

**NUMBER**

#20-48-02

**DATE**

May 5, 2020

**OF INTEREST TO**

County/Tribal directors

Social services supervisors and  
staff

EIDBI providers

People with autism, parents,  
families, advocates and others  
supporting people with autism

**ACTION/DUE DATE**

Please read information and  
prepare for implementation

**EXPIRATION DATE**

May 5, 2022

## Early Intensive Developmental and Behavioral Intervention (EIDBI) changes for telemedicine, coordinated care conferences and individual treatment plans

---

### TOPIC

Temporary policy modifications to EIDBI services to ease limitations on using more accessible communications technology.

### PURPOSE

Temporary instructions for EIDBI providers for telemedicine, coordinated care conferences and individual treatment plan updates to allow children who receive services and providers to follow public health guidance for social distancing.

### CONTACT

EIDBI Policy Team:

[ASD.DHS@state.mn.us](mailto:ASD.DHS@state.mn.us)

### SIGNED

GERTRUDE MATEMBA-MUTASA  
Assistant Commissioner  
Community Supports Administration

DOUG ANNETT  
Deputy Assistant Commissioner  
Community Supports Administration

### TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

## I. Background

---

Children with autism spectrum disorder (ASD) and related conditions receive medically necessary intensive intervention services in their homes, centers, clinics and other community settings through the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit. Under this benefit, children and their caregivers receive a range of individualized and intensive treatment services. These services target the functional skills and core deficits of ASD and related conditions to promote the child's optimal independence and participation in family, school and community life. These services help caregivers develop skills to manage complex behavior.

During the COVID-19 peacetime emergency, some providers have discontinued services provided in homes, centers and clinics. However, children who use the benefit have more intense behavioral support needs during the peacetime emergency due to interrupted routines, isolation from sheltering in place and the inability to access intervention services in centers and clinics. It is vital that children and their families continue to receive EIDBI services through telemedicine to ensure families have the support they need during the pandemic.

## II. Modified policy

---

DHS is modifying existing policy to minimize disruption to EIDBI services. DHS is making these changes under [Executive Order 20-12 \(PDF\)](#), which allows the commissioner to waive and modify provisions in [Minnesota Statutes, section 256B.0949](#).

These changes ensure EIDBI service providers have greater flexibility to deliver services via telemedicine during the peacetime emergency when face-to-face services are not available or not advised due to public health guidance for social distancing. The changes will also ensure children and their families are able to maintain access to the services they need without disruption to their current treatment plans.

### Telemedicine services

Children who receive EIDBI services can receive as many telemedicine sessions per week as medically necessary, effective retroactively to March 19, 2020, the retroactive effective date determined by the U.S. Centers for Medicare and Medicaid Services (CMS). These telemedicine services must be provided by a licensed health care provider, as described in [Minn. Stat. §256B.0625, subd. 3b\(e\)](#), currently set in [Minn. Stat. §256B.0949, subd. 13\(j\)](#). Previously, children were limited to three telemedicine visits per week.

All enrolled, eligible EIDBI providers who qualify and plan to deliver telemedicine services must self-attest that they meet all of the conditions of the Minnesota Health Care Programs (MHCP) telemedicine policy. Please review [EIDBI Benefit Policy Manual – Telemedicine](#).

To add telemedicine services to a provider's current enrollment record, complete and fax the [Provider Assurance Statement for Telemedicine, DHS-6806 \(PDF\)](#) to MHCP Provider Enrollment.

Effective March 19, 2020, MHCP will include delivery of services through telephone connection between the person and provider as part of telemedicine services. Telephone services will be allowed for the duration of the COVID-19 peacetime emergency. Providing telemedicine services via phone will be suspended when the

peacetime emergency is over. To use telephone for telemedicine services, providers must also complete and fax the [Telephonic Telemedicine Provider Assurance Statement, DHS-6806A \(PDF\)](#) to MHCP Provider Enrollment.

## Billing

If the provider already had a telemedicine assurance statement on file or is completing the [Provider Assurance Statement for Telemedicine, DHS-6806 \(PDF\)](#), the provider should use place of service 02 when billing for eligible EIDBI telemedicine services.

If the provider is completing the [Telephonic Telemedicine Provider Assurance Statement, DHS-6806A \(PDF\)](#), the provider should bill according to the instructions on [MHCP Provider Manual – COVID-19](#).

For a list of eligible services, see [EIDBI Benefit Policy Manual – Telemedicine](#).

## Coordinated care conferences

Coordinated care conferences can occur via telemedicine on a temporary basis, effective retroactively to April 30, 2020. Previously, coordinated care conferences were face-to-face meetings with the child, family, EIDBI provider(s), other service professionals or other individuals invited by the child or family.

Providers should follow the current process and procedures for billing on [EIDBI Benefit Policy Manual – Coordinated care conference](#).

## Individual treatment plans

Existing individual treatment plans (ITPs) will remain in effect beyond their current renewal timelines, effective retroactively to March 13, 2020. Previously, the qualified supervising professional was required to submit a progress monitoring update at least every six months of treatment.

With this change, children can continue to receive EIDBI services without a progress monitoring update. Providers can submit existing treatment plans for continued authorization to the medical review agent or pre-paid health plan. Follow the authorization procedures outlined on [MHCP Provider Manual – EIDBI service authorization](#).

This change does not apply to children new to receiving EIDBI services. Providers must follow the instructions to develop an initial treatment plan on [EIDBI Benefit Policy Manual – ITP development and progress monitoring](#).

## Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-4300 (voice) or toll free at 866-267-7655 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.