

## Quality Services Series Webinar #2 – Evaluation and Assessment

### Answers to pre- and post-test

1. An accurate and objective BDI score
  - a. establishes medical necessity for ECI services.
  - b. establishes medical necessity for specific ECI services.
  - c. is one part of the determination of eligibility for ECI services.**
  - d. removes the need for clinical opinion in determining eligibility for ECI services.

Answer: c.

The BDI-2 does not establish medical necessity. Documentation of the results of the BDI-2 provide objective evidence of eligibility determination for ECI services. The minimum elements of an eligibility determination are identified in 34 CFR §303.322 and include that clinical opinion be applied to assessment findings.

2. When the results of the BDI indicate that a child is not eligible for ECI services
  - a. an evaluation report is not necessary.
  - b. an evaluation report is only necessary if the evaluation will be billed to a third party payer.
  - c. the evaluation report should be brief to reduce liability and increase efficiency.
  - d. the evaluation should be as detailed as possible.**

Answer: d.

The evaluation requirements established in 34 CFR §303.322 are the same whether or not the child is determined to be eligible for services. The evaluation is part of the child's permanent record. When a child is determined ineligible for ECI services, the written evaluation serves as the document of the child's functioning at that moment in time. It also documents the clinical reasoning in determining the child ineligible. The evaluation provides the parents with detailed information to give to the next professional they approach for assistance with their child.

3. When an employee working in the billing department assigns CPT or ICD codes to a therapist's evaluation
  - a. the billing employee is legally and financially responsible for the accuracy of the codes.
  - b. the therapist is legally and financially responsible for the accuracy of the codes.**
  - c. the employer is legally and financially responsible for the accuracy of the codes.

Answer: b.

All practice acts require that professionals document appropriately. This includes coding and service provision. The licensed professional must know which codes (CPT and ICD) are appropriate for the service and provide oversight to any action taken on their behalf, including billing.

4. The minimum elements of an ECI evaluation are: Reason for referral, child's history, child's current level of functioning, test scores, observations,
  - a. review of records, and prognosis.
  - b. review of records, and treatment plan.

- c. review of records, and clinical opinion.
- d. prognosis, and treatment plan.
- e. prognosis, and clinical opinion.
- f. treatment plan, and clinical opinion.

Answer: c.

Reason for referral and child's history – 40 TAC, Part 2, Chapter 108, Subchapter I §108.903(d) Evaluation must be based on informed clinical opinion and include input from the parent or other significant people in the child's life.

Child's current level of functioning - 40 TAC §108.903(b) Comprehensive evaluation must be conducted to determine: developmental delay or conditions that interfere with the child's ability to function in the child's environment as determined by clinical opinion.

Test scores – 40 TAC §108.903(c) Evaluation must be conducted using a standardized tool designated by DARS ECI and each developmental area must be evaluated as defined in 34 CFR §303.321.

Observations - 34 CFR §303.322(c)(2) Be based on clinical opinion; and 40 TAC §108.903(b) Comprehensive evaluation must be conducted to determine: developmental delay or conditions that interfere with the child's ability to function in the child's environment as determined by clinical opinion.

Review of records - 34 CFR §303.322(c)(3)(i) A review of pertinent records to the child's current health status and medical history

Clinical opinion - 34 CFR §303.322(c)(2) Be based on clinical opinion; 40 TAC §108.903(b) Comprehensive evaluation must be conducted to determine: developmental delay or conditions that interfere with the child's ability to function in the child's environment as determined by clinical opinion; and 40 TAC, Part 2, Chapter 108, Subchapter I §108.903(d) Evaluation must be based on informed clinical opinion and include input from the parent or other significant people in the child's life.

The IFSP team does the intervention planning. Therefore the appropriate document for the treatment plan is the IFSP.

Identification of needs and evidence that interventions are working is usually sufficient for the re-authorization of on-going services. Prognosis is a term for predicting likely outcomes, usually in reference to survivability. Therefore contractors are discouraged from using this term.

5. Which of the following are benefits of having one member of the evaluation team licensed in the same domain as the reason for the referral or presenting problem:
  - a. facilitates qualitative eligibility.
  - b. decreases stress and frustration for the parent.
  - c. ensures the evaluation will be billable.
  - d. maximizes efficiencies and quality.
  - e. all of the above
  - f. a, b, c

g. a, b, d

h. a, c, d

i. b, c, d

Answer: g.

If the evaluation team lacks the appropriate expertise opportunities to enroll children under a qualitative determination may be lost. The team:

- may not be able recognize qualitative elements of development without informed clinical opinion regarding assessment on BDI, and
- may have difficulty in determining eligibility if the child is too young to display a degree of delay that meets criterion.

An initial team that is lacking the needed expertise means missed opportunities to enroll children under a qualitative determination, in addition to possible deficiencies in needs assessment and planning. In situations in which the team does recognize the need for additional expertise, another assessment is required forcing the family to participate in a second evaluation before needed services can be provided.

Whether or not an evaluation can be billed to a third party payer is a determination that the licensed professional must make on a case by case basis.

#### Questions submitted during the webinar

Q1: These are great examples for motor therapists' eval documentation. Do you have any for speech evals?

A1: Thank you and thanks to the contractors who sent the examples in to us. The number of speech evaluations submitted was considerably less than OT and PT evaluations, and we were unable to select SLP evaluations that met all the criteria for examples. We are continuing to review submitted documents, and if we find an example for SLP we will add it to the documents attached to the webinar.

Q2: You can bill third party payors for "Rule Out Developmental Delay" but they will not pay for this...don't know about Medicaid or CHIP.

A2: Understood - Not all evaluations will reimbursable. Part C funds should be used to pay for evaluations that cannot be reimbursed by third party payers.

Q3: Would an auditor expect to see an evaluation written to justify the need to SST?

A3: DARS ECI cannot predict the actions of any auditor. In addition, there are different types of auditors who look at different aspects of service provision. If the child was evaluated by ECI there must be an evaluation documented in the child's record. The evaluation is one strand of the clothesline of medical necessity (or need) for services. Additional strands to that clothesline are the comprehensive needs assessment and the resulting outcomes. The assessment is expected to document the child's strengths and

needs. For example, an evaluation may indicate a motor delay in a child who is not sitting up on her own. The comprehensive needs assessment indicates this is a priority for her family as it diminishes her ability to interact and play with her siblings. The outcome is for the child to sit on her own during playtime with her siblings, each day for 30 minutes, for one week. The procedures/activities indicate that ECI staff will show the parents and siblings ways to integrate interventions that build trunk strength into the children's playtime. The IFSP indicates one hour of SST each week, and re-assessment by a PT on a quarterly basis. Short answer: Yes, but the justifying statement in the evaluation is not going to be "needs SST."

Q4: (received after webinar): I was wondering if any program submitted a LPHA report that an RN could use to document medical necessity and all the details that are needed. I know I am not able to bill. I saw several OT, PT, ST reports but not an LPHA stand alone.

A4: At this point in time we have not come across an example of an evaluation documented by an RN. We will keep our eyes open during our ongoing review of submitted documents. In the meantime, the minimum requirements for an evaluation, regardless of the professional's credentials, are identified in Texas Administrative Code, Title 4 (40 TAC), Part 2, Chapter 108, Subchapter I, §108.903, §108.905, §108.907; and Code of Federal Regulations, Title 34 (34 CFR), Part 303, Subpart D, §303.321. An evaluation that meets those criteria will provide evidence of medical necessity, if the child does, in fact, have need.