

FIT Program Annual Provider Meeting

June 22, 2011

Regs, Standards and Billing Plenary

Agenda

- Provider Agreements
- Billing
- Standards
- Regulations

FY12 Provider Agreements

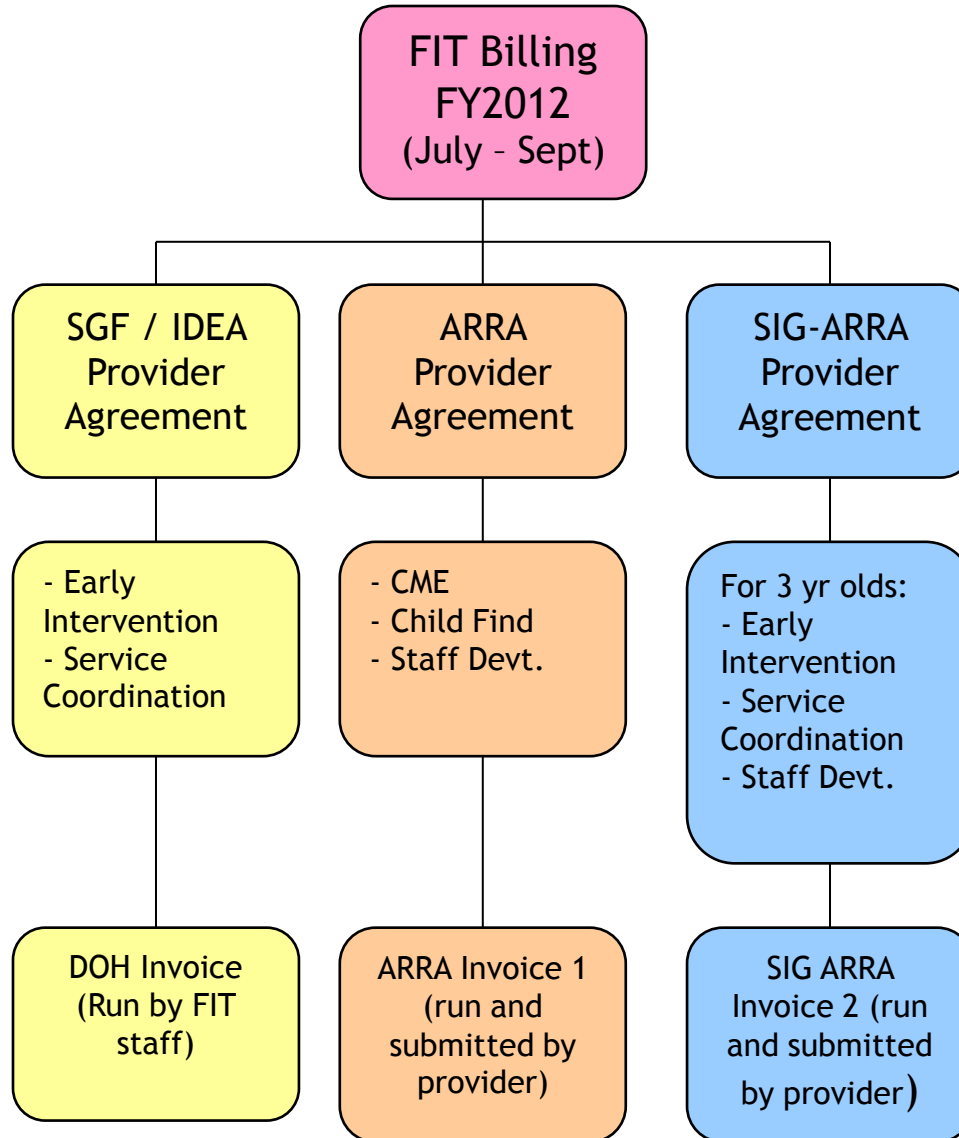
July 01st – Sept 30th 2011.

- ARRA:
 - CME
 - Staff Development
 - Child Find / Public Awareness
- SIG ARRA
 - SC for > 3
 - EI for kids > 3
 - Staff Development (Mini Grants)

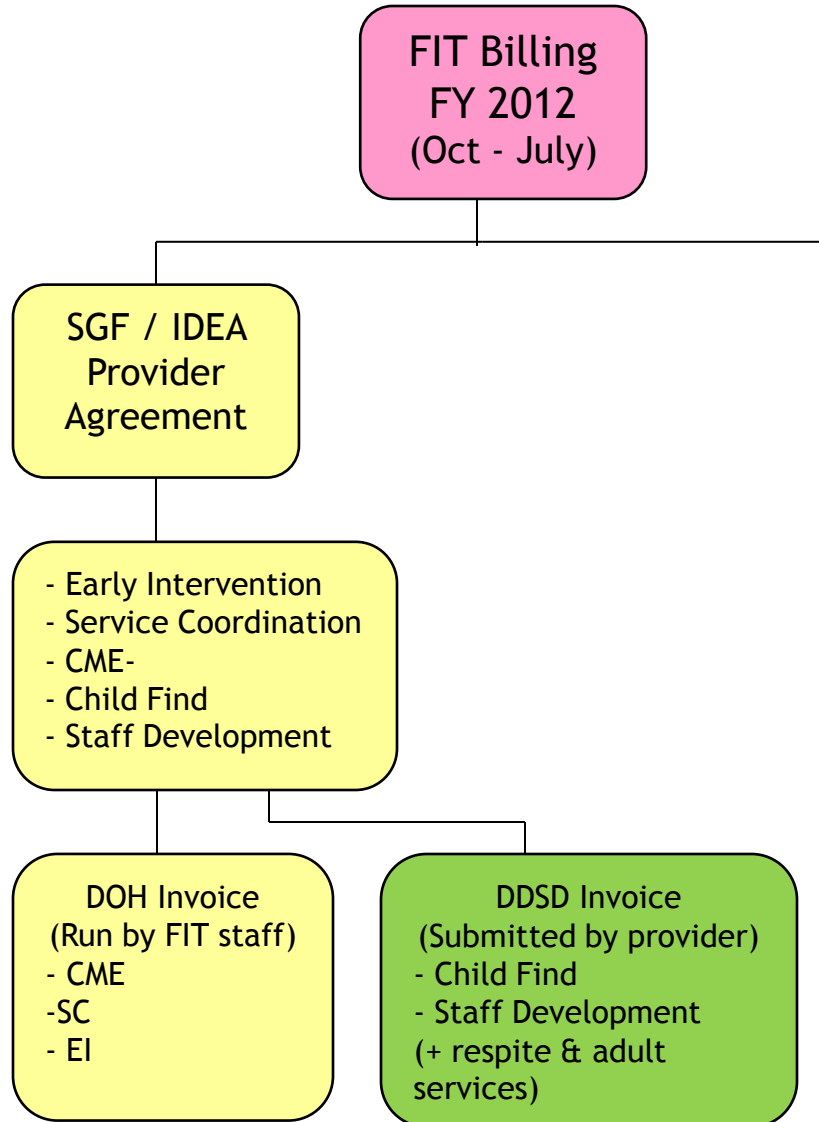
July 01st 2011 – June 30th 2012.

- FIT Provider Agreement
 - Service Coordination (SC)
 - Early Intervention (EI)
 - CME
 - Staff Development
 - Child Find / Public Awareness

FIT Billing



FIT Billing



ARRA Billing

- Continue to utilize invoices from FIT-KIDS for ARRA and SIG-ARRA.
- These can be processed on or after the **Green** date on the FIT 2011 billing calendar.
- The final invoices for ARRA and ARRA for September services must be submitted by end of the day **19th Oct. 2011.** If ARRA invoices are received after that date they will not be processed

ARRA Mini grant Billing

- Please submit invoices for items purchased as part of the mini grant as soon as possible. Do not wait until September.
- Please talk to folks at the FIT Program if you are having difficulty getting approval within your agency to spend the \$\$
- Also, please talk to us if it looks like your agency will not be spending all the \$\$

FIT Billing

- SC and EI will continue throughout the year to be generated by FIT-KIDS and processed by the FIT Program.
- DDS will revise the DDS invoice to include CME; Staff Development; and Child find / Public Awareness beginning October 01st

End of Year Billing

- All ARRA invoices for June must be submitted to the ddsd.invoices@state.nm.us by the end of the day on **July 18th 2011**
- If invoices are not received on that day this will result in a significant delay in payment due to the state's end of year accounting closeout.

Invoice & Remittance Advice Codes

- DOH uses the following remittance advice codes that will help providers differentiate payments:

DDSD-FY12 = DDSD payment (respite, adult)

DDSD-FIT-FY12 = FIT-KIDS payment

DDSD-ARRA-FY12 = FIT ARRA payment

DDSD-SIG-FY12 = FIT SIG-ARRA payment

- These remittance advice codes will be broken out even if the payment is combined
- These are the codes for providers to enter on the DDSD and ARRA invoices with a number to distinguish the month e.g.

DDSD-SIG-FY12-01 = July claims

DDSD-ARRA-FY12-03 = Sept. claims

DDSD-FY12-08 = Feb. claims

NM State Payment Process

- DDSD Administrative Services Bureau (ASB) receive the approved invoices and generate vouchers in the State's accounting system (SHARE) - within 3 working days
- Vouchers are sent to DOH General Accounting for audit and approval – up to 10 working days
- Vouchers are submitted to Department of Finance & Administration (DFA) who audit, approve and cut checks
- Checks are mailed from DOH

(Note: sometimes DFA will combine two vouchers into one payment)

CertiClear Reporting

Staff hours must be entered into CertiClear through September 2011

The screenshot shows the CertiClear 1512 website. At the top left is a logo with the text "CertiClear 1512" and a yellow flag with a red and purple sun symbol. To its right is the text "DATA COLLECTION & REPORTING for Recovery Act Compliance". Further right are contact details: "For Help, Contact: NM Office of Recovery & Reinvestment 505-476-0571 | 505-476-0012 therese.trujillo@state.nm.us" and "CertiClear HelpDesk: (only if NMORR unavailable) 877-803-5337 HelpDesk@cerclear.com". Below this is a navigation bar with buttons for "Home", "What is CertiClear 1512?", "Features Tour", "Contact Us", and "Portal Login". A "login" link is visible on the right. The main content area features a large banner with "CertiClear 1512 STATE OF NEW MEXICO" and four smaller images: a hot air balloon, a sunset, and a map of New Mexico. Below the banner is the heading "Technology & Services for Meeting the Recovery Act Mandate" and three service tiles: "RECIPIENT AGENCIES" (with the sun symbol), "FIRST TIME USERS" (with a landscape photo), and "HELP DESK" (with a person on a beach). At the bottom is a footer with the New Mexico state flag icon and the text "STATE OF NEW MEXICO OFFICE OF RECOVERY AND REINVESTMENT".

Utilization

- DDSD Conducts utilization review throughout the year with two major reviews at midyear (Jan) and third quarter (April)
- We recommend that all provider conduct ongoing utilization review to
 - Project funding needs for each service
 - Determine need for a provider agreement amendment.
- DDSD has a sample utilization spreadsheet on its website that can be downloaded
 - Enter provider agreement amount and any amendment as revenue
 - Enter monthly invoiced amount and any recoupment

Contact information

Monique Garza – DDSD Business Operation
Manager

505-476-8830

monique.garza@state.nm.us

FIT Standards Vs Regulations

Standards:

- Scope of Service
- Service Requirements
- Agency Requirements
- Reimbursement

Details of who can provide the service, agency reporting requirements and detail of the billing parameters

Regulations:

- Definitions
- Evaluation and Eligibility Determination
- IFSP
- Transition
- Procedural Safeguards

Details of the early intervention process as required by IDEA Part C

DDSD Standards

- Respite
- Child Find / Public Awareness
- Comprehensive Multidisciplinary Evaluation
- Service Coordination
- Early Intervention
- Residential Services for Adults with DD
- Day Services for Adults with DD
- Family Directed Family Support Services

Standards: Child Find / Public Awareness

- P. 3 Added *“outreach to Early Head Start grantees, home visiting programs, homeless and domestic violence shelters”*
- P. 4 Added for counties with more than one FIT Provider *“The provider will promote the FIT program by using the FIT public awareness materials that list all providers in that area. If there is a request for information regarding a particular agency, that information can be passed out at that time”.*

Standards:

Comprehensive Multidisciplinary Evaluation

- P. 5 Added requirements for use of the IDA
- P. 5 Added requirements for infants <1 month and <4 months
- P.5 Clarification that domain specific tools can be used in addition to the IDA
- P.5 Clarification that vision and hearing tests or screening must be completed as part of the CME

Standards:

Comprehensive Multidisciplinary Evaluation

- P. 6 Clarification that CME report must be typed
- P. 6 Added language related to correction of non compliance

Standards:

Family Service Coordination

- Added the term *Family* Service Coordinator throughout
- P. 9 Clarification the FSC coordinates and monitors services provided by subcontractors and those provided by other agencies
- P. 9 Added that FSC includes “*Gathering and researching resource information for the family and making referrals where appropriate.*”

Standards:

Family Service Coordination

- P. 10 and P.13 Deleted language related to provision of service coordination by Medically fragile
- P.10 added *The family service coordinator will **coordinate with the Medically Fragile Case Management Program** if the child is also eligible for medically fragile services in order to align and avoid duplication of services. This may include joint meetings and sharing of records with the consent of the parent(s)."*
- P.10 Added related to **transfer** *"The form and documents must be sent to the receiving agency within four (4) working days of the receiving agency being notified of the transfer by phone. The receiving agency will hold an IFSP meeting to review and update as necessary within 30 days of the transfer".*

Standards:

Family Service Coordination

- P. 10 Added *“The family service coordinator shall make **contact with the family once a month**, at a minimum, in order to meet the requirement for “coordinating and monitoring the delivery of services”. If a face-to-face visit with the family will not occur that month due to a family reason, then that will be documented in the case notes in the child’s record.”*
- P. 10 Added *“The service coordinator will coordinate the collection of information and data for the **Early Childhood Outcome** score to be determined by the IFSP team that includes the family at the time of the initial and subsequent annual IFSPs.”*

Standards:

Family Service Coordination

- P. 10 Added *“The family service coordinator will manage the transition process beginning with the transition plan, which is included in the IFSP by the child’s 2nd birthday (24 months of age). The family service coordinator will also plan and schedule the transition conference at least 3 months prior to the child’s third birthday, including sending the referral, assessment summary form and invitation to all parties who will be attending the meeting. The family service coordinator facilitates the transition conference and follows-up on implementation of the action steps to ensure a smooth and effective transition for the child and family.”*

Standards:

Family Service Coordination

- P. 11 Clarified that contact notes / case notes must *“include date, time in/time out, a brief description of the service provided and the first initial and last name of the Service Coordinator”*
- P.11 Added *“Ensure that case loads allow for the service coordinator to perform the roles and responsibilities of service coordination”*.
- P.12 Clarification *“Service coordinators must attend the required service coordination trainings (online and classroom) within a year of hire.”*

Standards:

Family Service Coordination

- P.12 Added *“Service coordinators must take the on-line service coordination training (this is the on-line training without credit) every 3 years in order to update themselves on revised requirements.”*
- P.12 Added *“Provider will ensure that the service coordinators receive in-house training / mentoring until they are able to attend the FIT service coordination trainings and before working independently with families.”*
- P.12 Added *Service coordinators will receive reflective supervision at least once every month.”*

Standards: Early Intervention

- P.14 Clarified the services *“Developmental Instruction”* and *“Family Therapy, Counseling and Training”*
- P.15 Added *“Services will also be **provided in the early childhood setting** (Early Head Start, child care etc.), if that is where the child spends their day, utilizing inclusive practices, supporting the center staff and not pulling the child out of the classroom.”*
- P.15 Added *“**Changes to the frequency, intensity, location or method of services on the IFSP** shall be made by striking out the existing end date and entering the new end date and entering the staff’s initials. Then adding the revised service on a new line. The same process would be used to end a serve before the next IFSP.”*

Standards: Early Intervention

- P.15 Clarification *“Service coordination; or Evaluation and assessment”* are not included in the 24 hours per year for children eligible under the at risk categories.
- P.16 Clarification *“For children whose third (3rd) birthday is before July 01st 2012 and who are eligible under developmental delay or established condition.”* that the family has a choice their child will transition.
- P.16 Clarification *“Each Early Intervention service, with the exception of consultation and evaluation & assessment methods/service types, must be delivered within 30 days of the parent(s) consent to the start date for the service on the IFSP.”*

Standards: Early Intervention

- P.16 Clarification “The provider shall keep ‘contact logs’/ ‘encounter sheets’ that must include: *date*; time in/ time out; a brief description of service provided; *the first initial and last name of the person providing the service; and their discipline / qualification. A separate ‘contact log’/ ‘encounter sheet’ must be completed for each discipline providing a service, including co-visits.* For group services time in/ time out shall be recorded for all attendees including staff.”

Standards: Early Intervention

P. 18 Clarification “Reimbursement for this service is based on where the early intervention activity occurred *and whether the method of providing the service was to an individual child and family or to a group.*”

Method Location	INDIVIDUAL	GROUP
HOME & COMMUNITY	Home & Community (Individual)	Home & Community (Group)
CENTER-BASED	Center-Based (Individual)	Center-Based (Group)

Standards: Early Intervention

- P.18 clarification that the following activity is included in the unit rate and may not be billed separately *“Preparation time for early intervention activity”*
- P.20 Added *“Consultation does not need to be listed on the IFSP Services and Supports page, as long as the service is on the IFSP as either “Ongoing” or “E&A” (Evaluation and Assessment).”*
- P.20 Added *“Before consultation by this discipline can be provided, the service (either “ongoing”, or “E&A”) must be provided to the child and family in the natural environment.”*
- P.20 Added *“In order to provide consultation the service must be provided face-to-face at least quarterly (either “ongoing”, or “E&A”)”*

Standards: Early Intervention

- P. 20 Changed “Co-treatment” to *“co-visit”*
- P. 20 Clarification “Must be documented in the IFSP as one of the strategies to be used to meet the child/ family outcome(s) *but does not need to be listed on the IFSP Supports and Services page”*
- P. 20 Changed “Ongoing Assessment” to *“Assessment”*
- P. 21 Added *“Assessment does not need to be listed on the IFSP Services and Supports page, if the service is already listed as an ongoing service”*.
- P. 21 Added *“The service needs to be listed on the IFSP Services and Supports page if the service will be provided as a one-time “E&A” (Evaluation and Assessment) or as a periodic assessment (e.g. once a quarter) there is no ongoing service already listed.”*

Standards: Early Intervention

- P. 21 added:

Telehealth (video-conferencing): may be provided in accordance with Medicaid policy 8.310.13, which states:

- *A telehealth communication system must include both interactive audio and video and be delivered on a real-time basis at the originating (where the child and family are) and distant-sites (where the early intervention personnel are).*
- *Use of the telehealth communications system fulfills the requirement for a face-to-face encounter.*
- *Reimbursement for services at the originating-site and the distant-site are made at the same amount as when the services provided are furnished without the use of a telecommunication (e.g. if a provider is at the originating site with the child and family in the home they would bill at the home and community rate, and if a provider at the distant site is at the agency office, then the center rate will be used).*

Standards: Early Intervention

- P. 21 added:
 - *Telehealth must be documented in the IFSP as one of the strategies to be used to meet the child/ family outcome(s), but does not need to be listed on the Supports and Services page.*
 - *The service must be provided to the child and family in the natural environment before telehealth can be provided by the discipline.*
 - *Telehealth cannot be primary method of providing early intervention service i.e. the service must be provided to the child and family in the natural environment the majority (> 50%) of the time.*
 - *The provider shall obtain the consent of the parent to use telehealth services, including the technology / software that will be used.*

Standards: Early Intervention

- P. 20 Changed Prior authorization “Is required when ongoing early intervention services (excluding service coordination, respite *and other services not funded through the FIT Program*) listed on the IFSP exceed *14* hours per month.

FIT Regulations 7.30.8 NMAC Process

- IDEA Statute passed in 2004
- No federal Part C regulations published
- Office of Special of Special Education Programs (OSEP) reports that they should be published this summer in time for their “Mega Conference” in August
- ICC has approved regulations to go forward
- FIT Program will make changes as necessary based on Federal regulations once they are published

FIT Regulations 7.30.8 NMAC Process

- DOH will promulgate the FIT 7.30.8 NMAC regulations including:
 - Distribution for public comment and
 - hold a public hearing
- Estimate that DOH will publish the FIT regulations by late summer

FIT Regulations - Definitions

- Numerous changes to definitions, including deleting a number of words / terms that are not used in the regulations
- Several new definitions including:
 - Inclusive setting
 - Informed Clinical Opinion
 - Reflective Supervision
 - Significant Atypical Development

FIT Regulations – Administration / Personnel and Child Identification

- Cleanup changes to
 - 7.30.8.8 Administration
 - 7.30.8.9 Personnel
- Changes to 7.30.8.10 Child Identification
 - P.10 *“The child must be under three years of age at the time of the referral. If there is less than 45 days before the child turns three at the time of referral, the early intervention provider agency will assist the family with a referral to Part B Preschool Special Education and other preschool programs as appropriate.”*
 - P. 10 *“If in a county that is also served by other FIT provider, inform the family of their choice of provider and get them to sign a “Freedom of Choice Form”.*

FIT Regulations - Child Identification

- Changes to 7.30.8.10 Child Identification
 - P. 11 Adds *“The evaluation team shall use the tool(s) approved by the FIT program. Other domain specific tools may be used in addition the approved tool(s).”*
 - P. 11 (3) Adds language around use of Informed Clinical Opinion
 - P. 11 (a) Developmental Delay adds *“When informed clinical opinion of the team is be used to determine eligibility in the absence of 25% delay – this will documented as “significant atypical development”*

FIT Regulations - Child Identification

- Changes to 7.30.8.10 Child Identification
 - P. 12 (a) Environmental Risk for Developmental Delay adds *“Eligibility determination shall be made using the tool approved by the FIT Program”*.
 - P. 12 G Redetermination of Eligibility adds:
 - *“The child’s eligibility for the FIT Program shall be re-determined annually utilizing the tool(s) approved by the FIT Program”*.
 - *“The child’s continued eligibility shall be documented on the IFSP.”*
 - *“If the child no longer meets the requirements under “established condition”, “biological medical risk” or “environmental risk” the team will determine if the child meets the criteria for developmental delay using the approved tool(s) before exiting the child.”*

FIT Regulations - IFSP

- Changes to 7.30.8.11 IFSP
 - P. 13 (4) Adds *“The family service coordinator cannot function in a dual role at the IFSP meeting and therefore another personnel who provides early intervention services or having conducted evaluations and assessments must also attend the initial and annual IFSP meeting.”*
- Changes to 7.30.8.12 Service Delivery
 - P. 15 (c) Adds EI Services Shall *“Be listed on the IFSP if recommended by the team, including the family, even if a service provider is not available at that time”.*

FIT Regulations - Service Delivery

- Changes to 7.30.8.12 Service Delivery
 - P. 16 changes (d) Family *Therapy*, Counseling and Training – services provided, as appropriate, by licensed social workers, *family therapists, counselors*, psychologists, and other qualified personnel to assist the parent(s) in understanding the special needs of their child, *supporting the parent-child relationship*, and to assist with emotional, mental health and relationship issues of the parent(s) related to parenting *and supporting their child's healthy development*.
 - P. 17 Deletes Respite Services as a FIT service – however respite services are still available through the DDSD.

FIT Regulations - Transition

- Changes to 7.30.8.13 Transition
 - P. 17 – 19 Adds all of the timelines and requirements established over the past year, including:
- Notification shall:
 - Be provided by the early intervention provider agency to *each* local education agency.
 - *Include* children that reside in the geographic area served by the LEA of children who will *turn three years old in the following twelve months.*
 - *children who are potentially* eligible for preschool special education services *under the Individuals with Disabilities Education Act (IDEA) Part B. Potentially eligible children are those who are eligible under developmental delay or established condition.*
 - Be provided *quarterly in accordance with the planned dates in the community transition memorandum of agreement.*

FIT Regulations - Transition

- Transition Plan shall:
 - *Be developed by the time child is 24 months old.*
 - *Be developed by the family service coordinator and the parent(s), at a minimum.*
 - *Include a plan with steps and activities to promote a smooth and effective transition for the child and family.*
 - *Ensure that the parent(s) are fully informed of their options for transition, including Part B preschool special education, Head Start, private preschool and child care settings.*
 - *Address and document the parent's choice regarding when their child will transition.*
 - *Address the parent(s) needs for all day childcare if working and avoid the child having to move between preschool settings.*
 - *Promote the child's participation in inclusive settings with typically developing peers.*
 - *Be included as part of the IFSP and shall be updated and revised and added to as needed.*

FIT Regulations - Transition

- Transition:
 - *The family service coordinator will submit a transition referral, with parent consent, to the local education agency and , at least sixty (60) days prior to the transition conference.*
 - *The family service coordinator will submit an invitation to local education and other potential preschool providers at least thirty (30) days prior to the transition conference.*
 - *The family service coordinator will submit a transition assessment summary form at least thirty (30) days prior to the transition conference.*
 - *The transition conference shall:*
 - **(1)** *Be held at least ninety (90) days and up to nine (9) months prior to the child's third birthday*
 - **(2)** *with the approval of the parent(s), include other early childhood provider (Head Start, child care, New Mexico School for the Deaf, New Mexico School for the Blind and Visually Impaired, etc.)*
 - **(3)** *Be facilitated by the family service coordinator*

FIT Regulations - Procedural Safeguards

- 7.30.8.14 Procedural Safeguards
 - P 22 (4) Deleted requirement to contact the parent prior to destroying after the required 6 years
 - P22 (6) Changed requirement that records be maintained for 6 years (from 5) to align with Medicaid requirements