

*Division of Elementary and Secondary Education
Guidance for Special Education
for Extended AMI*



Arkansas Department of Education
Division of Elementary and Secondary Education

*The Arkansas Department of Education provides leadership, support, and service to schools, districts, and communities
so every student graduates prepared for college, career, and community engagement.*

Special Education Guidance

Executive Summary

The United States is currently experiencing a pandemic emergency due to the threat of COVID-19. At this time, the federal government has not waived any of the requirements under the Individuals with Disabilities Education Act (IDEA) nor is it the intent of the Division of Elementary and Secondary Education (DESE) to pursue a waiver of these requirements. The department is committed to a student focused education for all students. Local Education Agencies (LEAs) must attempt to provide students with disabilities (SWD) a free appropriate public education (FAPE) consistent with their individualized education program (IEP), as much as possible, while continuing to meet the procedural requirements under IDEA and Arkansas law and rules. To review the March 2020 guidance from the United States Department of Education (ED) titled "*Questions and Answers on Providing Services to Children with Disabilities During the Coronavirus Disease 2019 Outbreak*," visit the USDOE website at <https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/qa-covid-19-03-12-2020.pdf>.

As LEAs modify their plans for extended AMI, they will need to ensure students with disabilities have equal access to the curriculum as compared with their peers. IEPs that were in effect at the time of physical school closure remain in effect, and LEAs should, to the greatest extent possible, continue to provide the services called for in those IEPs in alternative ways. LEAs are encouraged to consider ways to use distance learning and other alternative methods of instruction to meet their obligations to provide FAPE to the more than 76,483 children with disabilities ages 3-21 in Arkansas. It is DESE's opinion that IEPs do not need to be adjusted or amended for services provided through alternative options such as distance learning. However, there may be instances when amending the IEP is necessary, such as when a student can no longer receive occupational therapy through distance methods or otherwise. LEAs may convene an IEP team meeting, or propose an IEP amendment without a team meeting in accordance with required procedures.

DESE acknowledges the complex, unprecedented challenges LEAs are experiencing from the threat of COVID-19, and as such, is committed to a reasonable approach to compliance monitoring that accounts for the exceptional circumstances facing the state. Most importantly, we encourage districts and families to work collaboratively and creatively to meet timelines and determine appropriate educational services for students. Partnerships with families will be critical as we work together to make sure learning continues for the remainder of the school year. Resources for addressing the needs of students with disabilities are linked below and available on the DESE [COVID-19 INFORMATION](#) webpage. We will update this guidance as necessary in response to questions we receive and any guidance from ED.

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Frequently Asked Questions: Special Education Services

SERVICES

Do we have to continue providing all of the services listed on a student's IEP while schools are closed?

School districts should strive to provide educational and support services that are commensurate with those identified in the IEP for each student to ensure educational benefit. For example, LEAs may consider the use of accessible distance technology, instructional phone calls, and other curriculum-based activities that have been scaffolded based on student need. However, based on Department of Health guidance of social distancing and school site closures, some services listed in a student's IEP may not be feasible based on current limitations. Districts should closely communicate with families regarding services that are not being provided, and together determine next steps.

During extended AMI, the state has suspended the requirement for a 6-hour instructional day and recommended maximum time limits by grade band. Considerations of the state recommended amount of instructional time should be considered, when adjusting programming for students during extended AMI.

What if services are being provided in some capacity, but do not mirror the offer of FAPE in the IEP?

Once the regular school session resumes, LEAs should plan to make individualized determinations, in collaboration with IEP teams, regarding whether or not there is a need to adjust the frequency and duration of services for a student. Educational needs can be measured by assessing whether or not:

- The student continued making progress in the general education curriculum or alternative course of study specified in their IEP
- The student continued making progress toward meeting their individualized IEP goals
- Any regression that occurred during the period of school site closure

Services should never be adjusted strictly on the availability of a service provider as this is a potential denial of FAPE. However, as stated in the U.S. Department of Education's [Non-Regulatory Guidance for Federally Declared Disasters](#), *the student's IEP Team determines which services can be provided to appropriately meet the student's needs when a school can not perform the services in a student's IEP as a result of a federally declared disaster.*



IEP PROCESS FLOWCHART

Can FAPE be provided and the student's IEP be implemented using the district's Alternate Methods of Instruction (AMI) plan?

Yes!

NO

Implement the IEP services and instruction

Review and/or amend the IEP to determine how the student will receive FAPE through remote learning options, such as:

- Consider:**
- Providing specially designed instruction (SDI) for remote learning options for general education programming
 - Providing accommodations and supplementary aids/services including consultation with general education teachers to ensure students' needs are met.
 - Providing opportunities for remote specialized instruction consistent with IEP goals
 - Providing related services such as counseling, speech therapy, occupational therapy, physical therapy and mental health services by telephone, video conference, and/or consultation with families.

- Providing individualized content taught by a special education teacher through telephone or video conference
- Providing home instructional materials that are individualized to the student's needs.
- Providing accommodations and supplementary aids/services including consultation with general education teachers to ensure students' needs are met.
- Modeling instruction for parents to practice with students.
- Phone calls to families to follow up on instructional needs.

- Consider needs to access remote learning options:**
- What tools might the family and student need to access remote learning options (such as internet, computer, and/or minutes on a phone)?
 - Do parents need training on remote learning options technology?
 - Can assistive technology in IEP be utilized?
 - What is the impact of social skills instruction or opportunities for structured virtual interaction?

Student needs and progress may require additional review once buildings reopen.

There may be some IEP services that cannot be provided via AMI or need significant changes to the IEP so...

Amend or revise the IEP to determine appropriate instruction and/or services needed.

TABLE I

Who is primarily responsible for delivering instruction for students with a disability at this time?

Now more than ever, general education teachers and special education teachers must work collaboratively to ensure access to instruction and content for students with disabilities. General educators, in consultation with special education professionals, should continue to provide accommodations and modifications as needed while students are working remotely. The DESE Special Education Unit has provided a variety of instructional resources that include accommodations and student supports. These resources can be accessed on the [DESE COVID-19](#) web page in the Special Education Guidance and Considerations section.

Remember, it is not the sole responsibility of the district special education supervisor or special education teachers to provide instruction and services to students with disabilities. Students with disabilities are general education first, and it is the district's collective responsibility to educate all learners.

EVALUATIONS and TIMELINES

Must initial IEP and annual review conferences be held during this closure to normal school operations?

Yes. DESE cannot extend the required timelines under the IDEA. School districts must make every effort possible to meet required timelines by scheduling and holding IEP meetings virtually or by phone conference and should document all attempts. See 34 CFR §300.501. If the district is unable to meet required timelines, documentation should be kept to demonstrate a good-faith effort to provide services to students with disabilities and the reasons for any delay.

Updated information regarding timelines from OSEP titled **IDEA Timelines** located on pg 4 of the link [Supplemental Fact Sheet Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities](#)

What are the expectations pertaining to timelines for students with disabilities?

Individualized Education Programs (IEPs)

If a child has been found eligible to receive services under the IDEA, the IEP Team must meet and develop an initial IEP within 30 days of a determination that the child needs special education and related services. 34 C.F.R. §300.323(c)(1).

IEPs also must be reviewed annually. 34 C.F.R. §300.324(b)(1). However, parents and an IEP Team may agree to conduct IEP meetings through alternate means, including videoconferencing or conference telephone calls. 34 C.F.R. §300.328. All required team members must be present or the excusal process should be followed. Again, we encourage school teams and parents to work collaboratively and creatively to meet IEP timeline requirements.

Most importantly, in making changes to a child’s IEP after the annual IEP Team meeting because of the COVID-19 pandemic, the parent of a child with a disability and the public agency may agree not to convene an IEP Team meeting for the purposes of making those changes, and instead develop a written document to amend or modify the child’s current IEP. 34 C.F.R. §300.324(a)(4)(i).

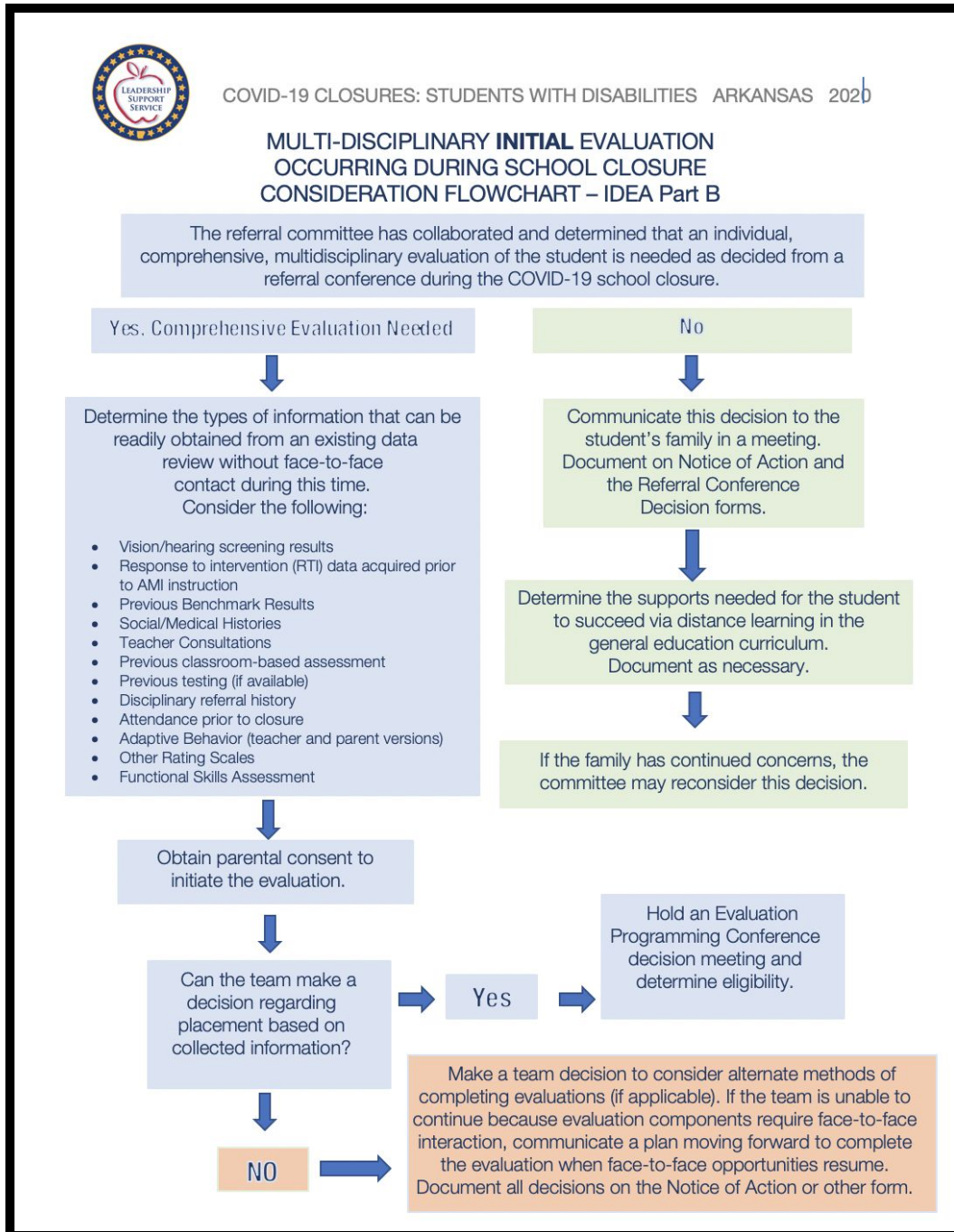


TABLE 2

Initial Eligibility Determination

An initial evaluation must be conducted within 60 days of receiving parental consent under IDEA, or within the state established timeline within which the evaluation must be conducted. 34 C.F.R. § 300.301(c). Once the evaluation is completed, IDEA does not contain an explicit timeline for making the eligibility determination but does require that the IEP be developed in accordance with 34 C.F.R. §§ 300.320-300.324 (34 C.F.R. § 300.306(c)(2)). See additional guidance from Arkansas below.

DESE Guidance: The eligibility must be established (through an Evaluation Programming Conference) within 30 days of the completion of the evaluation. If the initial evaluation has been delayed due to assessment fidelity and social distancing restrictions, the district needs to communicate with family and document the delay and next steps.

Reevaluations

A reevaluation of each child with a disability must be conducted at least every three years, unless the parents and the public agency agree that a reevaluation is unnecessary 34 C.F.R. § 300.303(b)(2). However, when appropriate, any reevaluation may be conducted through a review of existing evaluation data, and this review may occur, in consultation with other team members, without a meeting and without obtaining parental consent, unless it is determined that additional assessments are needed. 34 C.F.R. §300.305(a).

DESE Guidance: LEAs and parents are encouraged to work together to the maximum extent possible to meet timelines and provide educational services, which can include contingent provisions of using a virtual evaluation, or other means not specified.

If timelines for evaluations cannot be met, what should we do?

Parents must be informed of delays and reasons for those delays. Reasons for delay can be noted in the Evaluation Programming Conference (EPC) and Notice of Action. Districts are encouraged to complete information that can be readily obtained. Refer to TABLE 2.

If we have a consent for evaluation and the 60-day timeline for evaluation has passed when we return to school, should we obtain new consent?

Consent applies for the evaluation requested, regardless of missing the timeline. This means the consent is still in effect until the requested evaluation is complete. Districts will need to develop a plan to support maintaining timelines and to document clearly if a delay occurs, the nature and extent of the delay, and the plan to move forward as quickly as possible to prevent any further delay.

How would I obtain a signature for consent for testing a student?

The consent form can be mailed with a return envelope so the parent can return the signed consent back to the school. The written consent could also be returned via email. Electronic signature is an option if the meeting is held via alternative means. The district can utilize other means to obtain consent, even if not specified here.

How should the district appropriately document and track referrals?

The [Referral Tracking Data Dictionary](#) lists reasons for an evaluation being over timeline. The codes *IL* and/or *OT*, could be appropriate codes to use to document the reason for the delay depending on the situation. If using the *OT* code because the timeline was missed due to school closure for COVID-19, state this in the text box.

How should we handle re-evaluations that are in progress for graduating seniors?

LEAs should consider alternate methods of completing evaluations. If you are unable to continue because an evaluation component requires face-to-face interaction, detailed documentation of delays and reasons for those delays must be noted and parents informed. Reasons for delay can be noted in the Evaluation Programming Conference (EPC) and Notice of Action. Districts should also communicate a plan moving forward to resume the evaluation when face to face evaluation opportunities resume.

How do we do Summary of Performance for graduating seniors?

The Summary of Performance can be completed through an online or telephone interview with the student and relevant team members. The Summary of Performance contents must be shared and discussed with the student so he or she is able to use the tool effectively. Once everyone agrees, the student should sign and date the document and then be provided a copy. The Summary of Performance is a critical tool to help graduating seniors understand and advocate for their post-secondary needs. This is a [link](#) to an informational session provided by Arkansas Transition Services on the Summary of Performance.

How should we document phone or virtual (Zoom, Skype, Facetime, Google Hangouts, etc.) conferences?

The Notice of Conference should include this information in the top section of the form. For IEP meetings, in the parent participation section, it should be stated that the parent participated by phone or other means. The signature section would also say “via phone” or “via Zoom, Skype” etc., for any virtual participant. For other conferences, documentation could be included in the Notice of Action or other conference paperwork. The most important consideration is that parents have the opportunity for meaningful participation, and the means of participation is documented.

Has any federal guidance been provided?

1. [OSEP Q&A](#)
2. [CASE](#)
3. [Joint Webinar](#) w/ OSEP, CASE, CCSSO, and NASDE
4. [Non-Regulatory Guidance for Federally Declared Disasters](#) (Section C)
5. [U.S. Department of Education Releases Webinar, Fact Sheet for Protecting Students' Civil Rights During COVID-19 Response](#)
6. [FERPA and Virtual Learning](#)
7. [NASP: Considerations for Delivery of School Psychological Telehealth Services](#)
8. [Supplemental Fact Sheet Addressing the Risk of COVID-19 in Preschool, Elementary and Secondary Schools While Serving Children with Disabilities](#)

In light of extended school closures, when are LEAs required to do an amendment?

The IEP team CAN determine the contingent provision of special education and related services at an alternate location or the provision of online or virtual instruction, instructional telephone calls, and other curriculum based activities, and may identify which special education and related services, if any, could be provided at the child's home. ([OSEP Q&A](#) question A-5) If IEP services can be provided through distance learning or other alternate methods, an amendment is not required.

Due to extended closures, IEP teams will need to address any significant modifications to services. This could be a phone call to parents, Zoom meetings, etc.

8.07.1.4 In making changes to a child's IEP after the annual IEP Team meeting for a school year, the parent of a child with a disability and the public agency may agree not to convene an IEP Team meeting for the purposes of making those changes, and instead may develop a written document to amend or modify the child's current IEP.

Communicating with families is the most important thing we can do to ensure our students receive the special education services and support they need while keeping them safe and healthy. Districts should clarify their intent to meet with IEP teams, including parents, when school resumes to address student specific needs.

With parental approval, can a district conduct an IEP meeting to extend the student's current IEP until the beginning of next school year?

IEPs must be reviewed annually. 34 C.F.R. §300.324(b)(1). However, parents and the IEP Team may agree to conduct IEP meetings through alternate means, including videoconferencing or conference telephone calls. 34 C.F.R. §300.328. Again, we encourage school teams and parents to work collaboratively and creatively to meet IEP timeline requirements.

In making changes to a child's IEP after the annual IEP Team meeting because of the COVID-19 pandemic, the parent of a child with a disability and the public agency may agree to not convene an IEP Team meeting for the purposes of making those changes, and instead develop a written document to amend or modify the child's current IEP. 34 C.F.R. §300.324(a)(4)(i).

Is extended AMI instruction a change of placement? If so, what is the guidance on providing notice regarding the change of placement?

If an LEA continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). State Education Agencies (SEAs), LEAs, and schools must ensure that, to the greatest extent possible, each student with a disability can be provided the special education and related services identified in the student's IEP developed under IDEA. If this obligation is met, a change of placement would not be required.

The ED (OSEP) understands there may be exceptional circumstances that could affect how a particular service is provided. In addition, an IEP Team and, as appropriate to an individual student with a disability,

the personnel responsible for ensuring FAPE to a student, would be required to make an individualized determination as to whether compensatory services are needed under applicable standards and requirements.

[OSEP Q&A](#)

Upon return to normal school operations, the DESE Special Education Unit recommends that IEP teams review the provision of FAPE during the period of distance learning (AMI) to discuss progress made or lack thereof. This can be done formally (through an IEP meeting) or informally and on an as-needed basis.

PROVIDING SERVICES

Can private service providers continue to assist providing speech, PT, and OT for those students in districts they serve.

Districts should coordinate with private service providers. The Department (OSEP) encourages parents, educators, and administrators to collaborate creatively to continue to meet the needs of students with disabilities. Consider practices such as distance instruction, teletherapy and tele-intervention, meetings held on digital platforms, online options for data tracking, and documentation. In addition, there are lowtech strategies that can provide for an exchange of curriculum-based resources, instructional packets, projects, and written assignments. ([OSEP Supplemental Fact sheet](#))

Can the district or related service providers provide therapy to the students they serve if the parents are willing to bring them to the school?

Public Schools are closed at this time for face-to-face instruction and services. Private providers and families should follow the Department of Health guidelines pertaining to COVID-19. DESE will work with the Department of Health to provide guidance to districts when students are allowed to return to school for instruction.

What are the requirements for following through with medically related IEP services during AMI days? Are they required to continue services? If so, what does that typically look like?

DESE recommends prioritizing health and safety first, and then beginning to plan and deliver continued educational opportunities. IEP services should be provided to the greatest extent possible, involving parents in the design and delivery of these opportunities. If a child does not receive services during a closure, a child's IEP team must make an individualized determination whether, and to what extent, compensatory services may be needed, consistent with applicable requirements.

Can paraprofessionals provide support and services to students during this time?

Districts should determine how to best use their support personnel to assist in the delivery of supports and services to the extent that would be appropriate if school buildings were open. We realize that schools are looking for innovative ways to serve students as services will not look the way they previously did prior to the pandemic we are now facing.

Do you have guidance for compensatory services?

Students with disabilities should continue to receive special education and related services during the time school is closed as a result of COVID-19 in order to meet the obligation of FAPE. When schools are closed for extended periods, student needs should be evaluated individually and a determination to provide compensatory educational services could be made. Communicating with families is the most important thing we can do to ensure our students receive the special education services and supports they need while keeping them safe and healthy. Districts should clarify their intent to meet with IEP teams, including parents, when school resumes to address student specific needs. As health restrictions are lifted, DESE will provide guidance to districts on conducting face-to-face evaluations, conferences, and services. The district is encouraged to begin thinking how they could implement a coordinated effort to evaluate and determine if compensatory services would be needed prior to the reopening of school. This may require additional contract time for staff. CARE's Act funding may be utilized.

If parents do not want to participate in services provided through an alternate method (work packets, teleservices, virtual/digital platforms), what is the district's obligation?

As stated in the U.S. Department of Education's [Non-Regulatory Guidance for Federally Declared Disasters](#), *the student's IEP Team determines which services can be provided to appropriately meet the student's needs* when a school can not perform the services in a student's IEP as a result of a federally declared disaster.

The IEP team CAN determine the contingent provision of special education and related services at an alternate location or the provision of online or virtual instruction, instructional telephone calls, and other curriculum based activities, and may identify which special education and related services, if any, could be provided at the child's home. ([OSEP Q&A](#) question A-5)

The ED (OSEP) encourages parents, educators, and administrators to collaborate creatively to continue to meet the needs of students with disabilities. Consider practices such as distance instruction, teletherapy and tele-intervention, meetings held on digital platforms, and online options for data tracking and documentation. In addition, there are low-tech strategies that can provide for an exchange of curriculum-based resources, instructional packets, projects, and written assignments. ([OSEP Supplemental Fact sheet](#))

If a child does not receive services during a closure, a child's IEP team must make an individualized determination whether and to what extent compensatory services may be needed, consistent with applicable requirements, including to make up for any skills that may have been lost.

How should progress be documented for the last quarter of the year?

Progress monitoring must still be documented. Teachers should be maintaining data regarding progress on skills and activities in the IEP. Communication with families will be critical in updating progress and data collection.

EARLY CHILDHOOD

Would the LEA providing early childhood special education need to send packets home with the children while the district is utilizing AMI days?

If an LEA continues to provide educational opportunities to the general student population during a school closure, the school must ensure that students with disabilities also have equal access to the same opportunities, including the provision of FAPE. (34 CFR §§ 104.4, 104.33 (Section 504) and 28 CFR § 35.130 (Title II of the ADA)). SEAs, LEAs, and schools must ensure that, to the greatest extent possible, each student with a disability can be provided the special education and related services identified in the student's IEP developed under IDEA, or plan developed under Section 504. (34 CFR §§ 300.101 and 300.201 (IDEA), and 34 CFR § 104.33 (Section 504)). [OSEP Q&A](#)

Arkansas Better Chance (ABC) programs with approved AMI plans may utilize the Arkansas AMI guides in place of current AMI plans, or they may continue with local plans. Preschool providers who are not part of ABC are also encouraged to utilize these resources for children and families.

All preschool programs should continue to partner with educational cooperatives and school districts providing special education services to children ages 3-5 with disabilities, to ensure these children continue to receive a free appropriate public education. Special education guidance documents that also apply to preschool-age children with disabilities can be accessed on the [DESE COVID-19](#) web page in the Special Education Guidance and Considerations section.

How do we handle early childhood transition conferences at this time?

Early Childhood transition conferences can be held in the same way IEP meetings and Existing Data Reviews are conducted. Virtual options are available as well as phone conferences, or other methods agreed upon by the parties involved. It is important for the school and early childhood provider to work together with the families of their students.

How do we determine school age eligibility for preschool transition with limited options for face-to-face evaluation?

Review current eligibility and existing data to determine whether it is possible to establish eligibility. Check the [criteria](#) as the team reviews needs. Proceed with completing evaluation components that can be completed and consider virtual/telephonic options if possible. If you are unable to continue because an evaluation component requires face-to-face interaction, detailed documentation of delays and reasons for those delays must be noted and parents informed. Reasons for delay can be noted in the EPC and Notice of Action. Districts should also communicate a plan moving forward to resume evaluations when face to face evaluation opportunities resume. If the evaluation was started by an Early Childhood Special Education (ECSE) program and not completed prior to the child entering kindergarten, the district in which the child is now enrolled is responsible for completing the evaluation.

If we are unable to determine school age eligibility and decide to continue to provide services until eligibility can be determined, should we create a new IEP?

Teams should consider updating IEPs to include school age services if they are not able to complete evaluations before school starts. Temporary IEPs are not needed.

MEDICAID and TELETHERAPY

Will Medicaid pay for teletherapy?

Yes, teletherapy has been approved for Medicaid reimbursement. DESE recommends that LEAs consider a variety of service delivery options for the provision of related services during this time of distance learning. Determined on a case by case basis, teletherapy may be a viable service delivery option for many students. Service provision via teletherapy should be considered as an option for ALL students who receive therapy services regardless of students' billing status.

For updated information regarding teletherapy and Medicaid billing, contact your [Medicaid in the Schools \(MITS\) Regional Advisor](#). Additional information may be found on the [COVID-19](#) web page.

The Early Childhood Technical Assistance Center has a [tele-intervention page](#) with resources applicable to all ages.

Telemedicine Medicaid Billing rules are located in Section 305 of the Provider Manuals for all related services and included in the link below. You may also look for updated information as [DHS continues to provide guidance related to telehealth service delivery during the outbreak](#).

Updated information for telehealth therapy services, school personnel screening information, and other school health information is provided at the link [School Health Services Guidance, including Telehealth Therapy Services and Personnel Screenings](#).

Can schools continue to provide SBMH services to students through alternate means and still be reimbursed through Medicaid?

Yes, school districts may continue providing school-based mental health services and/or facilitating services provided by a behavioral health agency provider during school closure. Service provision via telehealth is considered a viable option. DHS has released policy guidance related to behavioral health services during the COVID outbreak, suspending the rule related to originating site requirements for certain behavioral health providers and expanding the technology options for delivering services, including telephones. [DHS Behavioral Health Policy Guidance during the COVID Outbreak](#).

Can direct or related services be billed when the district is utilizing AMI days for children ages 3 to 21?

If the therapy services are provided due to the school's obligation to implement a student's IEP, then yes, these services delivered via telehealth remain billable as a school-based service. Therefore, claims should reference/link to the school's LEA number.

Medicaid policy requires parental or caregiver involvement during the teletherapy session. Additionally, the technology used must be real-time and include a video and audio component.

Under this delivery method, schools should keep the following in mind:

1. The district should be diligent in developing a protocol for verifying delivery of services.
2. Medicaid billing clerks should use the GT modifier behind the CPT code in order for the claim to reflect delivery via telehealth technology rather than face-to-face.

DESE recommends following up with your regional MITS Advisor for detailed information on providing services via telehealth technology.

[AR Teletherapy Medicaid Billing Manual Link](#)

DESE recommends that all related service providers review licensure requirements for their related service delivery.

Is specific consent needed to provide tele-therapy both for Medicaid eligible students and for non Medicaid-eligible students?

Specific consent for the provision of teletherapy and telehealth services is needed. Districts should consider drafting a consent statement for the parent/caregiver to sign, allowing the child to receive school-based teletherapy and/or telehealth services at home during the COVID-19 outbreak. The parent/caregiver name, district, and child receiving the service during the COVID-19 outbreak should be included in the consent statement. Districts may obtain and document verbal consent for the use of teletherapy and telehealth with the intent to get signed consent as soon as possible.

Will Medicaid approve evaluations done via telehealth?

Evaluations and re-evaluations conducted via telehealth are not recognized for Medicaid billing purposes. However, if an annual evaluation is due during this time, the deadline may be extended until the patient is able to come into the office.

Are we to provide services to students on a services plan in private schools?

This decision is based on the services agreed to in the collaborative meeting with private school and homeschool representatives, current services plans, and proportionate share funds. Students who have a service plan in place should continue to receive services through alternative methods as long as Private School Proportionate Share funds allow. Districts may continue to provide services after funds have been expended, but are not required to.

Planning for What's NEXT

What should districts be considering for next steps?

Superintendents should be closely working with the district special education supervisor to coordinate efforts when restrictions are lifted. Students with disabilities may have been disproportionately impacted

by school closures during the COVID-19 pandemic, and districts will need to plan for the learning gaps that may result.

Planning for evaluations and conferences prior to school starting, should lead to less of an interruption of instruction when school resumes. Districts should consider the special education services and supports that students may need this summer and when school resumes, that are in addition to what had already been planned for and included in existing budgets. The individualized determinations should be made regarding whether or not there is a need to adjust the frequency and duration of services for a student when face to face instruction resumes

Students with the most significant disabilities may not have received the same degree of special education and related services that would have been provided had school been open, and their need for therapies and other services may be great when restrictions are lifted and face-to-face instruction can resume. Services such as small group or one-on-one instruction, paraprofessional support, physical therapy, speech and language therapy, and behavioral and/or mental health support, may not have been provided during school closures, despite best efforts.

Will funding be available to assist with providing services for students with disabilities?

Yes, the CARE's Act funding has provisions that allow for funding to be used to provide equitable services to students with disabilities. This includes accessible technology, assessments, compensatory services, extended year, etc. Districts should consider the services and supports that students may need this summer and when school resumes that are in addition to what was already planned for and included in existing budgets. Additional guidance will be released regarding CARE's Act.

How should ESY services be determined in light of COVID-19?

Extended School Year (ESY) is a requirement that has to be considered for all students with disabilities. The need for extended school year services should be reviewed annually and made on an individual or case-by-case basis. Extended school year services are not a substitute for compensatory services.

Analyze the data and determine student progress at the point schools closed, including any regression data collected prior to students moving to AMI instruction. Any updated data collected during the AMI period should also be reviewed. Consideration must be given as to whether or not ESY can be provided through alternate methods should school campuses remain closed throughout the summer months. If it is determined that a student needs ESY services, but those services cannot be provided through alternate methods, then the district should communicate a plan to address the need when school buildings reopen.

DESE INSTRUCTIONAL RESOURCE LINKS

Below are some links to helpful guidance from the Arkansas Department of Education, Division of Elementary and Secondary Education..

[Instructional Resources for Students with Disabilities](#) April 6, 2020

[Supports for Students With Disabilities](#) March 31, 2020

[Supports for Students with Significant Cognitive Disabilities](#) March 31, 2020

[Supports for Preschool-age Children with Disabilities](#) April 22, 2020

[DESE-SEU Frequently Asked Questions \(FAQ\) Link](#)

We understand that you will have many questions and concerns regarding the impact of the COVID-19 virus relative to services to students with disabilities. Please do not hesitate to contact the DESE-Special Education Unit office for assistance @ (501) 682-4221 or email your [State Education Advisor](#).