

FIT Annual Meeting FAQ's Session

The Frequently Asked Questions below are compiled from providers who have submitted questions that would help support better quality services. The results were presented at the 2011 FIT Annual Meeting in June.

1. Providers, in months where there are five weeks, the extra week is being used to make up a missed visit (thereby remaining in compliance), or if all 4 visits are provided within that month, staff are using the fifth week in two different ways, one as work time (family does not receive a visit on the fifth week), secondly they use the fifth week to increase percentage of productivity (family does receive a visit on the fifth week). Is this still permissible to write weekly visits in this way?

It is recommended that the frequency be listed a 1 x per week as this is most clear to the family; however, if it is written as 4 x a month, the expectation would be that the family would receive services on the 5th (Tuesday) if Tuesdays are the day that the service is provided.

2. Is it permissible to bill for team consultation if the consultation occurs while traveling long distances in rural areas? This would, of course, be planned time that the team knows they will be together. Teams are trying to make the best use of contractor's time.

No Consultation cannot be billed during travel time as the cost of travel is built into the Home and Community-Based Services base rate. Therefore this would be considered double billing.

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3. On the Individual Family Support Plan (IFSP) services page; must the name of the individual providing the service be listed? Is it sufficient to just list the name of the agency? Is a Prior Written Notice (PWN) also required and do we make the change by crossing out the previous name and adding the name of the new individual?

It is recommended that the family receive in writing information that a different person will be providing the service to their family; however a PWN is not needed. According to the IFSP TA Document, the name of the person, who would be providing the services, should be listed along with the agency responsible for that service.

The name of the person does not need to be changed on the service page, but can be documented on the SC logs/case notes. There currently is not a place in FIT-KIDS to enter the name of the actual staff member who is to provide services, nor is there a place on the written IFSP form. However, as part of our project to create a downloadable IFSP form, it has been recommended that the format be revised to allow for this information to be recorded. I change would not be uploaded into FIT-KIDS, but it would get recorded on the written form.

4. If a child is eligible under a risk category, is it permissible to list services as 24 hours per year? The discussion around this question centered on families wanting intense services over a few months rather than two hours per month.

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During the discussion the individual clarified, the family was willing to go without services for a period of time to be able to receive more intense level of services over a short period of time.

No. Essentially the hours used for therapy services cannot be accumulated or "banked" and then expended at a designated period of time. The IFSP needs to specify the planned hours of services the family will receive each week or month.

5. Some teams in rural areas with limited staff and therapists are determining services based on the limited availability of therapists who provide services. For example, if a program's sole contract therapist is only available once a month a child will only be seen once a month.

In another situation, a Developmental Specialist might provide Special Instructions like a therapist would do; and the rural family may prefer the DS over the Therapist because the DS is more readily available, is this allowable?.

Although a DS can provide therapeutic instructions, it should not replace the expertise of a therapist who specializes in the field of service.

We understand that there are shortages, across the state, however, services must be based on need of the family and child, and not ever based not on regional availability of the therapist.

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A provider can use a DS along with the therapist to follow-up on the recommended therapy instructions and in effect increase the frequency that the therapy sessions occur. But the therapist must be the one who initiates the instructions in which the DS will follow. The Provider is expected to make arrangements for a therapist to provide services. This assurance is in accordance with the standards.

6. Can an IFSP be backdated? For example, an IFSP expires, however the staff providing services were not aware the IFSP had expired and continued to provide weekly services. When the IFSP meeting is held and a new IFSP is written can the service start date be backdated to when the previous IFSP expired, and allow the agency to bill for the services provided? Theoretically, we thought this could happen if a program does data entry at the end of each month-they could have missed an expired IFSP. We figure since it was an example given at the training that it probably happens more often than not.

Yes, this is allowable. When an oversight happens, the paper IFSP can be back-dated and services can be continued past the expiration date of the first IFSP. This should be a rare exception, however, as they should be routinely checking to see which IFSPs are due in the coming month or two, and planning their IFSP meetings in advance.

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According to our FITKIDS policy and procedures, the following process should be followed;

- 1) Input the IFSP, including all services, within seven (7) days. If an IFSP is held before the end date of the current IFSP users can either:
 - a) Enter the start date for the new IFSP as the day after the end date of the current IFSP e.g. if the IFSP ends next week;
 - b) Change the end date of the current IFSP to the day of the IFSP meeting and enter the start date of the new IFSP as the day after the meeting e.g. if the IFSP is held more than 2 weeks prior to the end of the current IFSP

If due to unforeseen circumstances (family illness; inclement weather etc.) the IFSP cannot be held prior to the end date of the current IFSP, the start date of the new IFSP will be backdated to be the day after the end date of the previous IFSP. (i.e. there can be no gap between the two IFSPs). The start date for the IFSP is recorded on the IFSP and in FIT-KIDS, and the actual date of the IFSP meeting is recorded on the IFSP forms. For monitoring purposes, documentation should be made in the Child's record (Service coordination case notes) to indicate why the gap in time occurred between IFSPs.

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7. We are scheduled for Zoo Day tomorrow. We have scheduled with families to bring their children to the Zoo to work on their outcomes if they are interested in doing so. We have talked to the families that are attending about doing this in a group setting and they have agreed that this would be something that they are interested in.

Since it is just a one-time event, is there a way we can just do a blanket letter that the family will sign, where the family agrees to a Group Setting as a one-time event rather than putting it into the IFSP and complete a Prior Written Notice for all the children that are planning on attending?

Even though we recognize that it is extra work to change the IFSP and issue a PWN for a one-time service, the regulations require that the IFSP match the services provided including any changes to method or setting, or frequency.

Also, the PWN becomes the agencies consent for that change to occur from the family.

8. Can children be referred to New Mexico School for the Blind and Visually Impaired (NMSBVI) when they do not provide Service Coordination? It would seem that is a delay for families, as NMSBVI would have to turn around and refer the family to a Service Coordinator (SC) provider

If a child has a specific vision impairment, referrals are often made to NMSBVI from a

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hospital, ophthalmologist, medical provider, or other community provider serving young children due to the specialized skills and knowledge that NMSBVI staff have... NMSBVI know that for children under three, they need to assist the family to access FIT program services through a local FIT provider agency, and will assist the family with this promptly.

9. Can an OT do PT therapy with a child and still bill for PT, even though they are an OT professional?

No. An OT cannot bill for PT. However if the team revises the IFSP and states that the OT will provide strategies and techniques for whatever the child needs example: Sensory or tactile activities, the OT can bill for these services. A therapist can only bill under their own discipline scope of practice.

10. Just checking in about the continued use of the Oregon Assessment for Children who are Blind or Visually Impaired. I know the IDA is the tool used now to establish eligibility.

Previously, the FIT program reviewed this Oregon assessment tool and it was approved in New Mexico for use in EI programs here. Therapists are asking me about whether they can use the Oregon Assessment Tool or not for annual assessment.

Ongoing assessment tools such as the Oregon Assessment Tool are different than the IDA.

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Also, other tools that have been cross-walked for use with the ECO can still be used for ongoing and annual and onetime assessment. The IDA will be used to determine initial eligibility and redetermination of eligibility annually. If the Oregon was approved earlier on, it is fine to continue using it.

11. If a SC or DS sees a progress note that they have written (a while back) that has misinformation, what would you recommend they do to correct the note? Sometimes staffs find notes that they would have worded differently, Can these be changed, or should they be changed?

If a staff member needs to correct a note, they should do this by, striking out the incorrect wording, with a single line and then initialing by that change. If additional/ corrected information needs to be added to the note, it should be done at the end of the current entry and the staff should initial and enter the date the additional/ corrected information was added.

12. If a child is waiting on Public Education Department's the evaluation and the Individual Education Plan (IEP) process to be completed by the school; can the child remain in our program? I am just making sure because we have one of the schools in our district that gave a parent the option of completing the IEP process in the summer. The parent agreed to this option but

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this means the child would be in our program (potentially) several months after the third birthday. Could you please provide guidance on this?

FIT services cannot be extended past the first day of school if the school district has not evaluated the child or has not completed the IEP. The IEP must be completed at least 15 days prior to the child's date for Transition. (I.g. it is the first day of school for that school district).

For children who are turning three prior to July 1, 2012, their parents have the option for them to remain in the FIT program until the beginning of the next school year. The school district must complete the evaluation and the determination of eligibility for Part B before the child's third birthday.

13. A Therapist who is also DS Certified wonders if she needs to Re-Certify as a DS. Does it depend on how much time she spends working as a DS?

Yes it does. The Family Infant Toddler Program allows for a therapist who performs services in their scope of practice at least 60% of the time, not to have to be DS Certified. If it is less than 60 % of her time performing services outside of her therapy then the therapist should be a certified as a DS by the FIT Program.

14. Could you please confirm how long you want hardcopy records of kids we serve for FIT? Our records manager now wants to electronically scan the "meat" of each file upon discharge of

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the child and destroy "non-essential" parts of the file. An example of nonessential might be a written contact note. Could you please confirm what you require for records for all FIT kids we serve?

According to NMAC regulations 8.302.1.17:

E. Record retention: A provider who receives payment for treatment, services, or goods must retain all medical and business records relating to any of the following for a period of at least six years from the payment date:

- (1) treatment or care of any eligible recipient;
- (2) services or goods provided to any eligible recipient;
- (3) amounts paid by MAD on behalf of any eligible recipient; and
- (4) any records required by MAD for the administration of Medicaid.

Medicaid requires that records must be retained for 6 years.

15. Do we need to send the Self-Assessment at the time of Re-Certification?

According to our policies for DS Certification, we need to verify that the goals and objectives are being followed through with the training specified on the Individual Professional Development Plan (IPDP) tracking sheets to incorporate this change. All documents have been updated to reflect this policy requirement.

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16. Are we still doing Presumptive Eligibility for children who in the process of being determined eligible for Part B.?

No. This was an option in the first year of the Extended Part C option ARRA funding in order to enable the FIT provides to bill under the state incentive grant (SIG/ARRA) provider agreements. Now school districts must complete an evaluation and determine the child's eligibility for Part B by the child's third birthday. The school district must provide documentation of the eligibility determination to the parent and to the FIT provider with the consent of the parent.

17. When will we be expected to change from the request for prior approval for services needed over 19 hours to the new procedure of requesting prior approval for services needed over 14 hours? Are we going to have to go back and change all those with IFSPs developed prior to the new procedure that has been introduced?

No. You will not have to go back and change the IFSP and resubmit for prior approval. It is expected that the change would take place at the Annual IFSP meeting. This will allow for time to have discussion with the family as well as make accommodation for the service procedural changes.

18. How many hours of Service Coordination is a provider expected to maintain for each family on a monthly basis?

Service coordination is based on an average of 2-3 hours per month. We would expect that

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anything over that would be considered an excessive amount of time and should be reevaluated as to why the family needs that intensive amount of services provided. The standard rate paid is not to exceed 60 minutes per month.



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