

Quality Services  
Webinar #4 – Service Planning  
Questions Asked During Webinar

- Q1: :I thought the outcome (as opposed to the procedure) has to have a routine in it? Is that not correct?
- A1: You are correct. The prompt on the IFSP form for the outcome says “What do we want to happen within which routines or activities, and how we will measure success?” There are times when a desired outcome is one that will generalize over so many routines that it will be difficult to specify one routine in the outcome. Identifying routines in the procedures helps the parent identify opportunities to practice working on the skill.
- Q2: If the plan has SST only and you have an LPHA for reassess on the IFSP grid did I understand you to say you do NOT need to give notice and/or get consent?
- A2: Planning the assessment on the services page gives the parent notice that an assessment will take place, and the parent’s signature on the IFSP signature page is consent for all the services, including the assessment. The start and end dates of the services page should specify a limited date range, such as between 5/1 and 6/1. All other procedural safeguards related to notice and consent apply, so if a specific assessment tool were to be used, additional notice would be required to inform the parent of the tool that will be used
- Q3: If the reassessment is on the services page does one still need to get written consent?
- A3: Not if all other requirements for procedural safeguards regarding notice and consent have been met by placing the re-assessment on the services page.
- Q4: When you indicated reassessment would need to be included on the IFSP in the future for LPHA who is providing ongoing services, how do you anticipate this would look on the services page? Or did I misunderstand?
- A4: Reassessment will not have to be listed as a service on the IFSP if the LPHA is providing an ongoing service. The LPHA’s re-assessment can be done as a formal assessment (evaluation in billing language), or as a part of service provision, or part of the IFSP meeting. Please see the “Eval Crsswlk Dec 2012” on the ECI extranet under Third Party Billing.
- Q5: If an IFSP only has ST and the service is provided by an SLPA, must an LPHA /SLP plan RA on the IFSP?
- A5: No.
- Q6: Why are we required as LPHA to monitor the SST if they are not linked to us?
- A6: 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. The Medicaid State Plan states that all specialized rehabilitative services (OT, PT, Speech, and SST) are recommended, developed and documented in an

IFSP by an interdisciplinary team, which includes an LPHA (Appendix 1 to Attachment 3.1-A, Page 7o). Federal regulations require that all rehabilitative services be recommended by a physician or other licensed practitioner of the healing arts (42 CFR, Chapter IV, Subchapter C, Part 440, Subpart A, §440.130(d)).

Q7: Most of these things (routines, motivators, etc) are recorded in the RBI portion of the IFSP. Why do they need to be repeated on the goal if they are linked via number for places family needs help and things that are going well?

A7: The RBI section of the IFSP is intended to identify routines of the family that are impacted by the child's delays. The team's discussion should include determining whether the family feels comfortable addressing the need themselves, or if they want help. Once all the areas of need are identified, the discussion should include helping the family prioritize the areas to be addressed. These things should all be noted in the RBI section of the IFSP

Then outcomes are developed to address each identified need. The procedures for each outcome should be specific to the outcome. Families often need help identifying all the different opportunities that exist in their daily routines for supporting their child's development, how to use motivators identified in one area may be applied to different situations, and ways to vary existing activities to promote development.

Your role as an ECI provider is to help families understand the connections between the needs they have identified, the outcomes the team has developed, and the services you will be providing. One of the ways you do this is by including the information specified in the IFSP instructions in the procedures. Making the connection between the information documented in the RBI section, the outcomes, and procedures in one place will also increase the odds of auditors understanding the need for services.

Q8: What would be recommended for creating procedures that are fit for "grandma" but that also support the differences between what an PT might do versus an SST provider (and in a way that would meet requirements for DARS and our payer sources)?

A8: Some procedures could be more medical in nature and/or more discipline specific. Others are more about cognition, motivation, and the interrelatedness of developmental domains. Only after all the procedures are developed can you determine which members of the team will work with the family. State office staff are working on detailed materials about SST. Typically payer sources do not have requirements around procedures.

Q9: We've heard from some PDs of programs who have been audited that they were told they should have discipline specific outcomes - the EIS should be working on particular outcomes and the therapists should be working on others.

- A9: At this time DARS has received no information from HHSC, the State Comptroller, or CMS indicating that IFSP outcomes or procedures must be discipline specific. At this time no ECI contractor has given DARS ECI a copy of an audit in which the recommendation of discipline specific outcomes has been made. When discussing audit results, it is necessary to know what entity conducted the audit, and the specific citations that were made.
- Q10: If an LPHA and EIS are both providing SST separately and there are no other services on the services page, does there need to be RA listed on the services page as well?
- A10: SST services may only be provided by an EIS (40 TAC, Subchapter E, §108.501).
- Q11: When Fran mentioned the example of EIS and SLP on the assessment team, and the child qualifies with a motor delay, does the team have to refer to the motor therapist or is it optional pending the team's recommendation?
- A11: Most of the time, an assessment by a motor therapist will be needed. The motor therapist provides clinical knowledge that no one else on the team has. The ECI approach looks at the whole child. The team needs to consider other areas of delay, qualifying or not. It is the team's decision as to whether or not a motor assessment is needed.
- Q12: In a case where speech is the presenting concern but area for eligibility is motor, the IFSP is developed and a discipline specific assessment is done by the OT and it is determined that the OT needs to be added and can serve as the LPHA, should the SLP sign off on the revision if there is a change to the OT as the LPHA?
- A12: Changes to the IFSP services page requires the signatures of all members of the IFSP team. At the time of the revision the SLP is still a member of the team. Following the revision the team consists of the OT, the service coordinator, parents, and any other service provider.
- Q13: Will Making It Work be updated to reflect this training (procedures in MIW are more general)?
- A13: MIW modules are reviewed every year and updates made as needed..
- Q14: The procedure examples given in Making It Work are much more general procedures. Are we moving back to specific strategies listed in addition to the more general procedures?
- A14: The IFSP Required Elements Instructions describes what must be provided in procedures. Information provided in the webinar expands on and provides detailed explanation about how to develop procedures. We recommend that your staff be familiar with all of the required element instructions. (Beatrice – move to the other MIW question)