



ESSO WEEKLY MEMO –JUNE 16, 2011

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ACTION NEEDED

1. LES Contract Invoices

To enable the department to provide ESSO with the amount of Part C grant roll-forward to include in the allocation methodology, we are requesting that the June 2011 LES contract invoices be received by the Contract Manager no later than Wednesday, July 15. This assumes as well that the May 2011 invoice and any other monthly outstanding invoices have also been received.

The Final Invoice due date will remain August 31, but the sooner you send it the better.

INFORMATION AND RESOURCES

2. Presentation on Medicaid Statewide Managed Care

House Bill 7107, relating to Medicaid Managed Care, was passed by the Florida Legislature on May 6, 2011. The bill outlines a comprehensive expansion of managed care for most Medicaid recipients throughout Florida. The bill directs the Agency for Health Care Administration (Agency) to apply for and implement state plan amendments and waivers of applicable federal laws and regulations necessary to implement the Statewide Medicaid Managed Care Program. By August 1, 2011, the Agency is required to submit any state plan amendments, new waiver requests or requests for extensions or expansions for existing waivers needed to implement the program. The Agency held public meetings to provide opportunity for public comment and to ensure that residents, providers and Medicaid recipients in each of the 11 Agency regions have the chance to provide input before the August 1 submission deadline. The link to the presentation that was given at these meetings is below.

http://www.fdhc.state.fl.us/Medicaid/statewide_mc/pdf/FINAL_Outreach_June2011_ForAUDIENCE.pdf

3. Individual Professional Liability Insurance for Non-Licensed Providers

We have been informed by DOH Legal Counsel that CMS Provider Management cannot require non-licensed providers to maintain individual professional liability insurance. Licensed providers must maintain individual professional liability insurance coverage as set forth in the providers' relevant practice acts in Florida Statutes. Non-licensed providers don't have "relevant practice acts". As such, CMS Provider Management will no longer follow-up with non-licensed providers to require documentation of coverage if the provider indicates they do **not** have liability insurance in the application. The question in the application will still be asked however, at least for the near future.

The DOH standard contract clause has a sentence, in red below, that would allow you at the local level to require professional liability insurance of all providers. It is always in a provider's best interest to have individual liability protection, and for non-licensed providers it is their decision. However, given the contract requirement *G. Insurance*, your agency can make their own determination on whether or not you will require evidence of liability insurance for non-licensed providers as a condition of signing a Provider Agreement.

G. Insurance

To provide adequate liability insurance coverage on a comprehensive basis and to hold such liability insurance at all times during the existence of this contract and any renewal(s) and extension(s) of it. **Upon execution of this contract, unless it is a state agency or subdivision as defined by §768.28, FS, the provider accepts full responsibility for identifying and determining the type(s) and extent of liability insurance necessary to provide reasonable financial protections for the provider and the clients to be served under this contract.** The limits of coverage under each policy maintained by the provider do not limit the provider's liability and obligations under this contract. Upon the execution of this contract, the provider shall furnish the department written verification supporting both the determination and existence of such insurance coverage. Such coverage may be provided by a self-insurance program established and operating under the laws of the State of Florida. The department reserves the right to require additional insurance as specified in Attachment I where appropriate.

4. Title XXI Billing Process

As a reminder, the Early Steps Policy Handbook 1.4.1 and 1.4.5 state the following:

1.4.1 Individuals with Disabilities Education Act (IDEA), Part C funds will not be used to supplant existing state and local funds.

1.4.5 The order in which funding for services are to be sought is as follows:

- A. Commercial insurance**
- B. Medicaid**
- C. Community funding**
- D. Other state program funds**
- E. Other federal program funds**
- F. IDEA, Part C funds**

In order to comply with Policy for Title XXI Early Steps came up with the following Per Member Per Month (PMPM) Fixed Rate and Monthly Billing Process:

Per Member Per Month (PMPM) Fixed Rate: Based on services entered into the Early Steps Data System, the Title XXI staff negotiates a (PMPM) Fixed Rate with Early Steps State Office (ESSO). This funding is for therapy and early intervention services for Early Steps children who are also enrolled in the CMS Plan of the Florida KidCare, Title XXI, program. This negotiated rate may be periodically adjusted based on updated expenditure information.

Monthly Billing Process:

- Every month ESSO and CMSN staff identifies children who are enrolled in Early Steps and eligible for Title XXI and create the "Early Steps Title XXI Enrollment" monthly report.
- ESSO then sends the "Early Steps Title XXI Enrollment" monthly report for each LES to the Family Data Center at UF to be put into the LES report directories.
- The LES sends the CMS Area Office an invoice for the PMPM for those children enrolled in CMS Title XXI and includes the "Early Steps Title XXI Enrollment" monthly report. Some LESs may have to invoice more than one CMS Area Office based on overlapping coverage areas.
- The CMS Area Office processes the invoice for payment to the LES, which may sometimes identify children who have lost eligibility and for whom payment is denied.
- The LES then assigns XXI payer to billable services in the Early Steps Data System per the Taxonomy as posted on the UF website for those children that the PMPM payment is received.

It is extremely important to the process of adjusting the PMPM rate that the last bullet is carried out by the LES. Without the Title XXI billing code assigned to the Title XXI childrens' services, we cannot capture the full cost to calculate a fair PMPM rate. The taxonomy was recently updated with a column that indicates Title XXI billable Yes or No.

5. Individualized Family Support Plan Data Table Questions and Answers Document - May 31st & June 3rd, 2011 (With 1 Attachment)

Recently, trainings were held on the implementation of Phase II of the Early Steps Data Enhancement System, the Individualized Family Support Plan Data Table. As a resource, a document has been developed that incorporates all the questions and responses that were shared during the presentations. Please refer any questions or comments on this document to Arnetta M. Givens at arnetta_givens@doh.state.fl.us.

6. PSP Target Benchmark Data for 2011-12

We are very pleased to see that progress has already been made in many LESs towards the Benchmark Targets for the 4 indicator services: EI Individual Sessions, and Occupational, Physical and Speech/Language Therapy. The attached Excel file is the benchmark data from the quarter, January 1, 2011 through March 31, 2011. This information will be used to get a sense of the movement (or lack thereof) toward high implementation of the Primary Service Provider approach to service delivery statewide. The quarterly goal for each Local Early Steps is to increase EIIF-T1027SC by 10% of each LESs gap between current percentages, and decrease therapies by 10% of each LESs gap between current percentages and target percentages. The first quarter data will look at July 1, 2011 through September 30, 2011 FSPSA records. The attached file also has a tab with the 4th quarter of 2010 data for comparison.

7. New Barrier Code for Periodic and Annual Reviews "X - IFSP Data Conversion"

We will be adding a new barrier code to the Early Steps Data System due to the IFSP Data System Enhancements. This code is to be used for Periodic and Annual Reviews where they were not late, but the system thinks that they are late due to the data conversion into the new IFSP Table. If the Periodic or Annual Review is truly late use one of the real reasons and barrier codes already in the system. If it is not late use the new barrier code "X - IFSP Data Conversion". We will be removing this new barrier code in the Fall.

UPCOMING EVENTS, MEETINGS, OR TRAININGS

8. Live webinar: Implementing Early Childhood Mental Health Consultation -- Successful Partnerships for Financing

(With 1 Attachment)

You are invited to participate in a live webinar: Implementing Early Childhood Mental Health Consultation -- Successful Partnerships for Financing

Early Childhood Mental Health Consultation (ECMHC) is emerging as an effective strategy for supporting young children's social and emotional development and addressing challenging behaviors in early care and education settings. ECMHC is being implemented in local communities around the state by local partners using collaborative funding strategies. This webcast is designed for stakeholders interested in developing ECMHC services in their communities.

Webinar Details

Presented by: FSU /Center for Prevention and Early Intervention Policy

Hosted by: Florida's Center for the Advancement of Child Welfare Practice

Date and Time: June 28 from 2:00 - 3:30

Webinar Flyer - Registration Information

(See attached file: Live Webinar - Early Childhood Mental Health Consultation in Florida.pdf)

ECMHC Resources

1. Georgetown University - Center for Child and Human Development - Link to ECMHC website - <http://gucchd.georgetown.edu/67637.html>
2. Center for Prevention and Early Intervention Policy

Mental Health Consultation in Early Child Care and Education Settings -

http://www.cpeip.fsu.edu/resourceFiles/resourceFile_109.pdf?CFID=157680&CFTOKEN=65117754

Early Childhood Mental Health Consultation Summit -

<http://cpeip.fsu.edu/resourceFiles/SummitFinalReport.pdf?CFID=157680&CFTOKEN=65117754>

9. Medicaid Provider Reimbursement Schedule 59G-4.002 - Notice of Workshop

The notice of workshop for the **Medicaid Provider Reimbursement Schedule, January 2011** was published in Volume 37, Number 23 issue of the Florida Administrative Weekly (FAW) Friday, 06/10/11. The workshop is scheduled for Wednesday, June 29, 2011 from 2:00p – 3:00p in conference room C at the Agency For Health Care Administration (AHCA) office in Tallahassee.

There will NOT be a phone call-in number available. To request a current draft of the fee schedule please email Mary.McCullough@ahca.myflorida.com. After you review the fee schedule, if you have comments, please send them by email to Monty at Mary.McCullough@ahca.myflorida.com or you may mail your comments to: Agency For Health Care, 2727 Mahan Dr., MS 20, Tallahassee, FL 32308 attn: Monty McCullough

AHCA is also inviting comment on the possible regulatory impact (any added costs to small business to implement the provisions of the rule as noticed in the FAW.) Thank you.

10. Durable Medicaid Equipment and Medical Supply Services Provider Fee Schedules - Notice of Public Hearing

The notice of proposed rule for the Durable Medicaid Equipment and Medical Supply Services Provider Fee Schedules was published in Volume 37, Number 23 issue of the FAW Friday, June 10, 2011. The public hearing is scheduled for Wednesday, July 6, 2011 from 2:30p – 3:30pm in conference room B at AHCA, 2727 Mahan Dr., Tallahassee, FL.

There will NOT be a phone call-in number available. To request a current draft of the Fee Schedules please email Dan.Gabric@ahca.myflorida.com. After your review the Fee Schedule, if you have comments, please send them by email to Dan Gabric at: Dan.Gabric@ahca.myflorida.com or you may mail your comments to: Agency For Health Care, 2727 Mahan Dr., M.S. 20, Tallahassee, FL 32308 attn: Dan Gabric.

AHCA is also inviting comments on possible regulatory impact (any added costs to small business to implement the provisions of the rule as noticed in the FAW).