



The UPDATE

News and Information for MA EI providers!
June 2014

Important Dates:



Thursday June 12, 2014: ICC Meeting: Best Western Royal Plaza Hotel, Marlboro

Wednesday June 18, 2014 RFR Responses DUE

Tuesday June 24, 2014 DPH Monthly Webinar: FY 13 General Supervision Activities - Year end Review

Wednesday June 25, 2014 EI Program Directors Session, Best Western Royal Plaza Hotel, Marlboro.

Register on the EITC website.

www.eitrainingcenter.org

General DPH Announcements:

EI Brochure:

The Department has re-formatted the EI Brochure to reflect the look of the Certification for EI Specialist (CEIS) manual as a branding opportunity and to remove the language related to the Family Fee. Programs will receive copies of the EI brochure in English at the upcoming Program Director Session on June 25, 2014. Translations of the EI brochure are being completed in Spanish, Haitian Creole, Portuguese and Vietnamese and will be posted as pdfs on the EI website shortly. Programs may order additional brochures by contacting Betty Daveiga at 617-624-5914; betty.daveiga@state.ma.us or Cynthia Wallace at 617-624-5989 or Cynthia.wallace@state.ma.us.

Data Manager Updates:

The EIIS Upgrade is READY

The EIIS Client application upgrade is ready. There are a number of preparations and considerations in upgrading from an XP/Office 2003 machine to Windows 7 (32-bit) and Access 2010 (32-bit) before installing the new EIIS version. An email was sent to program directors on 6/6/2014 that provided additional information that should also be forwarded to your IT contact person. If there are any issues, questions or concerns regarding the EIIS upgrade please contact Jean Shimer at (617) 624-5526 or jean.shimer@state.ma.us.

EIIS Paper Forms

All EI program directors received the new version of the EIIS paper forms, along with a list of changes, via email on 5/29/2014. Programs can begin using these updated forms immediately or can schedule the best time to begin using them within the next one to two months but no later than July 1, 2014.

EITC Update:



BDI-2 Fidelity Study at UMASS Boston

UMASS Boston has been awarded an internal grant that will focus on the fidelity of administration of the BDI-2 in Early Intervention in Massachusetts. Through this grant, they will collect video of the full battery being administered to a child in Early Intervention and will code the video based on a fidelity checklist. The grant will also allow UMASS Boston to create training materials and to give feedback to the EI field. All data and reporting will be in aggregate. No findings on individual recordings will be reported. DPH/EITC is partnering with UMASS to support the collection of data (video) and the creation of training materials. This project will run from July 2014-July 2015.

Please contact Noah Feldman with interest in this project:

Noah.feldman@state.ma.us

Specialty Services Update:

The revised Referral Form for SSP services for children with ASD is attached at the end of the UPDATE. Each EIP should fill in the list of SSP providers available to the families in their area. This form is effective **July 1, 2014**.

The Initial Start Up Process guidance for children referred to Specialty Services for ASD is attached at the end of the UPDATE. It has been shared with the new SSPs, with the acknowledgement that some EIPs have developed variations of this guidance and will provide those versions to the SSPs.

There is **one significant change** in this guidance from previous versions that you should note. It has been determined, through an internal review by DPH counsel, that **the entry on the IFSP Service Delivery Page for SSP may be agency specific for both supervisors and line staff (vs. listing the individual clinician)**.

The new SSPs have been assigned program codes to use when submitting services for these additional agencies. These are attached at the end of the UPDATE.

REFERRAL TO SPECIALTY SERVICE PROVIDERS FOR ASD

<i>Date of referral</i>	<i>SSP Agency</i>

FAMILY INFORMATION:

Child's Name: _____ Date Of Birth: _____

Home Address: _____

Home Phone: _____

Parent's Name: _____ Contact Phone: _____

Parent's Name: _____ Contact Phone: _____

Health Insurance Plan: _____

EARLY INTERVENTION INFORMATION:

EIP: _____ Fax: _____

Service Coordinator: _____ Phone: _____

Supervisor/Program Director: _____ Phone: _____

DPH Registration Number: _____ - _____ - _____

Day/Time Regular Visits _____

Diagnosis: _____ Date: _____

Provided By: _____

Is the family expecting a call from the SSP? YES NO

Should the SSP contact the Service Coordinator? YES NO

OTHER RELEVANT INFORMATION:

Day/Time Family Available _____

Childcare Schedule: _____

Other: _____

**SPECIALTY SERVICES FOR CHILDREN WITH ASD
INITIAL START UP PROCESS**

<i>STEP</i>	<i>BEST PRACTICE GUIDANCE</i>
CHILD DIAGNOSED WITH ASD	<ul style="list-style-type: none"> • Child not in EI needs to be referred • EI intake can be streamlined to expedite SSP referral as federal regs allow eligibility based on outside medical records/Dx
EIP OBTAINS WRITTEN CONFIRMATION OF DIAGNOSIS	<ul style="list-style-type: none"> • EIP should contact Director of Office of Specialty Services to review diagnoses that are unclear
EIP BEGINS PRIOR AUTHORIZATION PROCESS WITH HEALTH PLANS	<ul style="list-style-type: none"> • MassHealth: complete “Checklist for MassHealth Waiver”-no prior authorization required • Private insurance: EIP verifies autism benefit; follows insurer’s prior authorization protocol
EIP INFORMS PARENTS OF SSP(s); PARENT SELECTS SSP(s) FOR INTAKE; PARENT AND SERVICE COORDINATOR DETERMINE WHO WILL CONTACT SSP	<ul style="list-style-type: none"> • If the SSP(s) the parent selects for intake is under contract with the EI, the contracted SSP is considered a “participating agency” and the consent for the release/exchange of information is not required. If the SSP the parent selects for intake is not under contract with the EI to provide services, consent for the release/exchange of information <u>is required</u> prior to disclosing any personally identifiable information. • EI Program completes a PWN form with “A change in EI service is being proposed” and “An assessment to determine ongoing strengths and needs” checked. • EIP sends SSP Referral form to area SSP(s) • EIP Service Coordinator adds entry to IFSP Review page (see sample below this chart)
SSP(s) CONDUCTS INTAKE	<ul style="list-style-type: none"> • SSP(s) completes intake within 10 business days of receipt of referral
IFSP MEETING IS HELD WITH PARENTS, EI SERVICE COORDINATOR, AND SSP REPRESENTATIVE	<ul style="list-style-type: none"> • EIP sends “Individualized Family Service Meeting Plan Invitation” to SSP to ensure attendance/participation and completes PWN form • Meeting is scheduled asap (no more than 10 days after completion of SSP child assessment/treatment planning). • SSP continues with planning sessions to collect data, identify prompts and reinforcers, establish relationship with child and family, etc.

SSP SERVICES ARE DELIVERED ON ONGOING BASIS SPECIFIED IN IFSP	<ul style="list-style-type: none"> • Intensity of SSP services, location, length/frequency of sessions, duration (of service) and provider agency are identified on IFSP • EIP and SSP set up communication plan, determine frequency of joint team meetings with parents. • Copy of IFSP Service Delivery page is provided to SSP.
	<ul style="list-style-type: none"> • Any proposed changes in frequency/duration of SSP services are reviewed at an IFSP meeting. All IFSP meetings convened as a result of a proposed change in SSP services must provide for the participation of the parent, service coordinator, and SSP • EIP provides PWN to family and SSP provider re: subsequent IFSP meetings

Suggested IFSP language:

1. Entry on IFSP Review Page at time of referral to SSPs for child with confirmed diagnosis on the autism spectrum:

Referral to area SSPs (list by agency name) for intake(s), and assessment and treatment plan development by agency selected by parent. At the conclusion of the assessment period, an IFSP meeting will be scheduled.

2. Entry on IFSP Service Delivery Page at the conclusion of the IFSP meeting with parent, EI Service Coordinator, and SSP representative to develop SSP section of the Service Delivery Plan:

<i>Method/intensity</i>	<i>Location</i>	<i>Length/frequency</i>	<i>Duration</i>	<i>Provider/discipline</i>
<i>Type of service</i>				

Specialty Services childcare	home and	12hrs/wk of IFSP	duration Service	ABC Specialty Program*
			(or another duration as agreed to by the IFSP Team)	

Specialty Services Assessment/program Planning/review	home	4 hrs/mo of IFSP	duration Service Program*	
			(or another duration as agreed to by IFSP team)	

*list agency, rather than individual program staff, in the *Provider/discipline* column as providers may change frequently as services begin and frequent IFSP revisions risk interfering with service delivery

Important reminders:

1. If a parent contacts an SSP directly to request an intake, the SSP must let the EIP know so that the process of benefits verification leading to prior authorization can begin. A child not already enrolled in EI needs to be referred to EI.
2. The assessment/treatment plan required by some health plans should be completed as soon as possible to expedite the prior authorization process.
3. SSPs need to request an IFSP meeting to add/delete hours to the service delivery plan. The SSP may not instruct the Service Coordinator to “add x hours to the IFSP.” There needs to be an IFSP meeting that includes the parent, service coordinator, and SSP representative. This can be done via phone, but needs to happen before the change in service is initiated.
4. Ongoing SSP sessions can occur between the time of the completion of the assessment/treatment plan, the receipt of the health plans response to the prior authorization request, and the IFSP meeting. SSP may continue with planning sessions to collect data, identify prompts and reinforcers, establish relationships with child and family, etc. Administrative bottlenecks should not delay the receipt of services.
5. SSPs should send a staffer’s approved Provisional Certification form only to EIPs that clinician will be assigned to. Processing all new Provisional Certification forms, including those for staff who are never assigned to the EIP, is time consuming for EIP billers.

BILLING REQUIREMENTS

The Specialty Service Provider code (*data field name: Insamt*) must be used when reporting autism services to DPH. The following provides this code for both current and new specialty service providers:

Current SSP Providers	New SSP Providers
103 NE Arc/Building Blocks	201 AMEGO
102 Beacon ABA Services	202 Applied Behavioral Language Services
105 Children Making Strides	203 Behavioral Concepts
106 HMEA	204 Futures Behavior Therapy Center
107 Community Health Link	205 Make a Difference in Children
101 May Institute	206 RCS Behavioral & Educational Consulting
109 New England Center for Children	207 Reach Educational Services
112 Pediatric Development Center	208 Spectrum Autism Treatment
110 ServiceNet/REACH	

All autism billing requirements should be applied to services provided by the new specialty service providers. See the *Early Intervention Service Delivery Reporting Requirement and Reimbursement for Services, Appendix VI: Autism Specialty Services Billing Requirements & Guidance*.