, crossing the street)
  • Personal Care objectives that require the providers to set up materials or equipment (i.e. laying out clothes, setting up food to be prepped, setting wash cycles on a washing machine)

If objectives are appropriate for telehealth, the member’s team should recommend habilitation hourly to be delivered via telehealth. If a member’s objectives are not appropriate for telehealth the planning team may reassess and change the non-eligible objective to one that can be delivered via telehealth.

**Potential Telehealth strategies for Habilitation:**

1. Help from an in-home natural support, during service delivery
2. Following pre written instructions from the habilitator
3. Using visual aids with video and audio
4. Using online curriculum with faciation from the habilitator

**Habilitation Programs using telehealth may include, but are not limited to:**

• Housekeeping tasks
• Picking out clothes
• Sorting laundry, folding laundry, setting wash cycles
• Cleaning up after an activity
• Preparation of food that does not require using sharps objects or the stove
• Personal care such as toothbrushing, hand washing, grooming
• Choice making
• Money management, budgeting
• Exercise programs