



early steps

Orientation to April 2012 Changes in Early Steps Policy Handbook and Operations Guide

Conference Call Etiquette



- We have muted your phone until the end of the call
- Do not put phone on hold
- Be aware that noises are heard by everyone on the call
- If your phone line is making noises, please hang up and redial



Today's Presenters



- Renee Jenkins
- Carol Burch
- Dawn Lynch
- Kelly Purvis Rogers



Purpose of Today's Call



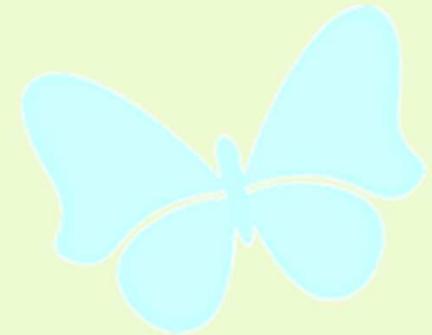
- Orient field to changes in policy documents and related attachments to be implemented April 16, 2012
- Highlight major changes, additions, deletions
- Focus on what field is expected to do differently, change or cease



About the Q & A Period



- Q&A period at end, *if time allows*
 - Write questions down during presentation by slide number



Policy Review/Revision Process

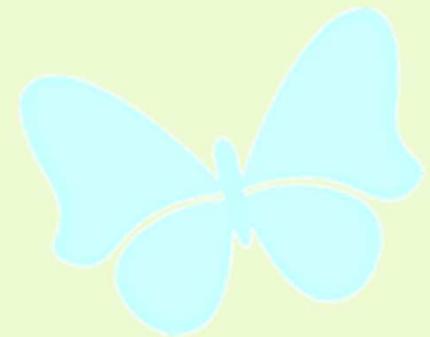


- Sept. 2011: Part C regulations released
 - Sept. 2011 – Dec. 2011: reviewed regulations to determine impact on Florida policy & draft policy revisions
 - Feb. - Mar. 2012: public comments accepted
 - March 2012: All comments reviewed and considered
 - April 16, 2012: submission of Part C Application and revised policies to OSEP for review/approval
 - Specific regulations must be implemented by the time application is submitted
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Early Steps Policy Website

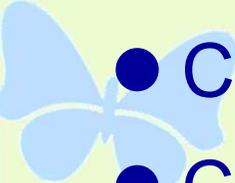
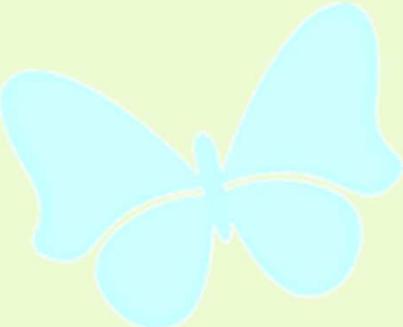


- http://www.cms-kids.com/home/resources/es_policy_1011/es_policy.html



April 16, 2012 Implementation



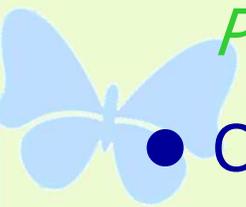
- Component 1 – Handbook, Guide & Attachments
 - Component 5 – Handbook, Guide & Attachments
 - Consultation Form (Component 6)
 - Component 8 – Revised Policies 8.5.5, Authorization to Disclose Confidential Information form
 - Component 11 – Handbook, Guide & Attachments
 - Definitions
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Component 1 – General Supervision and Administration

System of Payments



- All Part C services on the IFSP must be available to the child and family whether or not consent to use insurance or Medicaid is required or provided *(1.5.2 Policy)*
- Clarifies that no services that a child is entitled to receive are delayed or denied because of lack of parental consent to use private insurance *(1.5.3 Policy)*
- Revises policy to require LES to ensure parents are not responsible for any co-payments or deductibles for Part C services authorized on the IFSP *(1.5.5 Policy)*

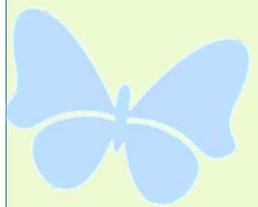
System of Payments



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- Clarifies that families ARE responsible for paying insurance premiums and any potential long term costs such as the loss of benefits *(1.5.6 Policy)*
 - Adds new policies due to federal requirements that:
 - the use of Medicaid requires the use of private insurance when both available *(1.5.7 Policy)*
 - a parent may contest a fee *(1.5.8 Policy)*
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Public and Private Insurance



- Clarifies that an LES representative must discuss with each family:
 - written consent/refusal required before billing insurance
 - system of payment policies
 - written notice for use of insurance, using Form H or separate Informed Consent form to document provision and explanation
 - determination of potential costs as a result of using insurance and/or Medicaid
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(1.6.1 Policy and Guide)

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Public and Private Insurance



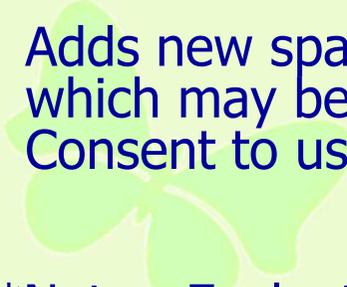
- Adds Use of Insurance Update Letter for use by service coordinators at least annually (*Component 1 attachments*)
 - Deletes Policy 1.6.11 which described reasons a family may not deny access to insurance.
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Use of Private Insurance



- New requirements related to use of private insurance. LES must:
 - Provide “Written Notice Related to Private Insurance and Medicaid”
 - Obtain written parental consent to use private insurance
 - on IFSP Form H and/or on new Informed Consent to use Insurance at initial provision of services on IFSP, and
 - on IFSP Form G and/or on new Informed Consent to use Insurance each subsequent time that consent for services is required due to increase in service provision
 - even when private insurance is a prerequisite for using Medicaid
 - Adds new space on IFSP to document consent to use insurance - which may be used in addition to or instead of new Informed Consent to use Insurance form that replaces CMS Form 1064
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(1.7.1 - 1.7.3 Policy & Guide)



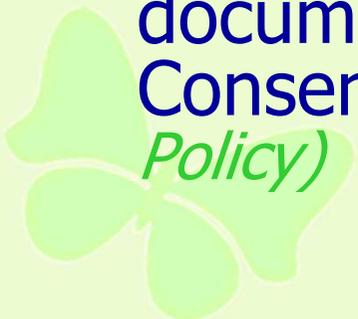
**Note: Evaluation/assessment section of CMS Form 1064 is still in use until July 2012



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Use of Public Insurance/Medicaid



- New requirements related to use of public insurance. LES must:
 - not require parents to enroll in public insurance/Medicaid in order to receive ES services (*1.8.1 Policy*)
 - provide and explain written notice, using new “Written Notice Related to Private Insurance and Medicaid” form and document such on Form H and/or new Consent to Use Insurance form (*1.8.4 Policy*)
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Medicaid

- AHCA has given DOH, Early Steps and Medicaid providers authority to exchange information necessary to provide and bill services via Florida Medicaid Provider General and Early Intervention Services Handbooks
- Consent to use Medicaid to pay for medically necessary services is provided as a condition of Medicaid enrollment
- Per the Florida Medicaid Early Intervention Services Handbook, the IFSP and Plan of Care authorize Medicaid early intervention services

(1.8.2 Policy)

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Medicaid Consent Requirements are Met

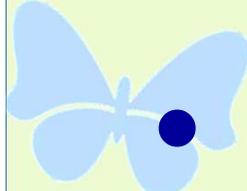
- No additional consent beyond the structure outlined in Policy 1.8.2 is needed from parents in order to meet IDEA, Part C requirements. This includes IDEA requirements for consent:
 - Prior to use of benefits, whether Medicaid enrollment occurs before or after referral to Early Steps
 - Whenever use of Medicaid would:
 - decrease available lifetime coverage or any other insured benefit for that child or parent; or
 - result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program; or
 - result in any increase in premiums or discontinuation of public benefits or insurance; or
 - risk loss of eligibility for home and community-based waivers based on aggregate health-related expenditures; or
 - Before personally identifiable information is disclosed to the Medicaid fiscal agent for billing purposes

State Interagency Coordinating Council

- Moves State Interagency Coordinating Council policies and guidance from section 1.7.0 to section 1.9.0.

Monitoring, Technical Assistance and Enforcement



- Moves Monitoring, Technical Assistance and Enforcement policies and guidance from section 1.8.0 to section 1.10.0.
 - Expands and strengthens sanctions and enforcement mechanisms for noncompliance. *(1.10.9 Policy)*
 - Revises requirements for the Annual Performance Report to:
 - Include most recent performance data and the date the data were collected, and
 - Post within 120 days following submission. *(1.10.20 Policy)*
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Component 5 – Individualized Family Support Plan (IFSP)

Content of the IFSP

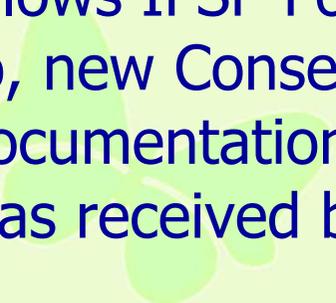


- Clarifies that:

- the information on child's level of development is based on the child's evaluation and assessments (*5.3.1 Policy*).
 - the family's concerns, priorities, and resources are identified through assessment of the family (*5.3.2 Policy*).
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Content of the IFSP



- Adds language clarifying content of the IFSP related to transition and notification to local school districts and DOE *(5.3.10 Policy)*
 - Adds requirement that either IFSP Form H and/or new Consent to Use Insurance form may be used to document informed written consent of the parents to use private insurance *(5.3.18 Policy)*
 - Allows IFSP Form H to be used instead of, or in addition to, new Consent to Use Insurance form for required documentation that Written Notice Regarding Insurance was received by and explained to parents *(5.3.18 Policy)*
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Initial IFSP

- Clarifies exceptions to the 45-day timeline for initial IFSP:
 - child/parent unable to comply due to documented exceptional circumstances; or
 - consent not obtained despite documented repeated attempts;
- If 45-day timeline is not met, the LES:
 - must complete the necessary actions as soon as possible
 - may develop and use interim IFSP, if needed.

(5.5.2 Policy)

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IFSP FORM



- Adds to **Form B:**

- Space to “flag” whether to bill insurance for initial provision of services or for evaluation/assessment

- Adds to **Form G:**

- Space to document consent to bill private insurance for increase in services or added services, as option to using separate Consent to Use Insurance form

- Adds to **Form H:**

- Space to document receipt and explanation of Written Notice Regarding Insurance as option to Consent Form

- Adds to the notification section on **Form I** “and Department of Education”

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IFSP INSTRUCTIONS

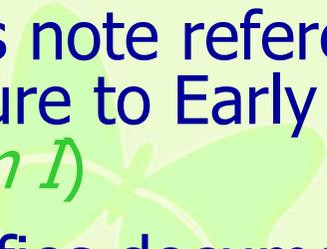
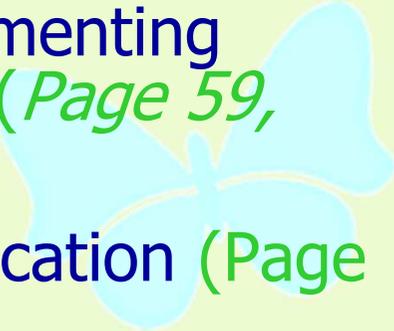


- Modifies “Progress Notes” to “Progress Monitoring Data” for Collateral Information/Source
- Clarifies “informed clinical opinion” for Eligibility Results
- Clarifies requirements for documenting continuing eligibility

(Pages 30 & 31, Form D)

IFSP INSTRUCTIONS



- Adds instructions for using Form B to “flag” whether to bill existing insurance for initial service provision (*Page 20, Form B*)
 - Clarifies documentation requirements when the child is initially found eligible and later determined no longer eligible (*Page 33, Form D Note*)
 - Adds instructions for documenting consent to bill insurance for increased or added services (*Page 50, Form G*)
 - Adds instructions for documenting receipt of Written Notice Regarding Insurance/Medicaid (*Page 56, Form H*)
 - Adds note referencing use of Form D for documenting closure to Early Steps when no longer eligible (*Page 59, Form I*)
 - Clarifies documentation requirements for notification (*Page 60, Form I*)
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Component 6 – Early Intervention Services and Supports

Consultation Form



- Replaces “Consultation Among Service Provider Team Members” form with a new “Consultation Documentation Form” in print and electronic formats:
 - Clarifies language to support the purpose of consultation
 - Indicates need for follow-up IFSP meeting
 - Requires signatures of participants
 - Provides page(s) to address additional outcomes
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(Component 6 Attachment: Consultation Form)



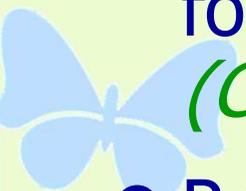


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Component 8 – Procedural Safeguards

Parental Consent



- Creates new form *Authorization to Disclose Confidential Information* to document consent for release of personally identifiable information. *(Component 8 Attachment)*
- Revises policy to reflect the required use of the statewide *Authorization to Disclose Confidential Information* form. *(8.5.5 Policy)*





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Component 11 – Interagency Agreements

State Level Agreements



- Adds requirements that ESSO have:
 - procedures for timely dispute resolution that include a method for making a final determination to be binding upon all agencies involved. *(11.2.6 A.1 Policy)*
 - methods in place that clearly define the financial and service responsibility of each State level agency that provides or pays for Part C services. *(11.2.6 A.4 Policy)*
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State Level Agreements



- Requires that each state level method or agreement include specific IDEA Part B and C transition requirements. *(11.2.6 A.5 Policy)*
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State Level Agreements

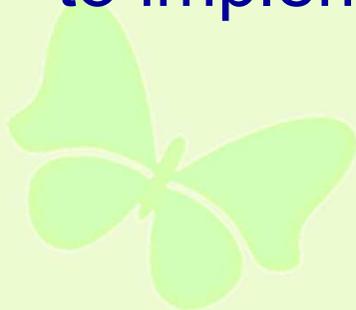
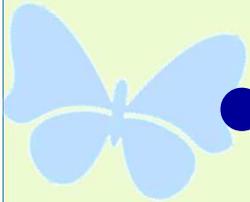


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- If a dispute arises over financial responsibility and ESSO determines that assignment of such responsibility was inappropriately made, ESSO must:
 - Reassign the financial responsibility to the appropriate agency, and
 - Make arrangements to reimburse the agency originally assigned financial responsibility. *(11.2.6 B Policy)*
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LES NEXT STEPS



- Review specified policy documents
- Orient staff, providers, families, and other stakeholders
- Inform program manager of questions or need for further clarification
- Make changes to local systems as necessary to implement revised policies





**More Information at
Early Steps website**

www.cms-kids.com/families/early_steps/early_steps.html



Thank You!

