



Eric Holcomb, Governor
State of Indiana

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Telemedicine services and recreational 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 recreational 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](#).

Recreational therapy service definition

Recreational therapy services are services provided under 460 IAC 6-3-43 and consist of a medically approved recreational program to restore, remediate or rehabilitate an individual to:

- Improve the individual's functioning and independence; and
- Reduce or eliminate the effects of an individual's disability.

During the person-centered planning process, the individual's needs are identified and outlined in the person-centered individualized support plan.

Services must complement other services the individual receives and enhance increasing independence for the individual.



Examples of utilizing telemedicine services for recreational therapy

Delivery of recreational therapy services through telemedicine must be meaningful and within the scope of the individual's PC/ISP. Telemedicine services may be utilized for face-to-face consultations based upon the needs of the individual. Working with the individual, family and guardian, recreational therapists should determine what resources are available in the home to achieve outcomes. Examples may include but are not limited to:

- Virtually direct and provide verbal cues and virtual interactions that restore, remediate or rehabilitate by using dramatics, arts and crafts, games and other recreational services.
- Art and craft activities may include: having the family assist with collecting toilet paper and paper towel rolls, empty coffee cans, coffee filters, etc. for a specific art project to be completed during recreational therapy.
- Virtual games may include: charades, a modified version of Pictionary, memory, etc.
- Download free apps to play interactive real time games such as Heads Up, Yahtzee, Boggle, Scrabble, Uno
- Virtual dramatics may include: creating and performing a favorite fairy tale, story or fable that already exists or is written by the individual and with the assistance of the recreational therapist.
- If therapist and individual have the same video game system, play the game together virtually.
- Incorporate a pet (the therapist's or individual's) into a session discussing a specific hobby or area of interest

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.