

QUESTIONS COLLECTED DURING LOCAL EARLY STEPS VISITS

GOLD COAST

Q1: Is the Non-adjusting for gestational age when determining eligibility coming from OSEP, or was this a state decision?

A1: This was a state decision based on a recommendation by the DEI subcommittee of the Service Implementation Workgroup. Premature children are often the ones that most need Early Steps services, but when their age is adjusted for prematurity many of these children are not eligible. Using “corrected age” puts the premature, low birth-weight infant at a major eligibility disadvantage. In addition, the majority of the Local Early Steps use the BDI-2 for eligibility although this instrument is not designed for use with corrected age. The scoring software for the BDI-2 does not allow for a gestational age to be reported or an adjusted age to be calculated, which has sometimes led to confusion when eligibility is being determined.

Q2: What constituted a co-pay / deductible for Medicaid? Some HMOs charge more than the standard Medicaid rate. If there is a required co-pay does this mean the total paid by early steps would total the standard rate paid to the provider? Or the HMO's rate? Also, some Medicaid HMOs have a share-of-cost requirement.

A2: Florida Medicaid requires co-payments and deductibles as a general rule, but excludes those 20 years of age or younger. This includes Early Steps eligible infants and toddlers. The following links address Medicaid co-pays and coinsurance:

Florida Medicaid Copayments & Coinsurance Brochure:

<http://ahca.myflorida.com/Medicaid/beneficiary/englishpdf/Copayments&CoinsuranceBrochureEnglish0206.pdf>

Florida Medicaid Summary of Services Fiscal Year 09/10, page 42:

http://ahca.myflorida.com/medicaid/pdf/files/SS_10_100105_SOS.pdf

If a Medicaid co-payment, deductible or share-of-cost requirement were to ever be appropriate, then the total Part C payment should equal no more than the standard Medicaid rate. See 1.4.10.A Operations Guide, which states that "LES payment of co-payments or deductibles should not cause the total payment for the service rendered to exceed the Early Steps allowable rate for the service."

Q3: Did the IDEA reauthorization of 2004 take out the 2 day referral requirement? If not, if a provider does an evaluation and scores show the child would not be eligible, is there still a requirement to refer?

A3: The proposed regulations for Part C changed the 2 working day referral requirement to “as soon as possible after the child has been identified”. However, the proposed regulations were withdrawn and the two working day requirement remains. Early Steps Policy 2.3.1 states that referral sources must make a referral within 2 working days of identifying a child who may have a developmental delay or established condition. Local provider agreements should address the role of the provider related to eligibility determination.

Q4: There is still confusion about when copies of Procedural Safeguards need to be given to families. Can a definitive list of at what times and under what circumstances a copy of the Procedural Safeguards must be given to the family be put in the Guide? This is particularly important now that the Summary of Procedural Safeguards is going to be 6 pages long.

A4: Policy 8.4.1 specifies that Written Prior Notice, including procedural safeguards, must be given to parents in a reasonable time before the LES or service provider proposes to

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initiate or change, or refuses to initiate or change the identification, evaluation, or placement of the infant or toddler with a disability, or the provision of appropriate early intervention services the child or the child's family. Occurrences which require written prior notice are listed in Guidance 8.4.1.C. They are as follows:

- C. Occurrences, which are subject to written prior notice, include:
 - 1. Initial evaluation and eligibility determination.
 - 2. IFSP update, which results in new, changed or terminated services or locations.
 - 3. Change in type, frequency, intensity or duration of services.
 - 4. Change in service setting or location.
 - 5. Refusal to change or initiate a particular service, provider or location.
 - 6. Termination of a particular service.
 - 7. Termination from the Early Steps.

Policy and Guidance 8.4.5 & 8.4.6. state that the completed Form G or Form H serves as written prior notice when a new, changed, or terminated service is agreed upon as a result of a periodic or annual IFSP review (Form G for periodic and Form H for initial and annual).

NORTH DADE

- Q5:** Can training be held for the Provider Recruiters to orient them to the CMS Provider Management system and process, and to Medicaid enrollment system and process?
- A5:** This will be addressed on conference call TBA.
- Q6:** If a child is re-referred to Early Steps after having been found ineligible pre July 1, do the new eligibility criteria apply?
- A6:** Yes, all children referred or re-referred after July 1, 2010 are subject to the new eligibility criteria.
- Q7:** When will the Opt Out form be translated in to Spanish and Creole?
- A7:** The *Understanding Notification* brochure has been translated into Spanish and is posted on the Early Steps website. Bids have been requested for translation into Creole. Once this process is completed, the brochure translated into Creole will be posted.

NORTH BEACHES

- Q8:** Can developmental quotient and scale scores (sub domain) be used to attain the 1.5 SD in two domains? Will there be training on this?
- A8:** Sub-domain scores should not be used in isolation to determine eligibility but should be used in conjunction with other information gathered about the child. This may include administering another specialized test instrument for a specific discipline area. The use of sub-domain scores can be helpful to support and document a child's eligibility for Part C. The Early Steps State Office has already provided training on this issue as part of the eligibility webinar that was held twice the last week in June, 2010. The Power Point of the webinar is located at http://www.cms-kids.com/providers/early_steps/training/Eligibility_Webinar_Presentation_with_notes.doc
- Q9:** Still not clear on process for CAPTA referrals. DCF says they have to refer all kids to LES. Gayla will meet with DCF & CPT to try to straighten it out.

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A9: Early Steps is planning meetings with the Department of Children and Families and the Child Protection Teams to discuss this issue. Training webinars and new discussions about our interagency agreement with DCF are being considered to correct the misunderstanding by DCF protective investigators and community based care agencies that they are supposed to refer all children under 3 with substantiated cases of abuse to Early Steps. There will also be a round table discussion of CAPTA at the statewide meeting in September.

TREASURE COAST

Q10: RE: Item #4 in the Data Matrix. Does this include kids with barrier codes? UF Data staff said the barrier code for 45 days is not included in the calculation. Will this be changed?

A10: The current methodology for calculation of Item #4 and Item #5 in the Data Matrix includes the following: “Children who previously closed and re-opened, or have a Referral Source Codes of R (redistrict), are being excluded from this measure, as well as children with IFSP Compliance barriers CDFNUR.” This methodology was developed based on input from the Data Users Group, but we now recognize is inconsistent with the methodology used for QA Monitoring scoring. We will consider this issue further as changes are made to the Data Matrix in association with data enhancement changes.

Q11: What is the definition of “late referral” in instances when kids were known to our system but found ineligible, but then came back after the 90 day deadline for TCON. What barrier code would be used – Family Issues? Also, same question for “inactive” kids due to lost to follow-up.

A11: Current policy guidance related to Late Referral (L) barrier for TCON includes the following: “The child was determined eligible for Early Steps 90 days or less prior to the child's third birthday, which prevented the transition conference from occurring at least 90 days prior to the child's third birthday.” The UF Early Steps Data System code list and description is not consistently and currently reads: “The child was referred to Early Steps 135 or fewer days prior to the child's third birthday, which prevented the transition conference from occurring at least 90 days prior to the child's 3rd birthday.” The 10-11 QA Monitoring allowed for use of either definition. Changes will occur as soon as OSEP provides further clarification to recent technical assistance regarding transition requirements and timelines.

Q12: Does the Occupational Therapy licensing law say that the child's physician must provide a prescription for the OT to do an IPDEI, EI session, and therapy?

A12: The Policy Unit reviewed Florida statutes and rules related to occupational therapy and could find no requirement for OTs to obtain a physician prescription in order to conduct evaluations, early intervention sessions, or therapy. However, the statutes and rules are available on-line for all health care professions. You can find them by going to: <http://www.doh.state.fl.us/Mqa/> and then clicking on the appropriate profession that you are interested in. This will bring up a page with links to application information, laws and rules, frequently asked questions, and much more.

Q13: Does Medicaid require the child's physician to sign the Plan of Care (POC), or can it be a licensed healing arts provider? Need something in writing about who can sign for what, for which services, i.e. therapy and EI POCs, and which payers.

A13: The required signature for a Plan of Care (POC) is dependent upon which Medicaid service is being provided. The following excerpts from Medicaid Coverage and Limitations Handbooks [Medicaid Provider Handbooks] address signature requirements (exclusive of other requirements) for the respective services:

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Early Intervention Services Handbook: “Printed name, title, signature and signature date of the *professional who prepares and reviews the document*”. An ITDS may assist with the development of the POC; however, a *licensed professional must sign the POC*. Link:

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_07_070801_EIS_ver1.3.pdf

Therapy Services Coverage and Limitations Handbook: The POC must be reviewed, signed and dated by the *therapist* (licensed physical, occupational or respiratory therapist, or licensed and provisionally licensed speech-language pathologist) *and by the primary care provider, ARNP or PA designee, or designated physician specialist who prescribed the therapy. The physician’s signature indicates approval of the POC.* The physician must review, certify, and re-sign the renewed Plan of Care every one to six calendar months depending on the approved authorization period. All signatures on the Plan of Care must be legible and dated. Link:

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_08_080701_Therapy_Services_ver1.1.pdf

Note that therapists and other providers employed by home health agencies must also abide by the Home Health Coverage and Limitations Handbook, which requires prior approval with a physician signature. Link:

http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/CL_08_080701_Home_Health_ver1.2.pdf

SPACE COAST

Q14: Do you plan to include public awareness articles in physician periodicals that target pediatric specialists, especially orthopedics and neurologists?

A14: We are working on articles about our changes in eligibility to target nurses and physicians. We agree articles written for medical professionals are a cost effective way of communicating information about Early Steps, including how to make referrals.

Q15: IFSP review Page J – why did this get changed without service coordinator input? This change is not logistically doable and doesn’t “jive” with the Medicaid rule for 6 month face-to-face direct with healing arts. Also there are no directions for this in the IFSP directions.

A15: This question refers to an older version of the IFSP form and Instructions. Revisions effective July 1, 2010, which followed a public review period, have addressed the issue.

Q16: Will service coordinators be able to provide input if the IFSP is automated to the data system?

A16: Stakeholder input, including service coordinators, will be solicited to any future changes made to the IFSP, including automation or electronic formatting.

SOUTHWEST FLORIDA

Q17: Recommendation that Performance Improvement unit consider “atta-boy” type awards to increase morale. They felt that every program could have something to “celebrate”.

A17: The Performance Improvement Unit has solicited stakeholder input from the Continuous Improvement Workgroup and the LES Directors/Coordinators related to award and subsequently made changes to the awards provided for 09-10 QA Monitoring. Performance Improvement Unit staff have been recognizing LESs for demonstrating correction and will encourage to LES administrators to share this recognition with their staff. Additional more specific recommendations are welcomed.

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NORTH CENTRAL

- Q18:** What code do we use in the data system to indicate established condition for kids less than 1200 grams birth weight?
- A18:** The Established Condition eligibility code for birth weight less than 1200 grams is ECDP.
- Q19:** Will the CMS Nurses be included in any training regarding the new eligibility criteria.
- A19:** Yes, they were invited to the June 2010 webinars.
- Q20:** Staff reported that in some counties, Columbia and Hamilton – transition conferences are not productive and awkward. In some cases, the LEA is telling families they are not eligible for school services based on Battelle scores that are 6-8 months old.
- A20:** It was recommended during the visit that Carole West and Bettianne Ford be contacted for technical assistance with these counties. The Program Manager will assist with follow-up about the interagency agreements for these counties with Carole West and Bettianne Ford.
- Q21:** Can A New Star revisions be done as on-line modules with printable material for one-on-one education with parents and in more flexible formats, including materials translated in Spanish and Creole.
- A21:** The Training Unit is currently working on revisions based on IDEA and new Early Steps policies. Depending on funding, consideration will be given to the recommendations regarding flexible formats, online modules and translations.
- Q22:** Can we get the Opt Out hand out translated in Spanish.
- A22:** The *Understanding Notification* brochure has been translated into Spanish and is posted on the Early Steps website.
- Q23:** The Spanish version of the Consent for Evaluation is missing a paragraph.
- A23:** The current version of the Consent for Evaluation form CMS-ES 1064 has corrected this.
- Q24:** The Prior Written Notice Spanish translation is not a good translation. Recommend letting bilingual staff in LESs review and edit translations. Also recommend that the name Early Steps NOT be translated in to any language; just leave it as Early Steps.
- A24:** The written prior notice form has recently been revised and has been translated accordingly. Thank you for your recommendation to involve bilingual staff in the review of translated documents. We will give consideration to this recommendation in the future.

GULF CENTRAL

Q25: Does the Exit Evaluation have to be authorized on the IFSP?

A25: No, but this could be helpful for family to know its coming.

BAY AREA

Q26: Could we get car magnets with Early Steps name/logo and phone number on them. Can the state provide these for Service Coordinators who are out in the community all the time in their cars?

A26: We currently do not have the funds to produce and ship these for all Service Coordinators. We would be happy to share a design and work with local offices that choose to do this.

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- Q27:** Recommended using FSU film school and marketing students to produce a TV PR spot for Early Steps.
- A27:** The cost of airtime for any spot (even if produced for free) is beyond the fiscal capacity of Early Steps. We are working with the Sustainability Workgroup to identify opportunities for effective public awareness.
- Q28:** We loved the Early Steps Sustainability Project component to find corporate sponsor(s) and recommended approaching the Florida professional sports teams. Many Tampa Bay Bucs players have children in Early Steps.
- A28:** Thank you for your suggestion. We await the Sustainability Workgroup's recommendations on how this can be achieved.
- Q29:** Can tools be developed that service coordinators can use to "back up natural environments" when providers are pushing for therapies? We are frustrated with PSP implementation by community providers calling the program saying the child needs therapy evaluations and therapy.
- A29:** The PSP approach and implementation will be addressed at the Early Steps Statewide Meeting and in the new Apprenticeship Modules. Policy Unit staff is also working with the Department of Health public relations division to develop hand outs for referral sources, providers and families to better enunciate "who we are and what we do" which will provide multiple tools for LESSs.
- Q30:** Can we have more examples of Justifications of Services Not In the Natural Environment?
- A30:** Your program manager will contact you to set up technical assistance for you in this area.
- Q31:** What is happening with the "Prior Notice Workgroup" that Sue Cannon was working on?
- A31:** The group submitted recommendations regarding revisions to the Written Prior Notice form, The revised form is now posted under Component 8 under Attachments in Spanish and English.
- http://www.cms-kids.com/home/resources/es_policy_0710/Attachments/8_FORM1065WrittenPriorNotice_English.doc
- http://www.cms-kids.com/home/resources/es_policy_0710/Attachments\8_FORM1065WrittenPriorNotice_Spanish.doc
- Q32:** Can we get translations in Spanish and Creole of Consent to Evaluate/Insurance and Prior Notice. Commented that written Creole is not what Creole speaking families read. Creole translations should be in French.
- A32:** These documents have recently been translated into Spanish. The state office solicited input and has made the decision to translate documents into Creole versus French. Bids have been requested for translation into Creole. Once this process is completed, the brochures translated into Creole will be posted.

WESTERN PANHANDLE

- Q33:** Regarding the Sustainability Plan, the staff suggested that each LES needs an IDSP (Individual District Support Plan) or IDCSP (Individual District Consideration Support Plan).

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Q33: Great suggestion! When the strategic plan arrives we will consider this as a way to implement recommended changes.

Q34: For the Statewide Meeting, staff want opportunities to discuss/share on specific topics not just get general information.

A34: Many sessions at the Statewide Meeting will be round table discussion to give LESs the opportunity to share successes and challenges with your peers.

BIG BEND

Q35: Concern regarding QA activities that take away from their ability to serve their kids.

Q35: ESSO has significantly modified the annual QA monitoring process to have a more focused approach in order to meet the reporting requirements of the State Performance Plan/Annual Performance Report and to improve automation of the data collection process. OSEP requires that the state's general supervision responsibilities include rigorous performance monitoring and assurance that LESs demonstrate timely correction of any non-compliance. ESSO is pleased that the LESs have improved significantly in their timely correction of non-compliance and anticipate that less time will be necessary for demonstration of correction going forward.

Q36: Challenges of the multiple counties in Big Bend are not considered by the state office.

A36: Every LES has unique challenges. It is the role of the ESSO to ensure the most consistent implementation of the Early Steps System of care that is possible. Utilize the services of your Program Manager to let your needs and concerns be known.

NORTHEASTERN

Q37: Asked about "fixes" to the electronic IFSP. Forms H & F need changes to allow removing added fields. It is "locking" up a lot. Also need bigger text boxes.

A37: Added fields to Forms H & F cannot be removed without major additional programming. Text boxes are designed to expand in order to contain as much data as needed, resulting in extra numbered page(s). Contact your program manager with any additional issues with the IFSP forms.

Q38: Can we get more than one location code per service in the data system?

A38: There are currently no location codes that reference more than one place and there is currently only one data field for recording location per FSPSA record. A note field is available for documenting additional circumstances and could include additional service location information. As enhancements to the UF Early Steps Data System are considered and in preparation for implementation of the new CMS third party administrator, options for service location will be included.

Q39: Can a "process" for cross referral to/from CMS Network be developed?

A39: Both Early Steps and the CMS Network already have processes for referral. What might be more effective is to determine any areas of the state where there are concerns related to referral, including limited referral to Early Steps, and then address those concerns with the targeted provision of information and training to specific CMS offices. The Early Steps State Office will review data to determine which Local Early Steps have few or no referrals from CMS and work with the CMS Network to increase referrals in those areas as appropriate.

Q40: Can we get a Transition Planning Meeting date in the data system demographic?

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A40: Transition planning can be discussed at any IFSP meeting. The Transition Conference (TCON) is a specific meeting that is required for children who remain in Early Steps beyond their second birthday and are expected to remain in Early Steps until they reach their third birthday. There is a data field to collect the Initial IFSP, the current IFSP and the TCON. Planned enhancements to the Early Steps Data System include a mechanism for storing all IFSP dates. If these fields are not capturing what you are requesting, please bring this up at the next Data Users Meeting.