Questions Received during Webinar #5

Q1: What if the EIS (who signed CM note as EIS) is also a SC - since the IFSP documents that she is the service coordinator wouldn't that be support to show it was done by the SC?

A1: Yes, but documents are often read in isolation. The documentation on the progress note should stand alone. It should be clear to anyone reading the progress note: family member, agency staff, monitor, auditor, hearing officer, court official, what the service was that was provided and the credential of the person providing the service.

Q2: Does that mean that with those families that don't need much in the way of resources we'll no longer be required to have a minimum monthly contact? Beatrice referenced a phone call per quarter.

A2: There is no requirement for a minimum monthly contact. 40 TAC §108.405 indicates that services are provided as needed. §108.405(a)(5) states that monitoring and reassessment of delivery of and effectiveness of services must occur "as frequently as necessary and at least once every six months..."

Q3: RN (LPHA) and LBSW or EIS complete the BDI and recommend SST along with a RA by an OT/PT/ST listed on the service grid initially. Does this meet the requirements in rule?

A3: Yes.

Q4: Do you have to document in the note suggestions given to the parent, i.e. what they want the parent to work on between visits, recommended activities.

A4: ECI staff are service providers. Parents are the interventionists. The primary purpose of service delivery is to coach, teach, and provide feedback to the parent. Brainstorming and discussion should occur throughout the session about what has been done and will continue to be done by the parent between visits. The progress note should document the teaching and coaching that took place. Joint planning with the family is a part of the coaching process.

Q5: There seems to be a disconnect between the medical necessity we identify with the LPHA on our team and the need for a medical prescription. Can you discuss the requirements for medical prescriptions for therapeutic services, and how often these must be obtained? Per TMHP, it is every 6 months, if we understand it correctly.

A5: Medical necessity and prescriptions are not the same thing.

The requirement to obtain a prescription for OT and PT comes from the scope of practice for those licenses. Therefore there must be scripts for OT and PT regardless of the funding source (i.e., private insurance, public insurance, DARS contract funds).

The different payer sources may require prescriptions as one piece of evidence of medical necessity for their prior-authorization process. Different payers have different requirements so you will need to check the payer's provider manual to ensure compliance with that payer's requirements.

You specifically mentioned TMHP as a payer. According to TMHP's provider manual, section 2.10.1.3 and 2.10.2.3, TMHP requires a new prescription every 180 days to authorize ongoing OT and PT under the Comprehensive Care Program. In the ECI subsection of TMHP's provider manual (section 2.5), it states that the IFSP, which is developed by the team [which includes the LPHA], serves as service authorization for OT and PT (see section 2.5.2).

A medically necessary service is**:**

1. Safe and effective,
2. Consistent with the symptoms and/or diagnosis of the condition under treatment,
3. Consistent with generally accepted professional medical standards,
4. Furnished at the most appropriate level of care, and
5. Not furnished primarily for convenience.

Therefore, a prescription or an IFSP in isolation provide only partial evidence of the medical necessity of the service event.

Q7: You mentioned that to provide quality services we have to have outcomes that address need. How do we do that?

A7: The entire Quality Services webinar series has described the process for identifying, documenting and addressing needs. If you missed any of the webinars in the series, you might want to go back and view them in the archives. Please see the following training resources:

- Quality Services Series Webinar #2 – Referral and Evaluation (date 4-11-13),
- Quality Services Series Webinar #3 – Comprehensive Needs Assessment and Developing Outcomes (date 5/8/13),
- Making It Work Module 5 - Evaluation and Assessment, and
- Making It Work Module 6 – Individualized Family Service Plan