

**STATEWIDE TECHNICAL ASSISTANCE CALL ON  
PRACTICE MANUAL TOPICS:  
QUESTIONS & ANSWERS  
07/28/10**

**Physician's Signature:**

1. The IFSP Summary Letter to physicians does not have a place to indicate if the information is from an initial, annual or IFSP review. Can we use the IFSP Summary Letter for IFSP reviews or should we send the IFSP Review Form instead?

**We agree that the IFSP Summary Letter does not easily accommodate an IFSP Review. Within the next couple of months, the Part C Office will develop an IFSP Review Summary Form that local systems may use. Until then, you can get physician signature on the IFSP Review Page or on a cover letter that is sent with the IFSP.**

2. Can the Physician's Certification Letter still be used?

**Yes. [Please note that this response is a change from the response given during the TA Call. The Physician Certification Letter is used as a cover letter to accompany the IFSP, while the IFSP Summary Letter is sent to the physician instead of the IFSP. Both are still acceptable options for obtaining physician signature.]**

3. If the location of service changes, such as from the home to a daycare center, is physician signature required?

**Physician signature is not required if the service location changes from one natural environment to another.**

4. Can a locality use a Physician Signature Form that they have developed?

**If the form is a cover letter to go along with the IFSP, that is fine. However, if a locality wishes to use a local form (rather than the state-developed IFSP Summary Letter) that is sent to the physician instead of the IFSP, then that local form must be sent to the Part C Office for review and approval. Please send it to Kyla Patterson at [kyla@alumni.duke.edu](mailto:kyla@alumni.duke.edu).**

5. DMAS requires that the physician certifies that services are medically necessary. Some insurance companies do as well. However, some insurance companies do not require that the physician sign to certify medical necessity. Do we only need to get physician signature on the IFSP if the insurance company requires a physician signature to certify medical necessity?

**If the insurance company requires a physician signature to certify/document medical necessity or a physician order for the services, then the IFSP (or IFSP Summary Letter or cover letter accompanying the IFSP) must be signed by the physician. If no physician signature is needed by the insurance company, then it is not necessary to obtain physician signature on the IFSP.**

6. Why is a physician's signature needed if there is a decrease in the frequency of a service but not to end a service?

**The purpose of the physician signature is to certify that a service(s) is medically necessary. When a service changes it is necessary to document that the "new" (in this case, less frequent) service is medically necessary. When a service is ending there is no need to certify medical necessity.**

7. Do we need a physician signature if assistive technology is being added to the IFSP?

**Yes, if it can be reimbursed by the family's public or private insurance.**

### **Medicaid Right to Appeal:**

1. Can localities add local information to the Medicaid Notice of Action letter?

**No, the form cannot be modified.**

2. Can a change in wording be made to page 141 regarding Adverse Action. It says the IFSP team is "refusing to initiate..." but it would be more appropriate to say "the family is not in agreement with IFSP team decision."

**The wording cannot be changed because it is directly from the Medicaid.**

3. There appears to be a discrepancy in the wording on page 32 compared to page 141 on whether the family must be given the Medicaid Notice of Action when any of the listed actions occurs or only when the family disagrees with the action.

**DMAS has clarified that the Medicaid Notice of Action is required when any of the listed actions occurs, regardless of whether the family expresses agreement or disagreement with that action. The Notice of Action letter ensures families know their right to appeal since not all families will express their disagreement and some families may initially agree with the action but later change their mind.**

4. If a Notice of Action letter is provided to a family should the Parental Prior Notice Form also be included?

**Since not all adverse actions that can be appealed under Medicaid require a Parental Prior Notice form under Part C, we have revised the Notice of Action letter to stand alone in explaining the action being taken and the reason for that action. A Parental Prior Notice form does not need to be given every time a Notice of Action letter is provided. The revised Notice of Action letter is being posted to our website and has "August 2010" in the footer.**

5. If a Parental Prior Notice Form was given before an IFSP Review stating that an IFSP Review is to be held and then a decision is made at the IFSP Review to decrease a service, would another Parental Prior Notice Form have to be given along with the Notice of Action letter?

**A Notice of Action letter is required for Medicaid recipients any time a service is reduced or ended, whether the family agrees or disagrees with that decision (see response to #3 above). A Parental Prior Notice form is required in this situation only if the family is requesting a service or frequency/intensity of service that the rest of the team does not agree is appropriate to meet the needs of the child and family (see pages 66, 119, and 124 of the Practice Manual).**

6. If the local system does not meet the 30-day requirement for timely start of services and a Notice of Action letter is given, should a Parental Prior Notice form be given as well?

**No [Please note that this response is a change from the response given during the TA Call.] The Notice of Action letter has been revised to stand alone in explaining the adverse action. The revised Notice of Action letter is being posted to our website and has “August 2010” in the footer.**

**Please note that, although a Parental Prior Notice form is not required in this situation, it is important that all families (with or without Medicaid) for whom the 45-day or 30-day timeline is exceeded for system reasons understand their dispute resolution options under Part C.**

7. Does a family need to be informed of their dispute resolution options in the case of the 30-day timely start of services requirement being missed even if they don't disagree?

**A family should be informed of their dispute resolution options regardless of whether they disagree or not, if the delay is due to system reasons.**

### **Family Cost Share Practices:**

1. If a reimbursement specialist in a locality has been completing the Family Cost Share process with families, can that individual continue to complete the revised process or does a service coordinator have to do it?

**The reimbursement specialist can continue to complete the process with families. As indicated in the Practice Manual (page 152), the local lead agency is responsible for identifying the individual(s) who will assist families in completing the family cost share process.**

2. Why was tithing excluded from the Fee Appeal Form?

**This decision was made in consultation with the DBHDS Reimbursement Office and is consistent with the appeal procedures of other Department of Behavioral Health and Developmental Services programs.**

3. A memo was sent to local systems indicating that Family Cost Share Practices were to begin October 01, 2010. A second memo stated that the changes must be retroactive to August 01, 2010. If the revised practices are implemented after August 01, 2010 and families are billed on the old fee scale, will localities need to reimburse families for the difference in their charges as of August 01, 2010?

**The second memo stated that local systems must implement the revised family cost share practices and new fee scale no later than October 1, 2010. For those local systems that implement later than August 1, 2010, the new monthly cap established when the new fee scale and revised family cost share practices are implemented must be retroactive to August 1 (*New clarification: this is for new families entering the Part C system*) so that all families benefit equally from the new fee scale and practices even if the local system implements these later than August 1. For those local systems implementing after August 1, a process will need to be established to address any overpayment that occurs between August 1 and the date that the new Family Cost Share agreement form is signed (e.g., reimburse the family or credit their overpayment to the following month).**

4. For a family that was already in services before August 1, we are supposed to complete a new Family Cost Share Agreement at the next IFSP review meeting or sooner if requested by the family. If we are implementing the Family Cost Share practices after August 1 (but before October 1), then to what date is the new cap retroactive?

**The new monthly cap would be retroactive to the first day of the month in which the IFSP review occurs or the family requests to have their family cost share re-evaluated.**

5. If they have an exceptional circumstance that delays their ability to provide financial information, would a family wait to sign the Family Cost Share Agreement form until they can provide the financial information (sometime within the required 30 days after they sign the IFSP)?

**Yes.**

6. If there are exceptional circumstances and the family does not sign the agreement form until the end of the 30-day window and services started prior to the family signing the agreement form, is the fee established by the agreement form retroactive to the beginning of services?

**Yes.**

7. Shouldn't child support be considered on the Fee Appeal Form?

**This should be included under "Other Debt Payment." If taxable income is being used on the Fee Appeal form, please be certain that child support has not already been deducted on the individual's tax form.**

8. If a family forgets to bring their financial information to the assessment, can we still proceed with the assessment and IFSP meeting or do we have to wait until they can get the financial information?

**You may proceed and then get the Family Cost Share Agreement form completed at a separate time. However, if you find this is happening for many families then you need to look at how procedures at intake (such as a greater emphasis on the importance of bringing the financial information on the specified date) or other procedures (a reminder call or email from the service coordinator prior to the date of the financial intake) can be changed to reduce the frequency with which this is happening.**

9. For those families that have recently completed a Family Cost Share Agreement form based on the old scale prior to August 1, 2010 and will be starting services after August 1, will we have to go back and redo the family cost share and who would do that process? Would it be the local system or the provider?

**If a new family is not starting services until after August 01, 2010, we recommend that a new Family Cost Share Agreement form be completed using the new practices and fee scale. Whoever has been completing the family cost share process would continue unless the local system has decided on a change.**

10. If the child has Medicaid and, therefore, the family is at \$0, do we need to have the family do a new Family Cost Share Agreement form for August 1 or can we wait until the annual IFSP since the family's monthly cap will not change?

**As indicated in the July 2, 2010 memo from Mary Ann Discenza, for families that already have a signed Family Cost Share Agreement form, their monthly cap should be re-evaluated at their next IFSP review meeting, or sooner if requested by the family. As long as nothing changes financially for the family whose child has Medicaid (i.e., as long as the child doesn't lose Medicaid coverage), a new Family Cost Share Agreement form can be signed at the next IFSP Review.**

11. For the elder care deduction on the Fee Appeal Form, do the parents need to be declared as a dependent on their income tax return to get this deduction?

**No**

12. If families have second homes or vacation homes, are they an allowable deduction on the Fee Appeal Form?

**Yes**

13. On the Fee Appeal form, for transportation deductions for repairs... Are these outstanding bills or does this line item account for past repairs?

**Outstanding bills**

14. For medical expenses on the Fee Appeal Form, do you take into account bills they've already paid and if so how far back or do you just allow routine monthly expense (i.e. doctor visits and prescriptions)?

**You may take into account expenses from the past 12 months and then divide that number by 12 to get a monthly amount to enter on the appeal form.**

15. Is the recreation/entertainment deduction an automatic deduction of \$25 per person?

**Yes**

16. Just to clarify for credit card payments... This is only used if they carry a balance, right? If the families pay their credit card in full each month, it is not deducted, correct? I have a lot

**You are correct. A deduction can only be taken if the family carries a credit card balance and not if they pay their bill in full each month.**

17. If families pay above the allotment for cable and internet, do they provide documentation and get the higher credit?

**Yes**

18. With regards to the statement at the top of the fee appeal form (“Do not include any items that were previously deducted in calculating taxable income.”)... What if a family is doing unreimbursed medical/child care pretaxed? Is this the same as using these expenses to determine taxable income?

**If the family has set aside pre-tax dollars in a flexible spending account for medical or child care expenses, then expenses paid with these pre-tax dollars cannot be deducted on the fee appeal form since these dollars have already been deducted in determining the taxable income or net monthly income figure. For example, if the family put \$1,000 into their medical flexible spending account this year and had \$1,000 in medical expenses (all of which were paid through the flexible spending account), then the amount the family can deduct for medical expenses on the Fee Appeal Form is \$0.**

19. If a child has Medicaid due to having a Waiver or long hospital stay that was costly, is the Family Cost Share still zero even though the parents do not have Medicaid? The Cost Share Form asks if the child has Medicaid in one part and at the bottom implies that the family answer if he/she (the parent) has Medicaid?

**The family cost share is zero as long as the child has Medicaid.**

20. What constitutes a family member? We have families who have their parents living in the home, sometimes live-in nannies where they provide food, car, etc. I have heard that only those who you count for tax purposes. Please clarify.

**All related or non-related persons who share income as an economic unit are considered part of a family unit. "Shared income" is income that is pooled or commingled to support the economic unit. "Shared expenses" is not the same as "shared income," and does not define an economic unit.**

21. We have some questions about the situation in which a family has not completed the *Family Cost Share Agreement* form by the end of IFSP development.
- a. How do we explain this information to families and what their ultimate financial obligation will be? **If the Family Cost Share Agreement form cannot be completed prior to development of the IFSP, the family cost share process still must be fully explained to the family and all related forms shared with the family prior to IFSP development. The family must understand their obligation to provide financial information within 30 days of the date they sign the IFSP and the options available to them at the end of those 30 days.**

**It should also be made clear that the family will be obligated to pay, in accordance with the terms of the agreement form that is signed no later than 30 days after the IFSP, for any services (other than those that must be available at no cost) delivered prior to the agreement form being signed. This discussion must be documented in a contact note.**

- b. What constitutes "extraordinary"? Are we thinking those families that need to mail away for their tax forms? Have had a recent move and can't get to info? Have had a fire? **The examples listed here would be considered extraordinary circumstances.**
- c. Most of the families we see that don't complete the financial agreement aren't organized enough to get the information together to complete it. They say they will bring it and they don't. They say they will fax it and they don't. When we follow up they say they forgot...etc. That does not seem like an "extraordinary circumstance". If you agree, then what happens with these families? Do they start and pay full fee? Can they sign an agreement with the "opting to delay services box" checked from the very beginning when the circumstances are not extraordinary? **If you find this is happening for many families then you need to look at how procedures at intake (such as a greater emphasis on the importance of bringing the financial information on the specified date) or other procedures (a reminder call or email from the service coordinator prior to the date of the financial intake) can be changed to reduce the frequency with which this is happening. On those rare occasions when it does happen, then you must follow the procedures on page 155 (letter b) of the Practice Manual.**
- d. When the circumstance is considered extraordinary can you illustrate what would happen for the family? Do services start within the 30 days? Does the family get billed for those services or are they considered zero fee during that time? On the 30th day do services stop if it is still not completed? If the information is not produced until day 31 or later are they still eligible to access the fee scale? If the family does establish a monthly cap after the 30 days is it retroactively applied to the services they received prior? **Services must still begin in a timely manner, with Part C funds being used to pay for the services if needed until the Family Cost Share Agreement form is signed. Once the agreement form is signed, the family is billed for the services already delivered, in accordance with the terms of the agreement form. If, at the end of the 30-day period, the family refuses to sign an agreement form, then follow the practices for families that refuse to pay the fee (see #5 on page 161 of the Practice Manual). The family does not lose their right to access the fee scale after day 30.**