



Eric Holcomb, Governor
State of Indiana

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Telemedicine services and behavioral support services Fact sheet

The Bureau of Developmental Disabilities Services is currently operating under Executive Order 20-02 issued by Indiana Governor Eric Holcomb on March 6, 2020, declaring a Public Health Emergency in the state of Indiana due to the outbreak of Coronavirus (COVID-19).

In response to the COVID-19 pandemic and the serious health risk it poses to Indiana's intellectual and developmental disabilities population, The Division of Disability and Rehabilitative Services issued guidance and temporary changes to the delivery of our home and community based services that include the Family Support Waiver and the Community Integration and Habilitation Waiver.

This fact sheet is intended to provide a brief overview and possible examples of the delivery of behavioral support services through the use of telemedicine as appropriate.

For the most up to date and detailed information on all of the temporary changes and guidance related to COVID-19 visit the DDRS COVID-19 response page which can be found [by clicking here](#).

Behavioral support services service definition

Behavioral support services means training, supervision or assistance in appropriate expression of emotions and desires, compliance, assertiveness, acquisition of socially appropriate behaviors, and the reduction of inappropriate behaviors.

Examples of utilizing telemedicine services for behavioral support services

Delivery of behavior support services through telemedicine must be meaningful and within the scope of the individual's person-centered individualized support plan. Telemedicine services may be utilized for face-to-face consultations based upon the needs of the individual. Working with the individual, family and guardian, behavior therapists should determine what resources and tools are available virtually and at home to achieve outcomes. Examples may include but are not limited to:

- The use and utilization of social narratives to explain disruption in daily routines.
- Use of visual/audio timer apps (available for free download).
- Accessing free resources online to address COVID-19 related stress and anxiety.
- Developing strategies/techniques to address difficulties resulting from social distancing, maintaining relationships, inability to participate in favorite social groups/activities, etc.



- Virtual consultation on past or future doctor/psychiatric appointments, medication review or changes which may include a verbal discussion regarding progress toward identified goals, significant life events, and coping strategies.
- Use of visual/audio coaching, cueing or teaching.
- Virtual consultation with the individual's team on the individual's progress and potential changes to the plan.
- Virtual training of the family, guardian or staff to assist the individual with COVID-19 related stress and anxiety.

Providers are encouraged to refer to [IHCP Bulletin BT202022](#) issued on March 19 for additional details on billing and documentation requirements and [IHP Bulletin BT202034](#) issued on April 2 addressing frequently asked questions. In addition, providers should utilize updated guidance from the Office of Civil Rights regarding HIPAA compliant telemedicine options available [by clicking here](#).

Following are key highlights of the guidance from the Office of Medicaid Policy and Planning on the delivery of telemedicine:

- Appropriate consent from the individual must be obtained by the provider prior to delivery of service. Consent may be received verbally or by electronic signature, and should be documented as such.
- Telemedicine services must include documented authorization by the individual and/or their legal representative(s) for any additional individuals to participate in Telemedicine Services. Authorization may be received verbally or by electronic signature, and should be documented as such.
- The provider and/or individual may be located in their home(s) during the time of the service.
- Telemedicine services may be provided using any technology that allows for real-time, interactive consultation between the provider and the individual. This includes voice only communication and **does not** include non-voice communication such as emails or text messages.

Additionally:

- Telemedicine services may be utilized for those individuals already receiving behavioral support services.
- Telemedicine services must not be held in public spaces or via a public network.
- Telemedicine Services may not be utilized for individuals requiring physical examination, hands-on physical assessment, medical procedures, or in need of acute/urgent medical intervention.
- Planning, reporting, and write-up when in association with the actual one-on-one direct care/therapy service delivery with the individual should continue while using telemedicine.
- Documentation must be maintained by the provider to substantiate: the services provided, consent was obtained, and services were rendered via telemedicine (including identification of the locations of the provider and individual). Documentation must be available for post-payment review.

- The use of telemedicine services will remain in effect only through the duration of the public health emergency.