Quality Services
Webinar #4 – Service Planning
Pre and Post Test Answers

1. Having the service identified on the IFSP is proof of medical necessity because:
   a. The IFSP team is a multidisciplinary team.
   b. The IFSP serves as service authorization.
   c. An LPHA is a member of the team.
   d. All of the above.
   e. None of the above.

   The correct answer is **e.** There is not one form, document, or statement that can establish medical necessity. Documentation of medical necessity should not be confused with service authorization. Documentation of medical necessity must include identification of needs, outcomes specific to the identified needs, and services planned and delivered that address the identified needs.

2. A good IFSP procedure should identify potential activities, the daily routine, the setting,
   a. Available resources in the setting, potential motivators, and what the parent/routine care giver will do.
   b. Available resources in the setting, potential motivators, and break down the outcome into achievable steps
   c. Available resources in the setting, what the parent/routine care giver will do, and break down the outcome into achievable steps
   d. Potential motivators, what the parent/routine care giver will do, and break down the outcome into achievable steps

   The correct answer is **b**. A good procedure will include information that will allow anyone to implement the intervention. A good IFSP procedure will identify resources within the natural setting to make it possible for the parents and caregivers to implement the procedure when ECI staff are not present. A good IFSP procedure will also include potential motivators to serve as reminders to all members of the IFSP team. A good IFSP procedure will also break down the outcome into baby steps thereby ensuring the child's and team member's (including parent's) success with the procedure.

3. The purpose of the LPHA's six month reassessment is to document the:
   a. Supervision of SST, child's current needs and effectiveness of services
   b. Child's current needs, effectiveness of services, and the child's progress
   c. Effectiveness of services, child's progress, and supervision of SST
   d. Child's progress, supervision of SST, and the child's current needs

   The correct answer is **b**. LPHAs do not provide supervision of SST. According to 40 TAC, Part A, Chapter 108, Subchapter L, §108.501(e)(2) SST must be monitored **by the interdisciplinary team,** which must include an LPHA. To assure

that services are medically necessary, the team must continually look at the child's current development needs, including the progress toward the stated outcomes and whether the services provided continue to meet those needs.

4. To establish medical necessity the frequency of services on the IFSP should be planned according to:
   a. The ratio stipulated in the DARS ECI contract
   b. The agency's established standard care ratio
   c. The IFSP team's determination of need
   d. Family availability or preference
   e. Staff availability

   The correct answer is **c**. There must be a documented need for a service to be considered medically necessary. Documentation of need is also required for Part C services. (See 34 CFR §303.13 and §303.34, and 40 TAC, Subchapter K §108.1103.) The ratio stipulated in the DARS ECI contract, "Minimum average of direct delivered services per child per month must exceed two hours," is stated as an average across all children served to allow for individualization of services. The contractor's performance requirements have no bearing on the medical necessity of services. Similarly, any staff performance measures have no bearing on medical necessity of services. Including references to performance measures in the child's record (including the IFSP) undermines the contractor's ability to prove that the provision of services was based on the child's needs. While family preferences should play an important role in prioritizing outcomes and developing procedures, which services and how much are provided must be based on need as determined by the entire team. Documenting in the child's record that a service was removed or reduced because of staff availability undermines the contractor's ability to assert that the service was needed in the first place. In situations in which the contractor is unable to provide a needed service, the contractor is ethically obligated to refer the child to a provider who can provide the service.

5. A good practice to ensure medical necessity of service provision is to replicate what has worked elsewhere. For example, if a Medicaid audit indicated that the services for one child with a diagnosis of Marden Walker Syndrome were medically necessary, I should offer the same services at the same frequency and intensity to other children with Marden Walker Syndrome.
   a. True
   b. False

   The correct answer is **b**. Services must be planned to address the unique needs of the child and family. (See 34 CFR §303.13 and §303.34, and 40 TAC, Subchapter K §108.1103.)

6. Which of the following statements is true:
   a. Case management is limited to assistance with IFSP services.
   b. We must provide at least one hour of case management per month.

c. Providing the same amount of case management to each family indicates a failure to provide medically necessary services.
d. We don't have to document medical necessity of case management services because the IFSP indicates that the expected intensity of case management is "as needed."

The correct answer is **c**. Case management services must be provided and documented to meet the unique needs of the child and family, the same as all other services. (See 34 CFR §303.13 and §303.34, and 40 TAC, Subchapter K §108.1103.) Case management is defined as, "services provided to assist an eligible child and their family in gaining access to the rights and procedural safeguards under the Individuals with Disabilities Education Act (IDEA), Part C, and to needed medical, social, educational, developmental, and other appropriate service" (40 TAC §108.403(1)) and is not restricted to IFSP services. Requiring a minimum amount of case management for each child flies in the face of individualization and medical necessity. Because case management is meant to be responsive to the child and family's needs, it is not possible to predict how much case management will be provided. Regardless, the provision of case management must still be based upon need.

7. What are the factors that need to be considered when planning services:
   a. Knowledge, skill, and abilities of team members; Need across domains (complexity and severity); Staff availability.
   b. Need across domains (complexity and severity); Staff availability; Support needed by the parent (competence and confidence).
   c. Staff availability; Support needed by the parent (competence and confidence); Knowledge, skill, and abilities of team members.
   d. Support needed by the parent (competence and confidence); Knowledge, skill, and abilities of team members; Need across domains (complexity and severity).

   The correct answer is **d**. Services must be planned according to the needs of the child and family (See 34 CFR §303.13 and §303.34, and 40 TAC, Subchapter K §108.1103.) Individual team member's involvement should increase or decrease according to the family's need for support as well as the strengths and experience of other team members. One of the many benefits of a team model of service delivery is the team's flexibility in their service provision over time. This flexibility should also come into play in addressing needs across domains and leveraging the child's and family's strengths. Documenting in the child's record that a service was removed or reduced because of staff availability undermines the contractor's ability to assert that the service was needed in the first place. If the contractor is unable to provide a needed service, the contractor is ethically obligated to refer the child to a provider who can provide the service.