



The Update:

News and Information for MA Early Intervention Providers

December 2007

Welcome to "The Update." This is a periodic newsletter focusing specifically on issues and information in MA Early Intervention. This edition highlights the National Provider Identification (NPI) for Clinicians, the NCSEAM Survey and FY07 Annual Report. Some versions will be paper; some electronic. Please let us know how you like this format!

National Provider Identification (NPI) for Clinicians



As noted in the memo dated October 26, 2007 from Robert Seymour and myself, the Massachusetts Department of Public Health, with the recommendation of the Early Intervention (EI) Data Advisory Group, will be requiring the collection of the individual National Provider Identification for all clinicians providing direct services from EI agencies. The individual NPI will be used as a non-confidential unique identifier for the DPH personnel database for the purpose of identifying, tracking, and updating information on clinical staff. The DPH also anticipates that this information will eventually be required for billing purposes.

This policy is effective January 1, 2008.

Early Intervention Programs should be collecting this information from providers now. The Personnel Reconciliation report will be sent to all Program Directors in January in an effort to collect the NPI for all active clinicians. The Certification Tracking Form has been updated to include the NPI for all new staff being hired after January 1, 2008. Programs that are already collecting NPI can begin using the form now.

In order to ensure the timeliness of processing and reviewing staff credentials the DPH will grant a "presumptive provisional certification" based on the review of credentials for entry level provisional certification as an Early Intervention Specialist for any professional staff person who does not have the NPI at the time of hire in order to expedite the hiring process.

Programs will be given up to one month from the date of approval of the "presumptive provisional certification" to submit the NPI for newly hired staff. Please notify by email, Lynne Deschamps, Central Regional Early Intervention Specialist who will keep track of NPI submissions (lynne.deschamps@state.ma.us). **Programs may jeopardize billing for individual staff if the NPI is not obtained within the required timeframe.** It is required that all staff providing direct service including salaried, fee for service, and consultants obtain an NPI. The DPH may, under *extraordinary circumstances*, waive this requirement. Requests must be made to the Regional Specialist in writing.

Specialty Providers for children with hearing loss such as deaf educators or teachers of the deaf will also need to obtain an NPI and should be coded as Developmental Therapists.

Please remember to use the correct Certification tracking forms and provide all the required documentation in a legible format.

If you have any questions regarding the NPI please feel free to contact your Regional Specialist or myself.

NCSEAM Family Survey — Frequently Asked Questions

1. Why do families have to use a pencil to fill out the Survey?

The Survey is scanned by a machine that only recognizes pencil. Any survey filled out in pen is not scannable and therefore not counted.



2. Our Program is running out of Surveys. What should we do?

EI programs were given a specific amount of Surveys based on the number of Annual IFSP meetings that occurred in FY06. The Department estimated the number of Six Month IFSP reviews based on this number. The Department only has a small number of scannable surveys to distribute in the event a program runs out of sur-

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NCSEAM FAMILY SURVEY

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veys. Please be sure that you are only giving Surveys to families who are having a six-month IFSP review. Programs will receive an additional supply of surveys in July 08 that reflect Annual IFSP meetings for FY07.

3. What should I do about a family who recently transferred into my program and is now due for a six month IFSP review?

Surveys should be given to families who have been in your program for six months so that the information they provide on the survey is helpful and relevant to you. Those families/children who have transferred from another EI program should not be asked to fill out a survey until they've been with you for six months. The only exception would be a family whose child transfers in five months before aging/transiting out. We do want to hear from as many families as possible so think this exception makes sense.

FY 07 ANNUAL REPORT Question & Answer



Thank you for all of the hard work in the completion of the FY 07 Annual Reports. The information and data provided by local Early Intervention programs is critical for the completion of the State Performance Plan and Annual Performance Report. Remember the Annual Report is due to your Regional Specialist by December 14, 2007. The following provides some guidance from questions that the Department has received regarding the Annual Report.

1. The Health & Safety Affirmation page does not allow for a signature in the box. It has an arrow in the drop down box, but no drop down occurs. What should program directors do?

Providers may ignore the signature as long as providers have included their name, program name and program address on that page. The Department will then consider it signed.

2. Can I submit the Annual Report in separate Excel files?

No, for data collation purposes the Annual Report should be submitted as one Excel file with all the sheets completed and one Word document with the Health & Safety Affirmation. In addition providers should send the completed file review sheets to their Regional Specialist.

3. Due to the DPH internal reorganization I have a new Regional Specialist, do I need to resubmit all of my program policies and procedures?

No, Early Intervention Providers with new Regional Specialists do not need to resubmit policies and procedures from last year's Annual Report submission *unless there is a change in the policies and procedures that were submitted last year*. All information gathered from last year's Annual Report has been transferred to your current Specialist.

Comments and questions to:

Patti Fougere

Acting Assistant Director of Early Childhood Programs

781-774-6742

Patti.fougere@state.ma.us