**Questions from 8/14/12 SC CM TCM webinar**

1. **Question:**
   Service Coordinators in our ECI office are completing a “Case Management Monitoring Note” in which we are following up on all needs and resources of the child and family, including medical, social, educational, developmental progress and service delivery. This monitoring note gives a full picture of what has occurred since the last month in all areas, any new needs that have developed or progress in achieving needs. Does the time spent in the home following up on all these areas count as TCM? Also, if a topic comes up during this discussion that does not directly benefit the child, such as the need for GED info for another adult family member, do we subtract the minutes spent discussing this from our total TCM appt. time?

   **Answer:**
   Time spent following up on the child’s medical, social, and educational needs, developmental progress and service delivery meets the definition of TCM if it occurs with the parent or routine caregiver and takes at least eight minutes.

   You are correct. Time spent on topics that are not of direct benefit to the child, like helping the parent get a GED, cannot be billed as TCM and must be subtracted from the time submitted on the TCM claim.

2. **Question:**
   If a Service Coordinator speaks with a parent over the phone about something that does not directly benefit the child, such as GED information, employment information, help with school issues for older siblings, etc.; does it need to be documented anywhere, and what does that time fall under if it is not SC, CM or TCM?

   **Answer:**
   DARS ECI does not require you to document the time spent assisting the family with needs that do not directly benefit the child; however, documenting this information in progress notes helps capture the complete picture of family needs. The activities you have listed here can be appropriately addressed with referrals to other resources. Time spent assisting the family with needs that do not directly benefit the child should **not** be entered into TKIDS. If selected to participate in the Random Moment Time Study (RMTS) at this moment, the activity should **not** be identified as either SC or CM. You can identify it as “Referral” (if appropriate) or “None of the above” and then enter a brief (2-3 sentence) description of what you were doing during that moment.

3. **Question:**
Can someone who is not functioning as the ECI child’s case manager/service coordinator (like a PT) provide service coordination or case management activities according to the new definitions in Document 12-071; or can these activities only be provided by the SC/CM?

Answer:
The Texas Administrative Code, Title 40 (40 TAC), Part 2, Chapter 108, Subchapter D, §108.411(a) states, “Early Childhood Intervention (ECI) case management services must be provided by service coordinators who meet the educational and work experience requirements, commensurate with their job requirements, as specified in Subchapter C of this chapter (relating to Staff Qualifications).” §108.411(a) goes on to state that there must be an assigned service coordinator from the point of referral and throughout the child’s enrollment in ECI.

The Texas Kids Intervention Data System (TKIDS) manual, Page 58, first bullet states, “Programs must enter only SC/TCM provided by the assigned service coordinator.”

A PT who is not the assigned service coordinator may assist the child and family with access to rights, safeguards, and needed services. Such activities do not, however, meet the definition of SC, CM, or TCM. To be considered SC, CM, or TCM, the service must be provided by the assigned service coordinator.

A PT may assist the family in accessing assistive technology or coordination with a physician. These activities are within the scope of practice for a PT and would be considered as a physical therapy service.

Question:
Would texting and or emailing be activities that could be coded as case management or service coordination (as long as they met the other parts of the definitions for these activities)?

Answer:
We are not sure what is meant by “coded.”

The TKIDS manual, Page 57, indicates that only face to face and phone contacts can be entered into TKIDS. So time spent texting or emailing would not be entered into TKIDS.

Time spent texting or emailing can be considered CM but not TCM. Therefore if the child has been determined eligible for ECI, texting and emailing would be identified as CM in RMTS, but it cannot be submitted to TMHP as a
billable service event.

If the child has not been determined eligible for ECI, texting and emailing would be identified as SC in RMTS and cannot be submitted to TMHP as a billable service event.

The use of email and texting may be in violation of the Health Insurance Portability and Accountability Act (HIPAA) privacy and confidentiality requirements.

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<th>Question: An activity that meets the definition of TCM that is delivered via video phone/video IM, Skype or Go To Meeting a billable TCM activity?</th>
<th>Answer: No. In the State of Texas, Medicaid funding of services provided via telemedicine and telehealth is restricted to specific areas of the state, provider types, service locations, and procedure codes. (Please see Texas Medicaid Provider Procedures Manual, Section 8.2.71; 1 TAC, Title 1, Part 15, Chapter 354, Subchapter A, Division 33; Texas Government Code, Chapter 531.) The use of telehealth technology for the provision of CM is not in compliance with the ECI case management rule as the rule states the service may be provided face to face or by telephone (40 TAC, Title 40, Chapter 108, Subchapter D, §108.405(b)). Therefore, activities that occur via televideo or teleconference cannot be reimbursed by Medicaid. The use of video phone/video IM, Skype, and GoToMeeting may be in violation of HIPAA privacy and confidentiality requirements.</th>
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<td>Question: Could more clarification be provided on the comprehensive needs assessment information that Fran presented as it relates to processes and procedures for eligibility determination, justification of need and initial and annual IFSP development with children who have a medically qualifying diagnosis.</td>
<td>Answer: The new federal regulation, 34 CFR 303.321 clarifies a practice that Texas has had for many years. “A child’s medical and other records may be used to establish eligibility (without conducting an evaluation of the child) . . .” Therefore, completion of the BDI is NOT a requirement for children who are eligible due to a qualifying diagnosis. “If the child’s Part C eligibility is established under this paragraph, (By medical records), the lead agency or EIS provider must conduct assessment of the child and family in accordance with paragraph © of this section.”</td>
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Comprehensive assessment is required to “identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs.” Assessment of the child includes “personal observations of the child and the identification of the child’s needs in each of the developmental areas.” A family directed assessment must be conducted to “identify the family’s resources, priorities, and concerns, and the supports and services necessary to enhance the family’s capacity to meet the developmental needs of the family’s infant or toddler with a disability.” The family directed assessment must be “voluntary on the part of each family member participating, be based on information obtained through an assessment tool and also through an interview . . , and include the family’s description of its resources, priorities, and concerns related to enhancing the child’s development”

A tool is required for the comprehensive assessment. Examples of tools include the RBI, Julianne Woods’ Family Guided Routine’s Based Intervention, Help family interview, or the IFSP form.

| 7 | Question:  
|   | Regarding the Service Coordination/Case Management Matrix:  
|   | Under the activity for "Contact that is not face to face or phone," it is marked as "CM." Does it mean that any contact with collaterals or with parents via email, text, and/or fax is considered CM?  
| Answer:  
|   | Activities that occur after the child has been determine eligible for ECI and do not include phone or face to face contact with the parent or routine caregiver can be considered case management, but not TCM. The use of email and texting may be in violation of the Health Insurance Portability and Accountability Act (HIPAA) privacy and confidentiality requirements. |

| 8 | Question:  
|   | Regarding the Service Coordination/Case Management Matrix:  
|   | Under the activity for "Assisting a family with obtaining or maintaining Medicaid eligibility," it is marked as "Other." However, when service coordinators assist families with this activity for the ECI child, they are assisting families in obtaining health insurance for the ECI child. Wouldn't this be considered TCM?  
| Answer:  
|   | The Centers for Medicare & Medicaid Services’ (CMS) State Medicaid Manual, Section 4302(G)(2) indicates that Medicaid eligibility determinations and re-determinations and Medicaid eligibility intake processing cannot be reimbursed as TCM. CMS further defines what they mean by “Medicaid eligibility determinations and re-determinations and Medicaid eligibility intake processing,” in their 2003 Medicaid School-Based Administrative
Claiming Guide. CMS required that Texas include this same definition in the approved Texas Time Study and MAC Guide. It is as follows:

CODE 2.b. ELIGIBILITY - MEDICAID
Use this code when assisting an individual in the Medicaid eligibility process. Include related paperwork, clerical activities, or staff travel required to perform these activities. This activity does not include the actual determination of Medicaid eligibility.

General examples.
- Verifying current Medicaid eligibility status.
- Explaining Medicaid eligibility rules and the Medicaid eligibility process.
- Referring individual or family to the local Assistance Office to make application for Medicaid benefits.
- Tracking referred clients/students to substantiate completion of the Medicaid application process and offering assistance.
- Assisting to complete a Medicaid eligibility application.
- Assisting in collecting/gathering required information and documents for the Medicaid application.
- Assisting to provide third party resource information at Medicaid eligibility intake.
- Participating as a Medicaid eligibility outreach outstation, but does not include determining eligibility.
- Providing necessary forms and packaging all forms in preparation for the Medicaid eligibility determination.


The Medicaid State Plan (Supplement 1 to Attachment 3.1-A, Page 1F.3) includes an assurance that Medicaid eligibility determinations and re-determinations and Medicaid eligibility intake processing will not be reimbursed as TCM.

The Centers for Medicare & Medicaid Services’ (CMS) State Medicaid Manual, Section 4302(G)(2) also indicates that Medicaid eligibility determinations and re-determinations and Medicaid eligibility intake processing may be reimbursed as a Medicaid administrative cost. The State, therefore, uses Medicaid Administrative Claiming (MAC) to reimburse ECI contractors for assisting the family with becoming Medicaid eligible. Therefore, when the Service Coordinator is assisting the family in obtaining or maintaining their Medicaid eligibility this time should not be identified as SC or CM in RMTS. As indicated in the last paragraph of the narrative document of Document Numbered 12-071:

RMTS - Assisting a family with obtaining or maintaining Medicaid eligibility should be identified as “None of the above” and a very brief description of what she/he was doing during that minute should be written into the open text box.
(The October update to RMTS will provide an initial selection option of “**Application for monetary assistance or public health benefits.**”)

Please remember that assisting the family with access to other funding sources to benefit the child (e.g., food stamps, TANF, CHIP) can be reimbursed as TCM.

**Question:**
We understand helping a family apply for Medicaid is not TCM. However, in the narrative form page 4 at the bottom it references that “Application for monetary assistance or public health benefits” will be added as an option to RMTS. This proposed the questions as to whether helping a family apply for SSI would be not be considered TCM. If a child is already receiving Medicaid we had understood from previous MAC trainings that helping a family apply for SSI would be considered TCM. Which is correct?

**Answer:**
Helping the family to access SSI for their child is CM and can be billable as TCM for the time spent with the parent or routine caregiver. In RMTS, when the service coordinator is helping the family with Medicaid eligibility, the service coordinator should not identify the activity as Service Coordination or Case Management. In October 2012 they should select “Application for monetary assistance or public health benefits.” If the service coordinator is helping the family with SSI, the service coordinator should identify the activity as Service Coordination or Case Management.