

Questions from the Parent Arranged Webinar

Questions during webinar

Q1: Can you please expound on slide #11 (Definition of Program Arranged). Could you please give examples of who is ECI Trained but is not an employee or contractor? Are you referring to AI/VI Teachers?

A1: When we have encountered these individuals during monitoring reviews, frequently they are someone who has been a recent employee, contractor, or intern of an ECI program, and has completed the required training. The training is on the internet and available to anyone who is interested in receiving the training. No, we are not referring to AI/VI teachers. Please see the Parent Choice Decision Tree, third grey box down. Services provided by LEA personnel are Program Provided.

Q2: Can we get an example using a family or child story to better understand the difference in providers?

A2: Please see Service Designation Stories document.

Q3: What if the parent has a provider already and they happen to live in our "black hole" where we do not actually have a provider - and they insist on their current provider - can we call this "parent choice?"

A3: If you do not have sufficient staff the service is either Program Arranged or Not Part C. If you have sufficient staff and the family chooses to not use your staff then the service is Parent Choice. If you follow the steps in the decision tree, you will note that the question regarding availability of staff comes before the question about the parent choosing a non-ECI provider.

Q4: For parent choice: If we are required to place the service on the grid, but the parent does not give us informed consent to coordinate with the other provider, how does this work for placing the service on the grid/TKIDS? Is our program required to get the progress notes to enter the delivered parent choice services in TKIDS?

A4: You do not need a consent to release information to identify a service need on the IFSP services page or to enter planned services into TKIDS. If you do not have a consent to release information you will not be able to obtain progress notes. The team will have to rely on parent report to ensure the needed services are being provided. Parent choice service delivery is not entered into TKIDS.

Q5: Does that mean we can deduct the cost of expense for Not Part C and Program Arranged from the family's adjusted income for the FCS?

A5: [Texas Administrative Code, Title 40 \(40 TAC\), Part 2, Chapter 108, Subchapter N, §108.1405\(3\)](#) defines allowable deductions as unreimbursed family expenses. [40 TAC §108.1429\(c\)](#) identifies medical expenses as an allowable deduction. Therefore, the family's unreimbursed expenditures (e.g., co-pays) for the Not Part C and Program Arranged services can be used as a deduction in determining the family's maximum charge. Your agency is responsible for paying for services that are not covered or not authorized for reimbursement by the family's third party payer; these services are not an unreimbursed family expense.

Q6: What are the new contract requirements going to be surrounding this?

A6: The ECI contractor correctly identifies each service's designation and enters this designation into TKIDS.

Q7: What if the parent chooses all services outside of Program Provided? Does ECI just provide the CM and oversees the outside choices?

A7: As stated in the webinar, this situation speaks to a larger issue and goes beyond the scope of this training.

Q8: Is it possible to have a Program Arranged service provider not provide services in the natural environment?

A8: Yes. Please see single asterisk at the bottom of the first page of the IFSP services page.

Q9: Will you be giving examples of each of these determinations? Can you give a specific example of Not Part C?

A9: Please see Service Designation Stories document.

Q10: For the parent choice option, where the ECI team recommends a frequency, and the parent wants a higher frequency, it says the excess amount of services is not entered into TKIDS, but it looks like the recommended amount (even though it's provided by an outside entity chosen by the parent) will be entered into TKIDS. Am I understanding this correctly? This came from the "parent choice grid" handout.

A10: Yes, you are understanding this correctly. Services in excess of the team's recommendations go on "resources and case management" section of the IFSP and are not entered into TKIDS. The services that are consistent with the team's recommendations go onto the services page and are entered into TKIDS with the appropriate service designation of Program Provided, Parent Choice, Program Arranged, or Not Part C.

Q11: Clarification, when you say ECI does not pay, the agency is responsible, the monies drawn down from billing insurance/MCOs is still considered ECI and cannot be used for Program Arranged, right?

A11: Any funds collected from third party payers for the provision of Program Provided ECI services are considered ECI funds and cannot be used to pay for Program Arranged or Not Part C services.

Q12: If TKIDS will give an error message for not entering the designation, and if we don't implement until May 1, how will we be able to enter correctly from March to May?

A12: Contractors will not be held to the accuracy of the service designations until September 1, 2015. To give contractors an opportunity to practice using the service designations, modifications to the following documents and systems will be available to contractors on April 22, 2015:

- IFSP service page
- TKIDS

- TRAD

In addition, on April 22, 2015 any service in TKIDS indicated as Parent Arranged will be automatically updated to Parent Choice. If the designation of Parent Choice is inaccurate for a currently enrolled child, the designation must be corrected during the next review of the IFSP. Therefore, all designations for children enrolled prior to September 1, 2015 must be correct by November 1, 2015.

Q13a: You mentioned that the MCOs are going to see the designations of PC, PA, and NP on the IFSP services page and know to expect claims from non-ECI providers. Are the MCOs going to take our IFSPs as authorization for the services provided by another/private provider? Otherwise they will have significant documentation from the other provider to get authorization for that service. Is it about double billing?

Q13b: As the MCO sees the PC designation, will that outside provider be able to use the IFSP as authorization for services?

A13a&b: The IFSP serves as authorization for **only** ECI contractors. Therefore Parent Choice, Program Arranged, and Not Part C service providers cannot use the IFSP as service authorization. The confusion from the MCO perspective is two-fold:

1. I have been taught, and my state promulgated documents indicate that ECI provides all needed services. If the child is in ECI, why am I receiving requests for prior authorization or claims from non-ECI providers?
2. I see a service on the IFSP but I'm not getting any claims for it. As the managed care entity I am contractually required to ensure the child receives all medically necessary services. Do I need to take action with the ECI contractor to ensure the child is getting the needed services?

Q14: What types of financial impacts does the state see or expect?

A14: ECI contractors who rely heavily on Program Arranged and Not Part C have difficulty generating revenue as they are unable to seek third party payment. The third party revenue goes to the entity that is providing the service.

Q15: Page 32 (Not Part C grid) - Are delivered services (Parent Choice and Not Part C) to be entered into TKIDS? In all of these situations where it says that services are not included in the contractor's count, it isn't clear if the expectation is that the contractor must enter the delivered services into TKIDS. If it's a service that will be entered as planned into TKIDS but not included in provider direct service hours, are we responsible for obtaining the progress notes of those services?

A15: Knowing what services other providers are providing is necessary to ensure competent coordination of services across all needs and service providers. However, that does not obligate the ECI contractor to enter the delivered services into TKIDS or obtain progress notes of those services.

Q16: Why do we enter planned services when we will not be putting in delivered services?

A16: The IFSP must reflect all of the needs of the child and family and the services planned to address those needs ([34 CFR §303.344\(e\)](#), [40 TAC §108.1004\(d\)](#)). We are legally obligated to meet the child's and family's needs. TKIDS requires the entry of all planned services.

Q17: Earlier in the presentation it was stated that Not Part C services did not need progress notes or need the provider to sign the IFSP. Based on that, we wouldn't get progress notes to enter delivered service into TKIDS. Is this understanding correct? If so, that means we will be entering a planned service into TKIDS but not entering a verified delivered service.

A17: Knowing what services other providers are providing is necessary to ensure competent coordination of services across all needs and service providers. In situations in which you are not receiving progress notes the service coordinator will need to contact the service provider to stay current with the provider's effort and relay that information to all team members. However, you are correct, the delivery of those services will not be entered into TKIDS.

Q18: Can I assume that TRAD will be reflective of all categories presented today?

A18: Yes. The Planned Services Detail and Planned Delivered Services Detail reports will reflect all service designations beginning April 22, 2015.

Q19: Will a periodic review IFSP need to be conducted to change the service designation?

A19: Yes.

Q20: If a parent is receiving services that ECI does not recommend, or is receiving recommended services at a frequency and/or duration that ECI does not recommend, why should we have to enter these on the CM page of the IFSP? We should not be required to provide ANY CM to families for any services we do not recommend. Also, the requirement to invite the service provider for a service we do not recommend to the IFSP meeting makes no sense at all.

A20: Code of Federal Regulations, Title 34, Subtitle B, Chapter III, Part 303, Subpart A, §303.34 Service coordination services (case management).

(a) *General.*

(3) Service coordination is an active, ongoing process that involves—

(i) Assisting parents of infants and toddlers with disabilities in gaining access to, and coordinating the provision of, the early intervention services required under this part; and

(ii) Coordinating the other services identified in the IFSP under §303.344(e) that are needed by, **or are being provided to**, the infant or toddler with a disability and that child's family.

(b) *Specific service coordination services.* Service coordination services include—

(1) Assisting parents of infants and toddlers with disabilities in obtaining access to needed early intervention services and other services identified in the IFSP, including making referrals to providers for needed services and scheduling appointments for infants and toddlers with disabilities and their families;

(2) Coordinating the provision of early intervention services **and other services (such as educational, social, and medical services** that are not provided for diagnostic or evaluative purposes) **that the child needs or is being provided;**

40 TAC, Part 2, Chapter 108, Subchapter D,
§108.405 Case Management Services

(a) Case management means services provided to assist an eligible child and their family in gaining access to the rights and procedural safeguards under IDEA Part C, and to **needed medical, social, educational, developmental, and other appropriate services**. Case management includes:

- (1) coordinating the performance of evaluations and assessments;
- (2) facilitating and participating in the development, review, and evaluation of the individualized family service plan in accordance with Subchapter J of this chapter (relating to Individualized Family Service Plan (IFSP)) which is based upon the child's applicable history, the parent's input, and the results of all evaluations and assessments;
- (3) assisting families in identifying available service providers and making appropriate referrals to **obtain services from medical, social, and educational providers to address identified needs** and achieve goals specified in the IFSP;
- (4) following up with families to assist the child with timely access to services, discuss the disposition of the referral with the family, and determine if the services have met the child's needs;
- (5) monitoring and reassessment of the delivery of and effectiveness of services through contacts with the child, family members, **service providers, or other entities or individuals** and conducted as frequently as necessary and at least once every six months to determine if:
 - (A) services are being provided in accordance with the child's IFSP;
 - (B) services are adequate; and
- (C) when the child has new needs or there are changes in the needs of the child, the IFSP and service arrangements are adjusted to address the identified needs.
- (6) informing families of the availability of advocacy services;
- (7) **coordinating with medical and other health providers;**

Q21: What will be the financial implications to the programs and agencies? What will be the process for an agency paying for services that are designated as Not Part C?

A21: ECI contractors (and the agency that has the contract) who rely heavily on Program Arranged and Not Part C have difficulty generating revenue as they are unable to seek third party payment. The process for paying Not Part C services is up to each individual agency; DARS contract funds cannot be used for these payments.

Q22: Are we required to enter delivered Parent Choice, Program Arranged, and Not Part C into TKIDS?

A22: Delivery of Parent Choice, Program Arranged, and Not Part C services should not be entered into TKIDS.

Q23: Beatrice stated that the SC will be required to do a periodic IFSP review to indicate change of the provider classification (Parent Arranged v. Program Provided v. whatever). However, the periodic review was done away with in

another rule change a year or two ago. Once the initial IFSP is completed all reviews must be either complete reviews or annuals. Doing a complete review to reflect that a service changes from parent arranged to whatever it changes to seems rather cumbersome. Because of the requirements, what could be a quick services page update will require the SC to invite all of the team members, document the input provided by the team members, review all of the outcomes/progress, etc. This could happen frequently, as some parents start with one thing, then go with another based on insurance coverage. I would like to propose that we either be allowed to document in a progress note and attach it to the IFSP (as we currently do when SC changes are made and nothing else in the IFSP changes), or be allowed to have the old periodic review return to rule.

A23: Periodic reviews are still required. Please see [40 TAC, Part 2, Chapter 108, Subchapter J, §108.1013](#). For every review all the requirements apply (team participation, review of outcomes; description of current functional abilities, progress current family needs, etc.), so you may have to do all of these steps a few short weeks after the IFSP. Insurance coverage is unlikely to change the service designation. That is, insurance coverage does not change whether or not the ECI contractor has sufficient staff to provide the service. Changes in insurance coverage may motivate a parent to switch from Parent Choice to Program Provided or vice versa, in which case you're still going to have to do a new IFSP.

Q24: Under Parent Choice – it stated that we need to document discussion of parent choosing non-ECI provider. What does that next statement “must include evidence of informed consent” mean?

A24: The progress note about the discussion documents that the parent has been told:

1. the ECI contractor has the staff (employee or contractor) to provide the service;
2. the offered staff has received specialized training in children under the age of three, teaching skills to caregivers, and using routine activities to promote development;
3. the offered staff would be a member of the therapeutic team;
4. the family's out-of-pocket costs would be capped to the family's maximum charge; and
5. the parent's choice to not use the offered staff will place the responsibility of finding, scheduling, and paying for all post-insurance balance on the parent.

Q25: If the parent is accessing a service that is not recommended by ECI team or is in excess of what is recommended by ECI team, why does ECI staff have to be the conduit of info and invite the provider to IFSP meetings? Especially if parent is accessing a service that is not evidence based? What does “inviting” the provider entail? What if parent refuses to sign consent for us to contact provider?

A25: Please see A20. The most effective way to coordinate across all service providers is to include them in the team process. Case management documentation should include evidence that the case manager attempted to obtain consents to release information with other service providers. If the parent refuses access to other service providers, then the case management documentation should include the

service coordinator's efforts to address the parent's reason for not allowing communication between providers.

Q26: Has Medicaid been informed of the changes to the IFSP?

A26: The new IFSP will be given to the HHSC MMCO liaison prior to implementation.

Q27: If the non-ECI provider is no longer available, is the ECI contractor responsible for providing the service?

A27: As stated in [34 CFR §303.12](#) and Section 1 of Attachment 1 under scope of work of the contract with DARS for ECI services, the ECI contractor is responsible for the provision of all needed early intervention services.

Q28: What happens when that child is transferred? Do we need to re-evaluate the child?

A28: No re-evaluation is needed. No changes are needed to the IFSP unless the service designation changes.

Q29: What happens to the Parent Arranged designations that are already entered into TKIDS when we throw the switch on the new service designations?

A29: All services identified as Parent Arranged will be converted to Parent Choice. If the designation of Parent Choice is inaccurate for a currently enrolled child, the designation must be corrected during the next review of the IFSP. Therefore, all designations for children enrolled prior to September 1, 2015 must be correct by November 1, 2015.

Q30: To ensure we have only minimal Program Arranged and Not Part C services, I'm going to need to hire additional staff. Trying to find qualified staff is difficult in our area of the state. Does the state have any recruiting resources?

A30: DARS ECI maintains a subscription with Health Jobs Nationwide (HJN) for ECI contractor use. The HJN site is a healthcare talent acquisition job board network specifically geared for recruiting therapists. ECI contractors can search the resume database and post job listings. For more information about HJN, please see Numbered Document 15-021, dated November 13, 2014 ([link to ECI extranet numbered documents for November 2014](#)).

Q31: If a family had SST and a therapy service that was Program Arranged on the grid, would the FCS protections not apply to all of their services or just the service that is Parent Arranged?

A31: The protections of the Family Cost Share system can only be applied to Program Provided services. Using your example:

- Family has private insurance.
- SST – Program Provided – Insurance billed, family billed for post-insurance amount up to their maximum charge.
- Therapy – Program Arranged – Service is covered - Non-ECI provider bills insurance and collects required co-pay from family.

- Therapy – Program Arranged – Service is not covered or authorized - agency with contract for ECI services pays for the service.

Q32: ABA would be considered Not Part C if the team is not recommending it, correct?

A32: No. Any service that is not recommended by the IFSP team go in the case management section of the IFSP.

Q33: On the Program Arranged - I want to be clear that the financial responsibility will be that of the agency with the contract with the state for ECI services, and the parents are not responsible for post insurance balance. Is this correct?

A33: Yes. The agency that has the contract with the state for ECI services is responsible for the post insurance balance for services identified as Program Arranged. According to [34 CFR §303.12](#), and Section 1 of Attachment 1 under scope of work in the DARS contract for ECI services, the ECI contractor is responsible for providing all needed early intervention services. The fact that the family is having to use a non-ECI provider (and unable to benefit from the protections offered under the FCS system) is due to the ECI contractor failing to have sufficient staff. The family is not financially responsible for a contractor's actions. ECI contract funds cannot be used to pay the post insurance balance as expenditures for Program Arranged services are not in the agency's ECI contract budget.