

Rules Webinar Q & A July 2019

Q. When is the 20 hours rule for the EIS across two years effective? If I have a staff who has CEUs due in July, is the due date now extended to next July?

A. The rule update requiring a minimum of 20 contact hours of approved continuing education every two years went into effect on June 30th, 2019. The number of CPE hours hasn't changed, just the time frame for completion. Before the update, if an EIS completed more than 10 hours in a single year, they still had to complete 10 additional hours the next year. The three hours of ethics every two years was not impacted by this update. The purpose of this update is to align EISs' CPEs and ethics requirements. An EIS's ethics due date determines how the rule update impacts their record. Here are a couple scenarios of how the update is impacting EISs in the registry:

1. An EIS was approved on or after the June 30th update,
2. their CPE/ethics are due the same year, so their CPE/ethics are aligned, and both will be due in 2021
3. Another scenario is an EIS whose 10 CPEs and ethics were both approved on June 1st, 2019.
 - In order to align their CPEs and ethics, this EIS will be updated in the registry to 20 hours of CPEs due in two years.
 - This EIS now has until June 1st, 2021 to complete three hours of ethics and 20 hours of CPEs.
4. A third scenario is an EIS whose 10 CPEs were approved on June 1st of 2019, but their ethics were approved last year and aren't due again until June 1st, 2020.
 - This EIS's renewal will be 10 CPEs and three ethics due in one year on June 1st 2020.
 - Once their hours are approved in 2020, they will be updated in the registry to 20 hours of CPEs and three hours of ethics due in 2022.

As you can see, depending on when CPE and ethics are due impacts the alignment. We are working with the registry web designers throughout this transition. We recognize that there may be additional variations and we will be working with them on a case by case basis.

Q. If a child has both Medicaid and private insurance, the family can decline billing private and consent to Medicaid only?

A. A family always has the right to decline to bill a private insurance provider. However, Medicaid will likely not pay for services other than Specialized Skills Training or Targeted Case Management, unless there is a denial from the private insurance plan. If the family chooses not to give

consent to bill the private insurance provider, you may charge their assigned maximum monthly charge, if there is one.

Q. Can Specialized Skills Training (SST) now be a stand-alone service on the IFSP grid if this is something that team (including family) agrees is appropriate?

A. Yes, that is correct. If there is no other ongoing service, SST may be the only service on the IFSP Services Page. However, the child must still be assessed by an LPHA within 45 days prior to a periodic review.

Q. I am confused about Re-Assessment (RA) and the role of the Licensed Professional of the Healing Arts. I understand we don't need it on the grid - it's no longer a service. But if a child gets SST only, they have to have RA 45 days before changing the grid? Or they only re-assess at annual? Or at 6 months and annual?

A. A child must be assessed by an LPHA within 45 days prior to any periodic review (PR), whether it is a PR held to change services, or a PR scheduled six months from the last IFSP. An LPHA must be on any team that determines or re-determines eligibility, so they will be part of the annual evaluation.

Q. Does a service coordinator (SC) in the Individualized Professional Development Plan? (IPDP) process right now have to abide by the one-year rule to complete the IPDP?

A. An SC who was hired on or after June 30th, 2019, must comply with the updated rule requiring a service coordinator to complete all assigned activities on the service coordinator's IPDP within one year from their hire date. Any SC hired prior to the June 30th, 2019, rule update, is not required to complete all IPDP activities within one year of their hire date.

Q. For children who currently have RA planned on the grid how do we proceed?

A. Your agency may proceed in whatever way you determine is best.

Q. Do children who are in CPS conservatorship but are placed in foster homes by placement still require parental consent to release info to the placement agency? That is the way we've always handled it.

A. You are correct. The Uninterrupted Scholars Act applies only to information given to a child's CPS caseworker or person fulfilling the same role for a tribal organization. It does not apply to foster placement agencies.

Q. Can you review again what you said about using clinical judgment when determining continuing eligibility?

A. Informed clinical opinion must be a component of determining and re-determining eligibility for ECI, according to 34 CFR § 303.321(a)(3)(ii). This does not mean a child does not have to meet the eligibility requirements set forth in rule. For example, clinical opinion can be used by the team in scoring individual BDI-2 items. Other examples of how teams can use informed clinical opinion can be found in the archived webinar, Eligibility Changes and the BDI-2, Part 1.

Q. Will there be a new MOU between DFPS and ECI?

A. Yes, DFPS is working on a revised MOU that will cover the changes resulting from DARS transitioning to HHSC, DFPS moving out of HHSC, any rule changes and recent legislation.

Q. Will new brochures say Specialized Rehabilitative Services (SRS) rather than SST?

A. SRS is not a new name for SST. SST remains an important ECI service, and the name is not changing. SRS is (and has been for several years) the name Texas Medicaid uses to refer to the four services provided under Provider Type 11, that is, SST, physical therapy, occupational therapy, and speech therapy.

Q. On the LPHA at the hospital, is there any requirement that the RN be a Bachelors RN or is it ok if he/she is an Associates RN?

A. The requirements for the LPHA on the hospital team are the same as those for an LPHA employed by an ECI program. Rule does not specify degree requirements for RNs.

Q. For the children who don't need eligibility determined, but still need an IFSP, what type of IFSP is required? The Annual IFSP or a Periodic IFSP?

A. The children in question will still need an Annual IFSP.

Q. When do these rules go live? Specifically, when can we stop doing the annual evaluations for those kiddos that fall in the category of no longer needing it?

A. The rules went into effect on June 30, 2019.

Q. How long do we have to complete IFSP reviews to remove any planned RA that are currently on children's IFSPs?

A. Your program can determine if and when to remove planned RAs.

Q. What is the ETA on a new IFSP services/signature page that will remove reference to service provision with someone other than the parent/routine caregiver?

A. We do not currently have an estimated date on when the item related to justifying services with a non-parent will be removed. At this point, you may instruct IFSP teams to ignore that item.

Q. Most of our therapists are assistants. Can we continue doing RAs, but just not plan them on the IFSP? Otherwise, what are the other options?

A. RA, as it was used in ECI, was a different activity than supervision of an assistant by a therapist, although both could be accomplished in the same visit. Therapy supervision is not, and has never been, something that should be listed on an IFSP. It is not a service to a child and family, but rather a licensure requirement for an assistant.

Q. For the change in supervision documentation, does this change the IPDP supervision requirements of 1 hour per week documented or just after EIS/SC credential achieved?

A. The change in supervision documentation does not change the IPDP supervision requirement of one hour per week or the requirement for supervision after the individual is credentialed. The change only applies to the requirement of documentation of supervision.