

## Rule Update Webinar Q and A

**Q 1:** Will the state create a State Consent for Release or should we just add that 5 year statement to our form?

**A 1:** DARS ECI will create a sample form. It is also acceptable to add the new time limit to your program's current form. Please note that the five year time limit only applies to consents to release information for billing records (i.e. consents to release information to third party payors).

**Q 2:** We used to track in TKIDS when a child is withdrawn by the family due to the FCS. I believe that is no longer an option, but I think that is important to track with all of the continuous changes in FCS. Is it possible to add "withdrawn by family – FCS" as an exit reason in TKIDS?

**A 2:** DARS ECI does not intend to add this as an exit reason into TKIDS. Programs may choose to track this information at the local level.

**Q 3:** Is it still true that if the medical diagnosis resolves itself (i.e. failure to thrive) we should conduct a re-eval?

**A 3:** Once the child's eligibility is established, it is valid for one year, or for six months if the child was determined eligible with a qualitative determination of developmental delay. If the child qualified with a medical diagnosis and at the annual evaluation the team has documentation that the medical diagnosis is resolved, the team must complete an evaluation using the BDI-2 to determine if the child qualifies with a developmental delay.

If the team receives notification that the qualifying medical diagnosis is resolved during the established eligibility period (for example, 3 months after enrollment), eligibility in TKIDS is not changed. However, documentation of the need for services must still be contained in the child record. The team should document acknowledgement of the discontinued diagnosis. They should then review the child's current needs assessment, the outcomes that resulted from the needs assessment, and document in the child's record that, even though the diagnosis is resolved, a need for service continues. Formal testing may be completed, but is not necessary. We would recommend handling this as a Periodic Review (see # 108.1017 Periodic Reviews (d) Additional periodic reviews of the IFSP are conducted more frequently than six-month intervals if requested by the

parent or other IFSP team members). In this case, the additional periodic review would be requested by the IFSP team members.

**Q 4:** If outcomes in current IFSPs don't meet the targeted participation guidelines, how long do team members have to revise them to reflect the March rules?

**A 4:** Typically, a new rule is monitored by DARS ECI approximately four months after becoming effective to allow time for full implementation. However, DARS ECI may monitor a new rule at any time after the rule becomes effective.

**Q 5:** Will the state calculator also be modified to help with figuring out the new FCS? Will you provide a formula or chart for the new FCS system?

**A 5:** Yes, the Family Monthly Maximum Charge chart will be revised before 9/1/2015 to reflect the new FCS sliding fee scale.

**Q 6:** Please clarify that an EIS and PT can make a team that can determine a child eligible for qualitative determination of developmental delay (QDD) for a child in an area outside of Fine and Gross Motor. The EIS is knowledgeable in the area of concern (social emotional/behavior).

**A 6:** Rule §108.821 Qualitative Determination of Developmental Delay states that the interdisciplinary team who determines a qualitative determination of delay must include an LPHA knowledgeable in the area of concern. According to the Eligibility Statement instructions, the LPHA acting within the scope of his/her professional license, must participate on the interdisciplinary team to identify the concern. In theory, a PT who works for ECI and the EIS should both be highly knowledgeable in all areas of child development. Ultimately, the Program Director is responsible for determining if the PT has the appropriate knowledge to serve as the LPHA on a team to determine a qualitative delay.

**Q 7:** The 30 day requirement for EISs to complete the Orientation to ECI seems reasonable but what happens if an emergency arises and the person fails to complete it? Is there a process of what happens next?

**A 7:** An EIS cannot receive a caseload or provide services until the Orientation to ECI is complete. If the 30 day timeline is not met, the EIS is considered "inactive" and cannot provide services as an EIS. Once the Orientation is complete and the date of completion is documented in the EIS Registry, the EIS returns to active status and can provide services as an EIS.

**Q 8:** What is the Orientation to ECI?

**A 8:** The Orientation to ECI includes; the Making It Work training module, a self-assessment, and the creation of an individualized professional development plan (IPDP). Service Coordinators must also complete the Family Centered Case Management module as part of their Orientation to ECI. More information about the Orientation to ECI can be found in the [New MIW and EIS IPDP Modules](#) webinar.

**Q 9:** §108.1004 IFSP – A “plan” is referenced in this section for conducting annual meetings outside a “face to face” session. Is this a global plan for the contractor or child specific?

**A 9:** Rule §108.1004 (b) (1-2) and (c) states:

*(b) The annual meeting to evaluate the IFSP may be conducted by means other than a face-to-face meeting if:*

*(1) approved by the parent; and*

*(2) the contractor has a plan approved by DARS for conducting annual meetings to evaluate the IFSP by means other than a face-to-face meeting when appropriate for the child and family and approved by the parent, in which case the contractor must document how the most recent observations and conclusions of the LPHA conducting the re-evaluation were communicated and incorporated into the IFSP.*

*(c) The parent must be informed of his or her choices for conducting the annual meeting.*

The plan approved by DARS is one that outlines the general procedures the contractor has in place for any annuals that occur by means other than face-to-face. Every time an annual is conducted by means other than face-to-face it must be approved by the parent and it must be appropriate for the child and family.