Early Intervention Targeted Case Management
Questions and Answers from August EI TCM Webinars
Infant & Toddler Connection of Virginia/Department of Behavior Health and Developmental Services (DBHDS) and Department of Medical Assistance Services (DMAS)
Updated September 15, 2011

PRACTITIONER REQUIREMENTS

Question: Will the Early Intervention Case Manager Certification restart the three year clock for re-certification?
Answer: The Practitioner Database has been updated to coordinate expiration dates for individuals with multiple certifications. This will allow practitioners to maintain one professional development plan and to have one renewal date to track for all of their early intervention certifications. Please note that this is a change from early communications regarding the expiration date for EI Case Manager Certifications for individuals who currently have an EI Service Coordinator (or other) Certification. The date an individual initially receives his/her first certification (regardless of whether that's EIP, EIS, EI SC or EI CM) will determine the 3-year certification cycle. If an additional certification is issued to that practitioner within that 3-year cycle, then the new certification will expire on the same date as the original certification. For example, if a practitioner was certified as an EIP and EI SC on 10/1/09 and they are then certified as an EI CM on 10/1/11, then the expiration date for all of these certifications will be 10/1/12.

Question: I heard that the supervisors of Certified Early Intervention Case Managers are required to complete the Introduction to Early Intervention Service Coordination training module and to become certified as an Early Intervention Case Manager even if they are not providing service coordination services. Is that correct?
Answer: No, that is not correct. It is highly recommended that supervisors of early intervention service coordinators complete the Introduction to Early Intervention Service Coordination training module in order to be familiar with the requirements. However, it is not a requirement, nor is certification as an Early Intervention Case Manager required for the supervisor.

Question: Can an individual who is certified as both an Early Intervention Professional and a Certified Case Manager provide service coordination and IFSP services (for example, Occupational Therapy) for the same child?
Answer: yes

Question: 1) Has licensing of the service been coordinated w/DBHDS Office of Licensing? 2) Do we need to modify our CSB case management license to include early intervention? 3) Does the Office of Licensing know Part C will conduct the case management audits for EI? 4) Is the EI CM subject to all DBHDS licensing regs including quarterly reviews and CCSB QA provider requirements?
Answer: The Department of Behavioral Health and Developmental Services in collaboration with the Department of Medical Assistance Services decided for a variety of reasons that individual providers of Early Intervention Targeted Case Management (EITCM) would be certified (by DBHDS) rather than licensing agencies that provide EI TCM. Therefore, there is no need to modify your CSB case management license to include early intervention, nor do the requirements under licensing apply to EI TCM. Requirements for EI TCM are covered in the DMAS Early Intervention Provider Manual and in the Infant & Toddler Connection of Virginia Practice Manual.

PROVIDER REQUIREMENTS

Question: When will the revised Provider Agreement Form be available? Shall I submit the EI TCM Provider Information Form now or wait until the Provider Agreement Form is ready?
Answer: The new provider agreement will be available prior to 10/1/11, which is when it will be posted on the DMAS website. Jeff Beard will send a copy to System Managers as soon as it is available. Jeff Beard is requesting that Local Lead Agencies submit the EI TCM Provider Information Form to him as soon as possible. This will let DMAS know who the initial designated EI TCM providers will be as of 10/1/2011.

When the revised Enrollment Provider Agreement application is released, Jeff will email it to the designated EI TCM providers to complete, sign, and return to him, as soon as possible. He will follow-up to add the new EI TCM specialty code (119) to the EI TCM providers' files.

When returning either form to Jeff, please send them to either his email address (jeff.beard@dmas.virginia.gov) or by fax (804-612-0043).

Question: What do providers need to do to receive the specialty code?
Answer: Jeff Beard will add the specialty code to the provider's file when he receives the new Provider Agreement form.

Question: What is the taxonomy code required for billing for early intervention targeted case management?

Answer: If a provider only has one class type then they do not have to use a taxonomy code at all when billing. Taxonomy is only used for a provider that is enrolled under one NPI with multiple provider class types. The taxonomy code to be used in such cases is 252Y00000X. Providers can have multiple specialties and that won't affect how they bill.

Question: Will we receive an email to confirm that our Provider Information Form was received?
Answer: Yes

CHILDREN RECEIVING OTHER CASE MANAGEMENT SERVICES

Question: What is BabyCare? How would we know if a child is in Baby Care?
Answer: The BabyCare program includes two components:

1. Case management for high risk pregnant women and infants up to age two by a Registered Nurse or Social Worker; and
2. Expanded prenatal services for pregnant women including patient education classes (including tobacco cessation), nutritional services, homemaker services and substance abuse treatment services (SATS) by an approved provider.

(Medicaid MCOs have their own high risk infant case management program.)

Infants are enrolled in the BabyCare program because they are at risk for poor birth/health outcomes. An infant may receive BabyCare services up to their second birthday. BabyCare case management providers are primarily RNs or Social Workers at the local health department.

The BabyCare case manager is responsible for completing a comprehensive assessment specific to the BabyCare program and a service plan, which may include the health needs of the mother as well as the infant. If an infant enrolled in the BabyCare program appears to not be developing as expected, or has a medical condition that can delay normal development, the BabyCare case manager is responsible for working with the family to initiate a referral for evaluation and assessment through the EI program. If the infant is receiving case management services through BabyCare and EI, the case managers will need to coordinate services to ensure that there is no duplication. The case managers will need to obtain the caregiver's consent to exchange information (the Universal Referral Form may be used: http://homevisitingva.com/?page_id=393

Question: What is Therapeutic Foster Care?
Answer: Therapeutic Foster Care is a component of treatment foster care through which a case manager provides treatment planning, monitors the treatment plan, and links the child to other community resources as necessary to address the special identified needs of the child. TFC case management focuses on a continuity of services that is goal-directed and results-oriented.

Question: Who is considered the case manager in Therapeutic Foster Care? Is this different from the social worker?

Answer: [DMAS Psychiatric Services Manual, Chapter II]

Providers may bill Medicaid for case management for children in treatment foster care only when the services are provided by qualified foster care case managers. The case manager must meet, at a minimum, the qualifications specified by DMAS.

Minimum Standards for Case Managers

a. A Ph.D. or master's degree in social work from a college or university accredited by the Council on Social Work Education or in a field related to social work such as sociology, psychology, education, or counseling, with a student placement in providing casework services to children and families. One year of experience in providing casework services to children and families may be substituted for a student placement; or
b. A baccalaureate degree in social work or a field related to social work including sociology, psychology, education, or counseling and one year of experience in providing casework services to children and families; or
c. A baccalaureate degree in any field plus two years' experience in providing casework services to children and families.

Question: If a child is receiving Therapeutic Foster Care, how is the decision made about which case management service is billed to DMAS?

Answer: If an EI enrollee is receiving TFC, the EI case manager should review the child's needs and services with the TFC case manager to determine if the child's services are better monitored and coordinated by the EI case manager or the TFC case manager. The two case managers are responsible to make the determination of which TCM is better suited for the child's particular needs and services.

Question: Since EI TCM and Therapeutic Foster Care (TCF) cannot both be billed for the same month, how can we know if a child is receiving TFC?

Answer: The Early Intervention Service Coordinator can learn this by asking the foster parent.

Question: If Therapeutic Foster Care is being billed for a child, how do we list this on the IFSP, explain to families, etc.? Are we only responsible for the implementation of the IFSP and the other case manager would handle medical, housing, transportation needs, etc.?

Answer: You would list Service Coordination on the IFSP just as you do now. The Part C Service Coordinator must communicate with the Therapeutic Foster Care Case Manager to assure that there is not duplication of case management/service coordination services, nor omission of essential service coordination services through assumption that the TFC Case Manager is providing those services.

Question: What about intensive in-home services that are also billing Medicaid? Can you still bill for EI TCM?
Answer: No

Question: We have families who get care coordination through Blue Ridge Care Connection at UVA. I am not sure if this program bills Medicaid, but if so, is it o.k. for both to bill?
Answer: Care Connection for Children does not bill for Targeted Case Management, so you can bill.

BILLING AND REIMBURSEMENT

Question: Please indicate whether a service coordinator can bill for TCM in the following circumstances:

1) he/she only provides service coordination
2) he/she serves a blended role for the family. For example, the service coordinator may also provide physical therapy or developmental services
3) he/she is a supervisor of other members of the child's and family's IFSP team
4) he/she is supervised by another member of the child's and family's IFSP team

Answer: the Service Coordinator can bill for service coordination she/he provides in all of the situations described above. Service Coordinators serving in dual roles must bill according to the role they are serving at the time.

Question: What can be billed to DMAS by a provider who is both a certified Early Intervention Case Manager and a Certified Early Intervention Professional when that individual provides services coordination (intake, facilitation of the IFSP meeting) and participates as one of the professionals conducting the assessment for service planning and the IFSP?
Answer: The provider can bill for service coordination (EI TCM) for the month during which these activities occur as long as the EI TCM billing requirements are met. The provider can bill for the time she/he spends during the assessment for service planning. The provider serving as both a service coordinator and a provider during an IFSP meeting can bill as a provider for no more than ½ of the time spent in the IFSP because their participation as a service coordinator is required for IFSP meetings and they cannot bill for the entire time as both a service coordinator and a provider.

Question: Is face to face defined as meeting face to face with the family or does the child have to be present to be considered face to face?
Answer: Face to face refers to meetings between the Service Coordinator and the child's family or caregiver. The child is not required to be present for the every three month contacts with the family for families who choose face to face as their contact method. However, please note

that if the child is not present during the IFSP meeting (initial and annual), then there must be documentation that the child was observed by the Service Coordinator during the month that the IFSP meeting was held.

Question: When the face to face contact is required at the initial and annual (or in that month), suppose we do the IFSP meeting with the parent and then see the child the next week at day care? Does it only count when we see the family?
Answer: there must be documentation of observation of the child by the Service Coordinator during the month of the IFSP visit in order to meet the DMAS requirement for billing for the month that the IFSP was held. If there is not documentation of observation of the child during the month of the IFSP meeting, subsequent months cannot be billed UNTIL there is documentation of such observation.

Question: How is "family" defined – one parent? Parent and child? Grandparent?
Answer: The family defines who is a part of their family. This could include parents, grandparents, etc.

Question: Can the foster parent count as "family" even if the system knows the location of the birth parent(s) if the foster parent is the primary person involved in EI services?
Answer: Yes

Question: If the child is present (and awake/observed by the service coordinator) during the IFSP meeting, is it necessary for the service coordinator to observe the child another time during the month in order to bill for EI TCM during the month the IFSP meeting is held?
Answer: No, the requirement is that the child is observed at some point during that month. If the child is observed at the time of the IFSP meeting, that meets the requirement.

Question: Are quarterly reviews required?
Answer: Quarterly reviews are not required. Reviews must occur at least every 6 months per federal Part C requirements and more frequently if needed.

Question: If we have a child whose annual IFSP is due prior to the 10-1-2011 EI TCM implementation, can we complete a TCM IFSP and just not initiate billing until 10-1?
Answer: There will no longer be a separate TCM IFSP form beginning 10/1/2011. You may start using the revise IFSP form now and begin billing for EI TCM in October for children with IFSPs who have Medicaid or FAMIS.

Question: If the child's IFSP was completed prior to October 1, 2011, is there a requirement to document that the child was observed during the month the IFSP was held in order to be able to bill for EI TCM beginning in October 2011?
Answer: No, the requirement is effective for IFSPs completed beginning October 1, 2011.

Question: Please define the intake date.
Answer: The intake date is the (first) date that the service coordinator meets with the family to begin intake activities (providing information to the family and gathering information about the child).

Question: If the initial observation of a child takes place at the IFSP with a temporary service coordinator (thus meeting the initial face to face requirement) but the permanent service coordinator is someone different, does the second service coordinator need to make a visit that first month or are we ok with the IFSP?
Answer: It is not necessary for the permanent Service Coordinator to also observe the child if the temporary Service Coordinator has already observed and documented the observation during the IFSP month. Remember that the initial "every three months" family contact (by the method determined by the family) must occur the first month after the month the IFSP is signed.

Question: If more than one visit is made to complete the intake process with the family, do we bill for both visits?
Answer: EI TCM billing is a monthly charge regardless of the number of visits. If intake visits occur over two months and an Early Intervention Service Coordination Plan was developed and signed by the parent during the first visit, then EI TCM can be billed for both months.

Question: What if a family cancels a visit by notifying the provider who then notifies the Service Coordinator. If the Service Coordinator is then not able to reach the family, but documents the effort to reach the family, can EI TCM be billed for that month?
Answer: Two things need to happen in order to bill for a given month. First, there must have been contact with the family within 3 calendar months of the month being billed. Documented attempted contacts with the family satisfy this every three month requirement. Second, there must be an allowable activity completed within the month being billed. If the only activity completed in the month was an attempted contact with the family, then this is not an allowable activity and EI TCM cannot be billed for that month.

Question: If we have documented our efforts to reach a family for the 3 month contact and we cannot reach them in any way, can we bill if we have done other allowable SC activities? Can

we bill for the next month or is billing suspended at some point until we make that contact with the family?
Answer: Yes, you can bill for the month that you were due to make a contact as long as you have documented efforts to make the contact **AND** you completed another allowable activity for that month. You can also bill for subsequent months during which you complete an allowable activity. However, even though the documentation of attempts to contact satisfies the required contact for the three month period, you should be continuing your efforts to contact the family rather than waiting until the next family contact is due. The fact that the family cannot be reached may indicate a greater need for communication and support.

Question: If information is sent to the family via US Mail, does this qualify as an allowable activity?
Answer: Simply sending information without confirmation from the family that the information was received is not considered an allowable activity.

Question: If information is sent to the family via certified mail and there is confirmation that the family received the information, is that considered an allowable activity?
Answer: Yes

Question: Is faxing the Health Status Indicator questions to the doctor an allowable activity (provided it's documented and we have a fax confirmation)?
Answer: Yes

Question: During the second webinar, I think I understood that it would be an "allowable activity" to simply fax the Health Indicator questions to the PCP. However, the page on the I&TC website that lists allowable activities says (by number 9): "Submit to the client's physician (semi annually) the "Health Status Indicators" Questionnaire. Based upon the results of the questionnaire from the physician, follow-up with the family/caregiver to inform and/or assist in obtaining needed medical services." This makes it sounds like there are two parts to this allowable activity – first, to fax, and second, to follow-up with the family. Or is just sending a fax to the physician an allowable activity and, if that was the only SC activity done in a month, sending the fax would allow us to bill?
Answer: Faxing the Health Status Indicator Questions along **AND** receiving confirmation that the fax was received is considered a billable activity. Follow up with the family is recommended practice.

Question: Can you still bill for annual assessments?
Answer: There is no change in requirements related to billing for an annual assessment.

Question: If DMAS is billed for implementation of intake and the IFSP on the Initial Early Intervention Service Coordination Plan, but the child is found ineligible, do we pay back the money we billed for?
Answer: For children found ineligible, EI TCM reimbursement is available (and does not need to be paid back) for children with Medicaid or FAMIS from the intake visit date through the month the child is found ineligible.

Question: Would checking on Medicaid coverage be considered an allowable service. For example, if a child loses Medicaid and the Service Coordinator checks in with family to see if Medicaid has been reinstated?
Answer: No. However, assisting the family to link with the eligibility worker is an allowable activity.

Question: In order to bill for initial Early Intervention Service Coordination, do you have to have contact with the child? For example, if the intake is done without the child present, can you bill? This might occur for a child who is still in the hospital in a neonatal intensive care unit.
Answer: There must be documentation of observation of the child in order for billing to start for EI TCM.

Question: Can a practitioner certified as an Early Intervention Professional and an Early Intervention Case Manager provider direct services as well as service coordination for the same child and bill for both the direct services and service coordination?
Answer: Yes, a practitioner who is dually certified can provide both direct services and service coordination for the same child. She/he can bill for both service coordination and for the direct service, but each must be clearly documented and billing cannot be done for both services for the same activity. For example, if the practitioner is serving in the Service Coordinator role during the IFSP as well as providing input as a direct service provider, billing for her/his role as the direct provider can be for no more than 50% of the total time for the IFSP meeting.

Question In the response above it says you may bill for no more than 50% of the total as a direct provider because of the dual role. Suppose there is another allowable activity during the month of the initial IFSP so the service coordinator can already bill for the month. Can we then bill for 100% of the IFSP meeting as the direct service provider? If no, can we bill 75% of the total IFSP meeting time as the professional in such situations? What if the provider role portion of the IFSP meeting takes more than 50% of the IFSP meeting time?
Answer: You may not bill more than 50% of the dually certified practitioner's time as a provider code in any of these situations. A service coordinator is required to participate in (and

facilitate) the entire IFSP meeting. Allowing billing for a portion of their time (not to exceed 50% of the total meeting time) is a compromise recognizing the dual role served by the individual.

Question: Will a Service Coordinator who sits on an Eligibility Determination team be able to bill if a Developmental Services Provider (such as an educator) also bills?
Answer: Direct service providers are not reimbursed by DMAS for eligibility determination. The Service Coordinator's participation in eligibility determination process is an allowable activity for EI TCM billing.

Question: Can we bill retroactively for EI TCM for a child who has an Initial Early Intervention Service Coordination Plan in place even if we do not find out about Medicaid enrollment for a couple months after the plan is written? Can we bill retroactively for EI TCM for a child with an IFSP in place if we find out about Medicaid 2 months after the IFSP is signed?
Answer: You may bill retroactively for EI TCM in both cases <u>if both of the following conditions are met:</u>

1. Documentation requirements are met for EI TCM
2. The Medicaid information was entered into ITOTS within 30 calendar days of the date that the determination was made that the child was eligible for Medicaid (the Medicaid "disposition date").

Question: The chart in Chapter 11 of the Practice Manual (page 31) lists the T2022 code for intake through IFSP development SC activities. What about ongoing SC activities after the IFSP is written? Should that also be included in the chart?
Answer: The same code (T2022) that is used to bill for service coordination from intake to development of the IFSP, should be used to bill for ongoing service coordination after the IFSP is developed.

Question: If page 6 lists Service Coordination at 1x/month for 15 minutes and 1 month didn't have a family contact, but rather another type of allowable/billable activity – is this child still billable? How would this be viewed during a QMR review?
Answer: Assuming there has been a direct contact with the family (or documentation of attempts to contact) within the required 3-calendar-month period, this is a billable month even though the frequency/intensity on the IFSP was not met for that month. As indicated on page 25 of Chapter 7 in the Practice Manual, it is acceptable for the frequency and intensity of service coordination to vary from that listed on the IFSP on isolated occasions to meet family needs and circumstances (with the reason documented in contact notes).

Question: If page 6 says 1x/month for 30 minutes and only 15 minutes occurred with the family, is this month still billable? What if there were other allowable/billable activities during that month?
Answer: See response above.

Question: If during a month, the Service Coordinator sees the child with the daycare provider, but has not been able to see or talk to the parent, is it still billable?
Answer: Assuming there has been a direct contact with the family (or documentation of attempts to contact) within the required 3-calendar-month period, this is a billable month since contact with the daycare provider is an allowable activity.

Question: What if there is no direct family contact for more than 3 months, but attempts to contact the family are in the chart – is that still billable assuming other allowable/billable activity occurred?
Answer: Yes.
Question: If page 6 has Service Coordination 1x every 3 months for 30 minutes – is that time cumulative over the 3 months or does it need to be one contact for 30 minutes?
Answer: As indicated on page 25 of Chapter 7 in the Practice Manual, the intensity is the length of time the service is to be provided at each visit. In the example given in the question, "1x every 3 months for 30 minutes" means there will be one contact every 3 months and the contact will last 30 minutes.

Question: Can you bill for (service provider's time) the Assessment for Service Planning if a child is found ineligible during this assessment?
Answer: The rule is that you cannot bill for DMAS for service providers' participation in eligibility determination and you cannot bill DMAS through the Medicaid Early Intervention Program AFTER a child is found ineligible for Part C. However, if a child is found eligible and then the ASP is on a later date, DMAS can be billed for the ASP even if it is determined during the ASP that the child is no longer eligible. In such a situation, the EI benefit would have started on the date eligibility was determined and would end on the day of the ASP (allowing for billing of the ASP, but nothing after that). The key is whether the child was initially found eligible on one date, and then at some date in the future was found ineligible. If an eligibility and ASP occur on the same day, then there is not an issue of a child being found ineligible at ASP.

Question: Is there a minimum number of days that must occur between Eligibility Determination (ED) and the Assessment for Service Planning (ASP) in order to bill for the ASP for a child who was initially found eligible, then found ineligible at the ASP?

Answer: There is not a set number of days. It is expected that such situations will be infrequent and that there will be enough time between the ED and the ASP to reasonably conclude that the child made significant developmental gains between the ED and the ASP. If there are situations where the time span is very short, these will be handled on a case by case basis.

Question: How long after 9/30/11 can we bill for ID TCM at the current rate? Billing is often delayed and may take place months after the service is provided.
Answer: While ID TCM cannot be provided for children in early intervention after 9/30/11, you can bill up to a year after the service was delivered.

Question: We are given the option for adding the new TCM goal to a child's IFSP at the next review date which may be 6 months away. Can we bill for TCM prior to adding the new goal to the IFSP?
Answer: Please note that we are using the terminology "service coordination" goal. Yes. The new service coordination short term goal can be added to the IFSP service coordination page the next time there is an IFSP review OR a contact note can be used to document that the new short-term goal was discussed with the family .

Question: If we provide TCM services to a child and they are well documented but we do not find out the child has Medicaid for two months after the effective date can we bill retroactively?
Answer: Please note that we are referring to these services as service coordination services. Yes, you can bill as long as:

a) the service coordination services you provided and documented meet the billing requirements, and
b) you entered the required information in ITOTS within 30 days of the date the decision was made that the child was eligible for Medicaid (Medicaid disposition date)

For children whose Medicaid eligibility is retroactive to start prior to the IFSP date, an Initial Early Intervention Service Coordination Plan must have been developed and signed in order to bill for the months prior to the IFSP date.

Question: When we bill for one person acting in their role as a therapist during the IFSP meeting and also as a CM during the IFSP, do we use 2 different billing codes; one for each role? The T1023 codes for acting as a therapist and the T2022 for the role of CM?
Answer: Yes. Just remember to divide your time so you are not duplicate billing.

Question: If the Developmental Services provider has been with the family for 60 minutes and then the family has an issue come up they need help with and requires extra time, can we bill for the full DS service + for EI TCM.
Answer: Yes, you would bill for Developmental Services for the full time spent providing Developmental Services. In addition the time spent problem solving with the family would be considered an allowable activity for billing for service coordination that month. Your documentation must clearly reflect each type of service including the time spent providing Developmental Services.

FAMILY CONTACTS

Question: What is a family contact?
Answer: A family contact is defined for the purposes of Medicaid billing requirements as a face to face or phone or email communication with the family.

Question: Can the required every three month family contacts be by means of US mail, or texting or Skype. We have families who've asked us to use texting because it is less expensive for them. Some families only respond via texting. What about texting for parents who are deaf? If texting or Skype are not acceptable, please explain why.
Answer: Texting is not an acceptable mechanism for the every three month family contacts. Not only are there confidentiality concerns about texting, but there is also a bigger issue that texts tend to be very short, sometimes using abbreviations, which allows a high chance for misunderstanding, thus impacting the ability of the Service Coordinator to have a real sense of how things are going. Options for parents who are deaf include face-to-face, email, and TTY. Skyping is an acceptable option for the every three month contacts, but not for the face to face requirement for the initial and annual IFSP meetings.

Question: Is it allowed if the parent only has texting and does not have voice capacity on their phone? Suppose we can only reach a parent for the every three month contact via text (no voice capacity on phone, no email, don't see for face to face) – can we bill for that contact?
Answer: Face to face would be required if phone or email is not available. You could not bill if text were the only means of communication for the every three month contact with the family.

Question: What if a family's preferred method of contact is via phone, but the phone is disconnected?
Answer: The family contact will be considered to be met if there is documentation that the preferred method was not possible and another method was used.

Question: What if an IFSP review meeting is held during the month that the family contact is required and the contact is face to face though the family's preferred contact method is email or phone? Would the face to face contact meet the requirement for that month for the family contact?
Answer: Yes

Question: If the family prefers a face to face contact but we are unable, for any reason (family reason, system reason), to do a face to face for the three month contact and, instead, either email or have a phone conversation with the family, can we count that and bill? In other words, is the family's preference a preference or is it a requirement?
Answer: The family's preference is a requirement. That said, it is possible that there may be a rare circumstance where it was not possible to honor the family's preferred method of contact, but the contact clearly occurred by another acceptable means. You can bill for this if there is clear documentation about the reason for the alternative means of contact. Quality Management Reviewers would review the documentation to determine if the documentation supports this and if this is an isolated episode and not a trend.

Question: The Infant & Toddler Connection of Virginia Practice Manual indicates that the family's preferred contact method can be documented initially in the contact note for the intake visit. This seems too early since it may not be know yet whether the child is even eligible. Is it ok to document the preferred method at the time of the IFSP meeting?
Answer: The preferred method may be documented as early as the intake visit for parents of children who are expected to be eligible based on information available prior to or during the intake visit. It would also be appropriate to ask about and document the family's preferred method of contact for communications that may be needed during the period between the intake visit and the initial IFSP meeting.

Question: The every three month contacts after the annual IFSP – when do they begin? If the annual IFSP is written on September 15th, is the next three month contact required to be done by the end of December? But it is not required to be done in October (as it would be after the initial IFSP), right?
Answer: Since you had a contact during the annual IFSP, the next family contact would be due three months from then. In your example, this would be by the end of December.

Question: I know that the min requirement for direct contact with the family (face to face, phone or email) is once every three months but that you can bill monthly as long as an allowable activity took place during the month. In this instance, if we assume that this this appropriate for the family - pg 6 of the IFSP might say Service Coordination, 10 min, 1x/3

months at home, etc, for the frequency and intensity of services (b/c the IFSP should reflect the DIRECT contact with the family according to the practice manual). Can I still bill monthly for the allowable activities on the in-between months that are not direct contacts, even though the freq and intensity on the IFSP is only 1x/3 mo? You can't for other direct services (OT, PT, etc), but in that case there are no allowable activities that are not direct contacts. I just want to make sure that I'm covered if I'm billing Medicaid monthly for allowable activities, but the IFSP only says 1x/3 months for direct contact.
Answer: Yes, you can bill for each month for which there is an allowable activity as long as all the billing requirements are met, even though the IFSP says 1x/3 months. This is ok because not all allowable service coordination activities require contact with the family (as you noted in your question). As you have noted, reimbursement for service coordination differs from reimbursement for direct services in several ways.

Question: If the Service Coordinator (TCM) was at the initial/annual or periodic IFSP meeting where the child was present can we count this date as a person-to-person visit and then do the next person-to-person visit in three months?
Answer: It sounds like you may be confusing the face to face requirement/observation of the child during the month the initial or annual IFSP is held with the family contact requirements. The first family contact after the initial IFSP must be the following month. This may be a face to face contact or phone or email contact depending on the family's preference. After the annual IFSP, then next family contact is required in 3 months. If the service coordinator sees the child and family at a periodic or annual IFSP the 3-calendar-month period re-starts.

Question: Does the service coordinator's participation in eligibility determination have to be in-person with the eligibility team to count as a contact?
Answer: In-person participation in the Eligibility Determination is not required in order to bill for service coordination for the month during which eligibility was determined.

Question: Does the Service Coordinator's participation in Eligibility Determination prior to the Annual IFSP have to be in person in order to bill?
Answer: No, participation in Eligibility Determination is a billable activity whether or not this occurs in person.

Question: If the Service Coordinator has the first family contact during the same month as the IFSP meeting (for example, 3 weeks later), is another family contact required the following month to meet the requirement that the first contact take place the month after the IFSP?
Answer: The requirement that the first family contact occur the month following the IFSP meeting is intended to assure follow up for implementation of the IFSP. It is acceptable for this

first contact to occur during the same month. The first family contact after the Initial IFSP meeting must occur by the end of the month following the month of the IFSP meeting.

DOCUMENTATION REQUIREMENTS

Question: Page 1 of the IFSP form shows a place for 4 quarterly reviews. Are all 4 required? Do they have to be face to face?
Answer: The IFSP with a place for quarterly reviews is the current TCM version of the IFSP which is being discontinued. This current TCM IFSP form must not be used for children receiving initial or annual IFSPs beginning October 1, 2011. The new IFSP form (dated 6/11 in the footer of the form) does not have a place for quarterly reviews since quarterly reviews are not required under EI TCM.

Question: Can the Initial Early Intervention Service Coordination Plan serve as an Interim Individualized Family Service Plan (IFSP) for children who are eligible who need to begin receiving services right away?
Answer: The Initial Early Intervention Service Coordination Plan can be expanded to serve as the Interim IFSP for an eligible child in those exceptional circumstances where there is an obvious and immediate need for services to begin before the team has completed the assessment for service planning and developed the IFSP if the following conditions are met:

a. There is input from the multidisciplinary team (which can include written information from physicians and other providers); and
b. The frequency, intensity, group/individual, location, method, and potential payment source(s) of the immediately necessary services are included in the plan; and
c. The plan is signed by the Service Coordinator and the family.

Question: Does the family receive a copy of the Initial Early Intervention Service Coordination Plan?
Answer: Yes

Question: Should the services on pg 6 of the IFSP reflect the once every three month contact with the family (if appropriate) or should it be listed as monthly since the "off" months should have some contact on behalf of the child?
Answer: The projected minimum frequency of direct contact time between the service coordinator and the family should be listed. The frequency listed on the IFSP refers to contacts with the family, not contacts on behalf of the family.

Question: Is it acceptable to simply document that a phone conversation was held with the family or does the content of the call need to be documented?

Answer: The content of the call must be documented.

Question: If a family chooses phone calls as the type of contact with the SC, which parts of the contact note checklist have to be captured in an electric record?
Answer: The section "for all contact notes" and the Service Coordination sections are applicable.

Question: On the Documentation Checklist, is the section titled "For contact note on a service session with child and family….." for developmental outcomes rather than for service coordination?
Answer: This section is for documentation of intervention sessions, not for documentation of Service Coordination contacts.

Question: To meet the documentation requirements for a billable monthly contact, do all elements of the contact note checklist have to be completed?
Answer: The documentation required depends on the activity. For example, if the billable activity for one month is faxing the health status indicator questions to the physician, appropriate documentation would include a service coordinator contact note documenting that the questions were faxed, including to whom they were faxed and when – as well as documentation that the fax was received (which could be the fax confirmation sheet).

Question: For the 45 day timeline, is the 45 days to the date of the IFSP meeting or 45 days to the date of the parent signature on the IFSP? Or are there two timelines – one to calculate 45 days from referral (day of IFSP meeting, even if parent did not sign IFSP at that time) and then date of parent signature on the IFSP to calculate 30 day start date? I always thought there was just one date: date of parent signature on the IFSP and that was used for the 45 days and the 30 days.
Answer: There are two dates to consider if the parent does not sign the IFSP at the time of the IFSP meeting. The IFSP meeting date is used to determine whether the 45 day timeline has been met; the date the parent signs the IFSP is the "official" IFSP date which is used for calculating the 30 day timeline for the start of services as well as the 365 day timeline for the Annual IFSP meeting.

Question: If the service provider does not know when the next appointment will be, for example because the parents need to check their work schedule, can we write TBD for the next scheduled appointment.
Answer: More detail should be documented. For example, in the case you cited, you might write: *The family will contact me to schedule the next appointment after they check their work*

schedule. This allows team members to know what the next step is for scheduling the next appointment.

Question: When will the new IFSP form be available?
Answer: The form is available now at the following link: http://www.infantva.org/Pr-PracticeManual-Forms.htm

Question: The chat screen during the webinar listed this url for the new IFSP form: http://www.infantva.org/documents/forms/3054eIFSPTCM-h.pdf. That url listing is for the July 2010 version. This form still has the old Page 4. Will there be any other changes to the form? When will the entire updated form be available on the Forms listing?
Answer: Actually, that link is to the current TCM version of the IFSP form which is being discontinued. Beginning October 1, 2011, there will be only one IFSP form and this is the one that is posted on the web (without "TCM" in the title). There are versions of the new form for completing electronically or by hand and each is available in PDF, Word 2003, and Word 2007. There are no additional changes planned for the IFSP form for implementation of EI TCM.

Question: Can you describe how we would add the TCM goal using a note prior to doing the next IFSP review?
Answer: A service contact note would be used to document the discussion with the family about the new service coordination goal, including the activities that are anticipated in relation to the goal (sending the Health Status Indicator Questions to the physician).

HEALTH STATUS INDICATOR QUESTIONS

Question: Is it ok to give the family a copy of the Health Status Indicator questions and request that they have the child's physician complete it at the child's visit to the physician?
Answer: No, this responsibility cannot be delegated to families. It is the responsibility of the Service Coordinator to communicate with the physician.

Question: If thorough, current, medical records are received from a pediatrician prior to an IFSP review is it acceptable to fill in the Health Status Indicators form ourselves and call that "meeting requirements"?
Answer: Yes. As noted in the Infant & Toddler Connection of Virginia Practice Manual, "The health status indicator questions must be asked as written in the Health Indicator Questions letter ***unless*** the local system has an alternate mechanism (e.g., request and review of well-child records) that provides the information necessary to answer all of the health status indicator questions."

Question: Is it acceptable to send the Health Status Indicator questions to physicians for all children in the local system at set times of the year. For example, could these questions be faxed to the physicians in January and July for all children, rather than faxing them at the time of the IFSP or IFSP reviews? For children who entered the system between those months, we would fax them at the time of the child's IFSP, then keep them on the cycle with the rest of the children. This would mean we may send the questions at a shorter interval than 6 months initially for a child just entering the system.
Answer: Yes, this is acceptable. You may want to consult the physicians to see if they have a preference for receiving these all at once versus spread out through the year.

Question: What if the physician's response to receiving the health status indicator questions is that the family is not known to him/her or has not been seen in a very long time?
Answer: The Service Coordinator can then discuss with the family the value of well baby visits and ask if/what assistance the family needs to make/keep such appointments.

Question: If the parent does not take the child to the doctor, should there be a service note written and the blank form put in the chart when family declines medical services.
Answer: The Service Coordinator should provide information about the benefit of well baby check ups and should discuss whether there are barriers to taking the child to physician appointments so that he/she can provide assistance if needed. If the parents do not take the child for appointments because of a conscious choice they have made about medical care, then this must be documented in a Service Coordinator contact note. The Service Coordinator must initiate a discussion with the family every six months to determine if the family still does not have, or wish to have contact with a physician and/or to offer assistance to the family to connect with a physician if they now choose to receive Medicaid services. These discussions must be documented in the Service Coordinator notes. Please note that while service coordination can be reimbursed by DMAS even though there is not communication with a physician as long as there is documentation of these discussions with the family, early intervention direct services cannot be reimbursed by DMAS without physician certification.

Question: What if the child does have routine medical care, but the family does not consent to exchange of information with the physician? Can service coordination be billed to DMAS in these circumstances?
Answer: Service coordination can be billed as long as there is documentation of communication with the family about the benefit of communication, including a request for the family to consent for exchange of information with the physician, every six months. Please note that in order to obtain DMAS reimbursement for early intervention direct services,

physician certification is required. Since consent for exchange of information is required for physician certification, the consent should also cover the required every six month communication regarding the Health Indicator Status questions. Also please note that this is a change from the response given in the "Feedback on Practice Manual Revisions " (8/17/11)

Question: What is the expected outcome of requesting and obtaining answers to the health status indicator questions? It seems like the only person accountable is the Service Coordinator.
Answer: The Service Coordinator plays an important role in assisting families with connecting with a medical home and in supporting families to access routine medical care for their child. Sending these questions strengthens the collaboration between the child's physician and the early intervention system.

Question: I need further clarification about 5 to 7 months from the "previous request." Does this (date of previous request) mean the date the request was mailed from the local system to the PCP, the date the physician signed, or the date the form was received back by the local system? The sending, signing and receiving back could spread over a period of 30 days or more in some circumstances.
Answer: "Previous request" refers to the day the request was faxed or mailed to the physician.

Question: When will the notices go out to physicians regarding the Health Status Indicators?
Answer: Mid-September

Question: Can a PA sign off on the Health Indicator documentation if the primary physician is not available?
Answer: Physician Signature is not necessary for the Health Status Indicator Questions.

Question: If the Health Indicator Status Questions are included with the Physician Certification request, can a physician assistant sign this if the physician is not available.
Answer: It is acceptable for a Physician, Physician Assistant or Nurse Practitioner to sign the Physician Certification.

TRANSITIONING CHILDREN CURRENTLY RECEIVING TARGETED CASE MANAGEMENT SERVICES

Question: If a child is currently receiving ID TCM and their required quarterly review is due in October or November 2011, do we need to do the quarterly review in September in order to meet ID TCM billing requirements for September? If so, why, since a final quarterly report is not required when a child is discharged from ID TCM?

Answer: PLEASE NOTE THAT THIS IS A CHANGE IN WHAT WAS SAID DURING THE Q & A CALL. David Meadows, DBHDS Community Resource Consultant initially responded that a final quarterly review should be completed, even if it is early, in order to capture the past information and learning. However, he has indicated that the same procedure can be used for the final ID TCM note/report that is used whenever a child is discharged from ID TCM for other reasons. If there are additional questions about ID TCM requirements, please consult your regional DHBDS Community Resource Consultant.

Question: Do we need to provide families with the Notice of Action indicating the Intellectual Disabilities or Mental Health TCM is ending?
Answer: No, the child will continue to receive targeted case management services, so it is not necessary to provide a Notice of Action.

Question: For children currently in services for whom there will be reimbursement for EI TCM starting in October, do we add Medicaid as a payment source for service coordination on Page 6 of the IFSP? Is a review required to change this on the IFSP?
Answer: Medicaid ("3") should be added as a payment source on page 6 of the IFSP when the next annual IFSP is developed. This section on page 6 lists the possible payment sources identified at the time of the IFSP. The Family Cost Share Agreement documents the actual payment sources.

Question: If a child, under the age of 3, is enrolled in MH TCM and is not receiving Part C services, what happens to them on Oct 1?
Answer: If the child has not been referred to early intervention, he/she should be referred. If the child is not eligible for Part C early intervention services or if the child is eligible, but the family declines early intervention services, the child can continue to receive MH TCM as long as he/she meets the MH TCM eligibility criteria.

Question: Regarding the requirement to refer children receiving MH TCM (but not Part C) to early intervention: when/how often should this referral happen and what kind of documentation is expected from Healthy Families and from Part C?
Answer: Referral to Part C is required within 2 working days of identification of a child who is potentially eligible (which includes children under 3 years old who are receiving MH TCM). (This timeframe is changing to 7 calendar days when the new Part C regulations become effective). Part C would document these referrals in the same way they document all referrals. For Healthy Families documentation requirements, please consult that organization.

GENERAL QUESTIONS

Question: Could the Health Status Indicator forms and other final EI TCM forms be put in Word (so we can download them and personalize them for our systems) and also be put into the Forms list under the Practice Manual? Thanks!
Answer: Yes

Question: Under this new "law" can a parent decline TCM billing?
Answer: This is a new Targeted Case Management program designed specifically for children served through the early intervention system, not a new "law". Targeted Case Management and Service Coordination refer to the same service. In order to receive Part C early intervention services, families must receive service coordination. Therefore, if families decline service coordination (targeted case management), they are declining early intervention services.

Question: If the Service Coordinator participates in the IFSP meeting, does this continue to meet the 30-day timely initiation of services requirement?
Answer: Yes

Question: What is PHI?
Answer: Personal Health Information

Question: Is physician certification required for the IFSP if Service Coordination is the only service?
Answer: No

Question: Is parent permission required in order to submit a child's name to a Medicaid eligibility vendor, such as Passport Health Communications, to see if the child has Medicaid or FAMIS coverage?
Answer: Yes

Question: Is it allowable to conduct a service coordination visit with the family at our center or do service coordination visits also have to occur in the natural environment?
Answer: It is not a requirement that service coordination visits/contact occur in natural environments.