



WEST CENTRAL EARLY STEPS OPERATIONS HANDBOOK 2021



West Central Early Steps Program
at Johns Hopkins All Children's Hospital – Department 6500006005
501 Sixth Avenue South - St. Petersburg, FL 33701
Phone (727) 767-4403 - Fax (727) 767-4715

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This handbook is a guidance document specific to West Central Early Steps (WCES) for agencies and providers who work with children and families. The Children's Medical Services Early Steps Policy Handbook and Operations Guide (PHOG) at <http://www.cms-kids.com/home/resources> is the final guidance document.

1. AGENCY/PROVIDER PERSONNEL DEVELOPMENT & STANDARDS

- A. Each Agency must ensure that providers within their agency are approved to provide services through West Central Early Steps. The following must be completed:
 - 1. Enrollment checklist (see attachment 1 “Enrollment Checklist”).
 - 2. Attendance at WCES New Provider Orientation Training.
 - 3. ITDS recertification (every 3 years, see attachment 2 “ITDS Recertification 1 & 2”).
- B. The Agency/Provider will maintain the following documentation of each Provider:
 - 1. ITDS waiver approval and six (6) ITDS modules completion if applicable.
 - 2. Completion of three (3) Orientation Training Modules.
 - 3. WCES New Provider Orientation Training Attendance Certificate.
 - 4. Medicaid approval letter.
 - 5. WCES provider approval letter.
- C. To maintain professional liability insurance coverage in the following amounts: \$1,000,000 each claim and \$3,000,000 per aggregate as described in JHACH Policy, “Certificate of Coverage Program” and to provide evidence of such insurance to WCES annually or upon any change in coverage. Agency coverage must name personnel covered by the policy.
- D. An active list of Agency/Provider personnel who serve WCES families must be on file with WCES. Should a Provider resign or terminate employment with the Agency, the WCES Provider Liaison and Service Coordinator (SC) must be notified within 2 business days.
- E. Should WCES determine that an Agency and/or Provider has acted in a way that is considered unprofessional or unethical, WCES has the right to terminate the relationship with said Agency and/or Provider.
- F. **Employment Eligibility Verification:** Effective January 1, 2021, Provider is required to use the U.S. Department of Homeland Security’s E-Verify system to verify the employment eligibility of all newly hired employees used by the Provider under this Contract, pursuant to section 448.095, Florida Statutes. Also, the Provider must include in related subcontracts, if authorized under this Contract, a requirement that subcontractors performing work or providing services pursuant to this Contract use the E-Verify system to verify employment eligibility of all newly hired employees used by the subcontractor for the performance of services under this Contract. The subcontractor must provide the Provider with an affidavit stating that the subcontractor does not employ, contract with, or subcontract with an unauthorized alien. The Provider must maintain a copy of such affidavit for the duration of the Contract. If the Department has a good faith belief that a subcontractor knowingly violated section 448.095(1), Florida Statutes, and notifies the Provider of such, but the otherwise complied with this statute, the Provider must immediately terminate the contract with the subcontractor.

2. PROGRESS MONITORING DATA

- A. Evaluation(s) and Assessment(s) Requirements:
 - 1. A standardized evaluation tool is one of the methods used to determine eligibility for Early Steps services.
 - 2. For on-going progress monitoring and assessment, the H.E.L.P., E.L.A.P., A.S.Q., A.E.P.S. and other discipline-specific tools can be completed. These tools are the responsibility of the Provider.
 - 3. On-going progress documentation must address any changes in the child’s development, learning, or behavior, and show progress toward achieving outcomes on the Initial Family Support Plan (IFSP).
 - 4. The Primary Service Provider (PSP) will complete a Provider Progress Report (see attachment 3 “Provider Progress Report”) and submit to the WCES Service Coordinator quarterly. If a Periodic Review of the IFSP is being requested/scheduled, the quarterly progress report for that period should be updated and submitted to the Service Coordinator at least 10 days prior to the meeting.

5. The PSP will complete an assessment of all 5 domains for the annual IFSP review to re-determine eligibility for Early Steps services. This assessment must be completed no sooner than 45 days prior to the authorization end date and no later than 30 days prior to authorization end date.
6. The results of the assessment must be documented on the progress report and submitted to the service coordinator no later than 14 days prior to the annual review meeting.
7. The PSP and other IFSP team members are required to participate in the Periodic and Annual IFSP review meetings

B. Federal *Child Outcome Measurement Study* Provider participation requirements:

1. Children who are eligible for Early Steps services will receive a rating of 1 to 7 in the following outcome areas: Developing Positive Social – Emotional Skills, Acquiring and Using Skills and Knowledge, and Using Appropriate Actions to Meet Needs. The score and supporting documentation will be entered on the Child Outcome Summary (COS) entry form (see attachment 4 “COS Form”).
2. For children that have an initial IFSP developed 12/1/20 and after and have been in the program at least 6 months will require a rating of 1 to 7 in the outcome areas listed above. The rating and supporting documentation will be entered on the exit COS form, to be completed by the Primary Service Provider.
3. The exit COS form will be completed no sooner than 45 days from the 3rd birthday and no later than 30 days past the 3rd birthday.
4. The exit COS form will be submitted to the service coordinator no later than 7 days from completion.

3. SERVICES and SUPPORTS

A. Services are provided using the Team-based Primary Service Provider (PSP) approach that includes:

1. A PSP, supported by a team of other professionals, who is identified to assist the family in achieving outcomes identified on the IFSP. Those who conduct the initial Eligibility Eval/Assessment/Initial Psych and Developmental Evaluation by Early Interventionist (IPDEI) should identify the PSP and other team members recommended to support the child and family in achieving identified IFSP outcomes.
2. Interventions that are embedded in the child’s and family’s daily routines, activities and places in the child’s natural environment.
3. Strategies and implementation plans outlined in the child’s IFSP. Supports and services should address the family’s functional goals and outcomes specified by the IFSP team.
4. An individualized treatment plan that enhances the child’s natural learning opportunities identified and available to the child during the course of the child and family’s routine daily activities.
5. Coaching and consultation to the family and other caregivers to enable them to implement activities and strategies to address the family’s concerns and IFSP outcomes.

B. Referral requests for direct services are made by the WCES Service Coordinator or via the E- Blast system.

C. Providers who are enrolled in the child’s insurance will receive priority consideration.

D. Providers must initiate services (ST, PT, OT, EI) within **30 days** of the IFSP signature date and document the start date on the **Service Initiation Report**, then forwarding it to the WCES Service Coordinator. If services cannot be initiated within this time period, the Provider will notify the WCES Service Coordinator of barriers preventing the initiation of services and document all attempts to contact and schedule on the Service Initiation Report. Efforts must be made by the WCES Service Coordinator to locate a Provider to be able to meet the 30 day requirement. **Early Steps’ children cannot be placed on a waiting list for services.**

E. WCES Service Coordinators must be contacted by the provider when:

1. The Provider is aware of a need for a change or modification in the service being provided to the child. If a provider recommends an increase in services, a written justification on the progress report form may be submitted to the Service Coordinator.

2. The Provider becomes aware of problems or concerns regarding the child's services.
 3. An IFSP outcome is not being met or progress is not being made.
 4. An outcome on the IFSP has been achieved.
 5. There are changes in family demographics.
 6. Changes in insurance coverage occur.
- G. When the Provider participates in Initial, Periodic and Annual IFSP meetings, and Transition Conferences, a direct service (ST, PT OT, EI) cannot be billed. Documentation will be on the "Participant Documentation of Initial and Follow-up Evaluation/Assessment IFSP" (see attachment 6 "IFSP Meeting Form") form and kept in the child's record.
- H. Other IFSP team members will be consulted as authorized on the IFSP. The "Consultation Documentation" form (see attachment 5 "Consultation Form") will be completed and submitted to the Service Coordinator when any IFSP team member provides consultation as on the IFSP.
- I. Medicaid Policies and procedures will be followed as stated in the most current *Therapy Services* handbook and *Early Intervention Services Coverage and Limitations* handbook available at: https://ahca.myflorida.com/medicaid/review/Specific/59G-4.085_EIS_Coverage_Policy.pdf
- J. All other documentation will be provided to WCES as deemed necessary.

4. AGENCY CHILD RECORD STANDARDS

- A. The Agency will maintain a child's record to include a copy of the IFSP, each WCES authorized session note, all Progress Monitoring Data Updates and Reports, and other relevant documentation needed to provide services to the child and his family.
- B. Early Intervention sessions must be documented. "Early Intervention Session Note" (see attachment 7 "Session Note") is available for use.
- C. Session notes should include:
1. Date with start and end time,
 2. Location(s),
 3. Narration of activities to address IFSP outcomes,
 4. Family/caregiver participation in coaching activities,
 5. Provider and family/caregiver signatures, and
 6. Family and/or Provider cancellation of session.
- C. To ensure that all Licensed Early Intervention Professionals incorporate all components and requirements of the Plan of Care (POC) from the current *Medicaid Early Intervention Services Coverage and Limitations Handbook*.
- D. The State requires retention of records for a period of six (6) years after termination of the State contract. For services provided during the period of July 1, 2021 through June 30th, 2024, provider records must be retained until July 1, 2030, unless notified by the State of Florida or Johns Hopkins All Children's Hospital, Inc. in writing to the contrary.

5. AGENCY/PROVIDER FISCAL COMPLIANCE

- A. Individuals with Disabilities Education Act (IDEA)-Part C funds are always accessed as payor of last resort.
- B. Adherence to the Florida Early Steps most recent written policies concerning “Financial Policies and Procedures”, “System of Payments”, and “Public and Private Insurance” cited in Component 1 of the *Early Steps Policy Handbook and Operations Guide* (http://www.cms-kids.com/home/resources/es_policy/es_policy.html).
- C. To provide WCES funded services only when authorized by WCES on the IFSP.
- D. To retain all pertinent documents that determine accuracy of claims submitted, adjudicated and reimbursed which includes:
- Services/Contact notes
 - Travel Log
 - Consultation Forms
 - Explanation of Benefits
- E. Verify child’s insurance on a monthly basis.
- F. With written parental consent on the EARLY STEPS INFORMED CONSENT FOR THE USE OF PRIVATE INSURANCE AND MEDICAID form, bill all known and available third party resources for services.
- G. To submit ALL claims for cost reimbursement to the WCES Fiscal Coordinator:
- Within 60 calendar days from date of service, or submit claims that have been submitted to a third-party payor in a timely manner and denied by the third-party payor within 60 calendar days after the service provider receives notice of denial.
 - In an Excel file in the format specified by the WCES Fiscal Coordinator via an encrypted/password protected email
 - A valid explanation of benefits (EOB) must be included with the billing to WCES (see attachment 8 “List of Denial Reasons”). **NOTE: WCES in not responsible for payment when the Provider did not comply with the third party agent’s or WCES billing requirements. Acknowledgement that third-party payor’s denial of payment for failure of the service provider to follow proper billing procedures, incorrect diagnosis code, or other correctable reasons will NOT constitute grounds for payment from WCES**
 - Travel is paid only in conjunction with an authorized and delivered Early Steps service. Providers shall document and maintain Early Intervention Professionals’ travel on the “Natural Environment Travel Log”.
- H. To accept WCES/Part C reimbursement rate as payment in full. For further explanation, refer to: **Early Steps Service Taxonomy** (<http://peds.ufl.edu/es/Documentation/Codes/>)
- I. To inform the WCES Service Coordinator if the Provider identifies any changes in funding sources for services listed on the IFSP.
- J. To provide a copy of the compliance audit package, as required under OMB Circular A-133, if a Provider or agency is subject to OMB A-133 and receives \$500,000 or greater in federal funds or state financial assistance during its fiscal year.