

Q: Is there an exception to allowing texting to be a billable event, when you are texting to a parent who is deaf?

A. Yes, texting a parent who is deaf is allowable and billable as an accommodation for the parent given your program has established HIPAA and FERPA compliance and the event meets the other requirements as a billable TCM event. You must also document this in the child's record.

Q: Can texting be TCM if the parent has a speech impairment and is not understandable or if you are needing to translate what the parent is saying?

A. If the parent's speech impediment is caused by hearing loss, texting would be billable as TCM if all other TCM requirements are met. Remember, you must document this in the child's record. Translation services are not billable as TCM. If the speech impairment is not caused by hearing loss, texting is not a billable means of providing TCM.

Q: Would you consider helping a parent find a job/apply for the job, etc., to be TCM? Or is this an indirect benefit to the child?

A. Although having a parent with a job is beneficial for the family, it is not considered a direct benefit to the child and would not constitute a billable TCM event.

Q: When you are with the parent calling a doctor's office to request a referral and you are placed on hold, is the hold time billable?

A. Yes, if it is a reasonable time. If you are on hold for a few minutes, that time would be billable. However, if you are on hold for more than a few minutes, that time would not be billable as TCM.

Q: How is waiting on hold over the phone billable, but waiting in the doctor's office with the parent not billable?

A. Most wait times in doctors' offices far exceed hold times when calling a doctor's office. As allowed for hold times above, if your wait time in the doctor's office is only a few minutes, then that time would be billable; however, this is not usually the case.

Q: How often are staff going to actual doctor appointments? While this would be nice, we do not have enough staff to actually go to appointments

with families unless it's urgent. Staff would be more likely to discuss it with mom before and after they go.

A. Some programs do attend doctor's appointments with their families, when necessary to help a parent advocate for their child, express the child's needs or understand the doctor's recommendations, but this is not a requirement.

Q: We have a parent with a child who has a visual impairment (VI) and is attending Emergent Literacy Learning. The parent has requested that the SC attend with her to assist her in understanding the content and assist her with how to apply the skills to the child's routine. Would attending or assisting this parent during the class be TCM?

A. If the SC is attending the event to help the parent understand the content and all other TCM requirements are met then yes, this would be considered a billable TCM event. However, assisting the parent with applying the skills to the child's routine is not a Service Coordination activity but a service that may be provided by a therapist or EIS during a service delivery visit and would therefore not be billable as a TCM event.

Q: Is providing information about community events like health fairs considered TCM?

A. If you are providing information about a community event that meets a documented need and is a direct benefit to the child enrolled in ECI, then the answer is yes. However, if you are providing the same information to all families, or if the information is not related to an individualized need of the child that has been documented in the child's record, providing the information, while it may be helpful for the family, is not TCM.

Q: When the SC coordinates the annual evaluation process can you address the review of the Family Rights Handbook and FCS as part of that process? We currently bill for Handbook time but not FCS.

A. Completing the Family Cost Share agreement is a requirement for accessing ECI services; therefore, explaining the cost share system and helping the family with the required paperwork is billable as TCM. If the family asks to amend their agreement at some point, assisting with that is also TCM.

Q. Who is responsible for adding new outcomes/goals? Is developing new outcomes a TCM activity? Isn't an IFSP required to add, discontinue or modify outcomes?

A. An IFSP meeting is not required to add, modify or discontinue outcomes. Any team member working with a child and family, other than a therapy assistant, can and should work with the parent to develop a new goal any time a need is identified. This should be part of a service delivery, evaluation, or re-evaluation visit. If a therapy assistant identifies a need, it should be discussed with the supervising therapist, who should work with the family to create a new outcome. If a therapist or EIS who is not the SC identifies a need, they should work with the caregiver to create an outcome. They should NOT write an outcome by themselves, then give it to the SC to discuss with the parent and add to the IFSP.

If, in the process of assessing or re-assessing a child's needs, the SC identifies a new need, he or she should work with the family to develop an outcome to address the need. The process of needs assessment and identification, as well as assisting the family to meet the need, is the TCM activity; adding an outcome outside of the needs assessment process is not.

Q. Why is assisting a family in applying for Medicaid not considered CM or TCM?

A. The federal Centers for Medicare and Medicaid Services have stated that assisting with Medicaid applications is not a case management activity.

Q. When a family transfers from another ECI program, we complete a Periodic Review to see if needs have changed and if changes are needed to the IFSP. Can we bill scheduling the Periodic Review?

A. If scheduling the review with the parent occurs over the phone or face-to-face, and it takes at least eight minutes, the contact is billable as TCM. This is true of any IFSP meeting scheduled after eligibility determination. All contacts to help a child who was already determined eligible for ECI access ECI services at the receiving program are billable as TCM if the time requirement is met.

Q: If you are helping a parent with translation from a doctor in making sure the parent understands what the doctor is explaining, can that be TCM?

A. Translation or interpreting from one language to another is not TCM. Translation is identified in the Code of Federal Regulations as a separate Part C service. Attending a medical appointment with a family to help them make sense of medical terminology and understand the doctor's recommendations, or to help the family advocate for their child, is TCM.

Q. Is assisting the parent with an SSI application over the phone billable?

A. Yes, assisting a family with any application that directly benefits the ECI-enrolled child, such as SSI, is a TCM activity, as long as the contact is with the caregiver face-to-face or via a phone call, and the activity takes at least eight minutes.

Q. Are case management outcomes in the IFSP required to bill TCM? Does a plan to meet needs have to be documented?

A. Case management outcomes are not required, but are often helpful for the family and the service coordinator to remember what needs were identified, and how they proposed to meet them. Although case management outcomes are not required, any identified needs must be documented in the child's record, either in the IFSP or in a progress note. The SC's plan to meet the needs, including steps he or she will take, as well as steps the family will take, should be documented as well. This will make it easier for the SC to follow up, and will also help auditors understand the service that was provided.

Q. Is it correct that policy no longer requires a monthly SC contact with each child receiving Medicaid, and these contacts should only occur as needed?

A. This is correct. A monthly contact has not been required for several years. TCM, like other Medicaid services, should occur only as necessary. Some families may need help from the SC much more frequently than once a month. Other families with few needs who don't need much help advocating for their child may only need a contact from the SC every few months.

Q. Can you share a sample progress note the state office approves of?

A. At this time, we don't have a sample progress note to share. The requirements for case management documentation are in [40 TAC §108.415](#). The ECI Case Management Checklist includes more detail about what should be documented to help auditors understand the service the SC provided.

Q. If the staff are in the home 30 minutes and 15 is TCM and 15 is CM – should they write two notes? Time is a factor – what is the best way to document?

A. Both services can be documented on one case management note. However, there should be a place for the SC to document what amount of time was spent in TCM activities, so the whole 30 minutes is not billed. The

note should contain enough detail so that a reader can tell which activities met the definition of TCM.

Q. For AI/VI evaluation (post IFSP), our service coordinator has to go to the evaluation at the home with the teacher, and then if the child qualifies for AI/VI services they do a review at that time to add services right after the evaluation while the AI/VI teacher is still there. Usually the SC would give prior written notice and get consent for the AI /VI evaluation right before the evaluation occurs. Based on the webinar, it sounds like we shouldn't be attending any post IFSP evaluations. Is that the same for AI/VI evaluations? Should we even be present when they do their evaluation to get prior written notice (PWN), or are they themselves responsible for getting PWN and consent done? Should we just start scheduling to go immediately after their evaluation like we do for the LPHA since we can't bill for anything or should we just document it as CM on a separate progress note that we were present for a AI/VI evaluation?

A. The SC can attend evaluations, but that time is not billable as TCM. The time providing notice and consent is TCM. If the AI or VI provider is amenable to giving notice and getting consent that meets Part C requirements, that is acceptable, but your program is responsible for having those documents in the child's record. We know not all AI/VI providers consistently get paperwork back to ECI programs. We recommend, if possible, the SC giving notice and getting consent as soon after they schedule the evaluation as possible, then scheduling to return to the home immediately after the evaluation is done to add the service to the IFSP if needed. If it's time prohibitive for the SC to go out at two separate times, giving PWN and securing consent immediately before the meeting and staying there during the evaluation may be the best solution, but that time the AI or VI provider is evaluating is not billable.