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State of Indiana

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## **Telemedicine services and music therapy 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 music therapy 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](#).

### **Music therapy services service definition**

Music therapy services are services provided for the systematic application of music in the treatment of the physiological and psychosocial aspects of an individual's disability, and focus on the acquisition of nonmusical skills and behaviors. The focus of this service must be therapeutic in nature rather than on the acquisition of musical skills obtained as the result of music lessons, such as piano lessons, guitar lessons and so forth.

### **Examples of utilizing telemedicine services for music therapy services**

Delivery of music therapy 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 completion of face-to-face consultations based upon the needs of the individual. Working with the individual, family and guardian, the music therapist should determine what items in the household or online can be used to perform music therapy tasks. Examples of utilizing telemedicine for music therapy may include but are not limited to:



- Utilize gathered household items during therapy session such as rice and travel mugs to be used as a maraca and/or pots and a spatula to be used as drums
- Utilize and participate in virtual concerts and musical programs
- Create and use songs related to managing COVID-19 stress and anxiety, etc.
- Have a virtual musical field trip to places like the symphony
- Create songs to help with establishing a new routine
- Create a vision board of what the individual/family want for their good life. Then create a song to sing that keeps them engaged, reminded and motivated to work towards that vision.

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 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.