



Provider Manual

Table of Contents

| | |
|--|--------------------|
| 1. Overview | Page 2 |
| 2. What does early intervention look like? | Page 3 |
| 3. Road map of Early Steps | Page 4 |
| 4. Referrals | Page 5 |
| 5. Intake | Page 6 |
| 6. Eligibility and Initial Eligibility Evaluation | Pages 6-8 |
| a. Developmental Delay, Informed Clinical Opinion, Established Condition | Pages 6-7 |
| b. At Risk Condition List | Page 8 |
| 7. Child Outcome Summary | Pages 9-10 |
| 8. Contract Requirements | Pages 11-12 |
| 9. Provider Information/Resources | Pages 12-30 |
| a. Teaming | pages 12-13 |
| b. Home Visiting | pages 14-16 |
| i. No Shows | page 15 |
| c. Evaluations (ongoing therapy/EI) | pages 16-17 |
| i. POC with evaluation | page 17 - 18 |
| d. Billing | page 18 |
| i. Home Activity/Daily Notes | page 18 |
| ii. Consultation | pages 18-20 |
| iii. Individualized Family Support Plan (IFSP)/ Individualized Education Plan (IEP) documentation | pages 20-21 |
| iv. Mileage | pages 22-24 |
| v. Billing Invoice | pages 24-27 |
| 1. Google Invoice Links | page 25-26 |
| 2. Coding Cheat Sheets | page 26-27 |
| vi. Direct Deposit | page 28 |
| vii. Transition out of SCES | pages 28-29 |
| viii. Discharging children | pages 29-30 |

Space Coast Early Steps (SCES) Welcome and Overview

- ❖ SCES provides evidence-based developmental coaching for children and their families.
- ❖ Developmental coaching is provided within the context of everyday child and family (caregiver) routines.
- ❖ All services are based on the outcomes developed by the child's team (to include the family).
- ❖ A primary service provider (PSP) is the key contact between all Individualized Family Support Plan (IFSP) team members.
- ❖ The PSP for the family will provide direct services as well as identify, obtain, and coordinate additional services needed from other team members Early Steps (ES) Policy Handbook 6.2.0.
 - http://www.cms-kids.com/home/resources/es_policy/es_policy.html
- ❖ Utilizing an individualized approach, in which the IFSP team, to include the Family Service Coordinator (FSC), determines the amount of services necessary to achieve the IFSP outcomes in the shortest amount of time.
- ❖ Services are not based on just a diagnosis or test score, but the amount of support a family/caregiver/child may need.
- ❖ SCES participates in the Florida Embedded Practices and Intervention with Caregivers Early Steps Professional Development (FL-EPIC ESPD) system.
- ❖ FL-EPIC ESPD is part of a statewide system of professional development being implemented by Florida Early Steps. FL-EPIC ESPD supports the goal of Florida's State Systemic Improvement Plan, which is to improve positive social-emotional outcomes for infants and toddlers receiving Early Steps services.
- ❖ It also supports a primary purpose for early intervention, which is to enhance the capacity of families/caregivers of infants and toddlers with or at risk for disabilities to support the development and learning of their children.
- ❖ Typical providers for SCES include: Infant Toddler Developmental Specialist (ITDS), Occupational Therapist (OT), Physical Therapist (PT), Speech-Language Pathologist (SLP), Behavior, Feeding Specialist, and Hearing Specialist and Vision Specialists and more.

What does Early Intervention at Space Coast Early Steps Look Like?

- ❖ SCES is one of 15 local Early Steps (LES) in the State of Florida.
- ❖ Our main office is located at 1264 US Hwy 1, Suite 103, Rockledge, FL 32955 with satellite offices located at 65 East Nasa Blvd, Suite 106, Melbourne, FL 32901 and 5650 South Washington Ave. Titusville, FL 32780..
- ❖ WE ARE A VOLUNTARY PROGRAM.
- ❖ We provide developmental coaching only.
- ❖ Families do however, have a choice between traditional therapy (medical model) or Early Steps coaching model. Medical model is not available through SCES.:

Medical Model vs. Coaching Model

Both can deliver positive results; Keep your families needs in mind when considering intervention therapies to address developmental concerns

Medical



- Takes place in a clinic or therapeutic setting
- Therapist or Specialist is facilitator; parent may or may not be involved in the session
- Plan is developed with with evaluation findings

SLP, OT, PT Therapists in clinic offices typically use a medical model

Insurance or Private Pay would be required to fund services.

Coaching



- Takes place in child's natural environment (home or daycare)
- Parent develops outcomes (what they would like to work on with child)
- Parent is facilitator; therapist coaches parent or caregiver through agreed upon strategies.

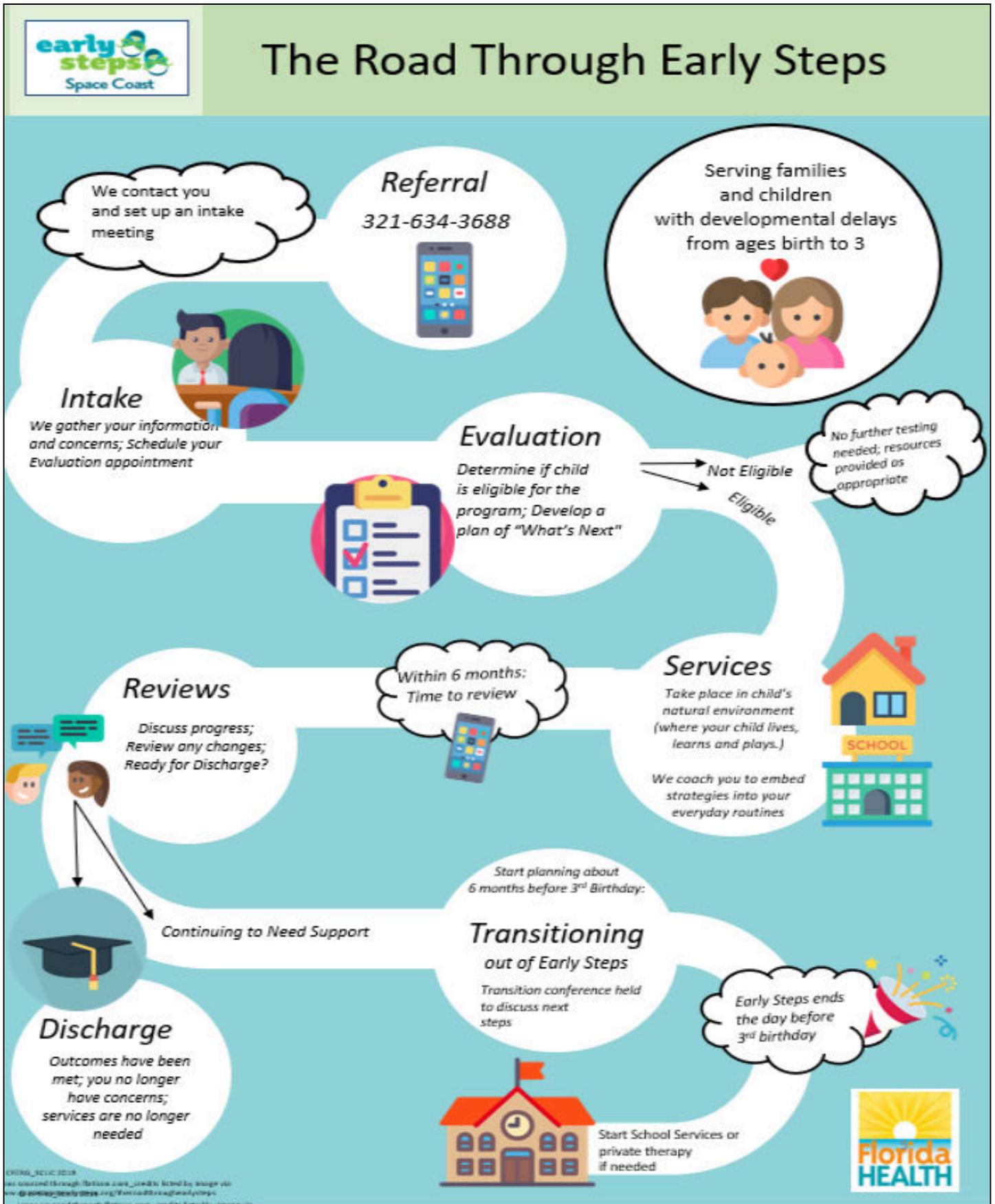
Early Steps (ITDS, SLP, OT, PT) providers use a coaching model

Free of Cost with Early Steps approved provider to eligible children.

Both help families grow



This is what the typical Early Steps journey looks like:



Referrals:

- ❖ Anyone can refer a child to Early Steps to include: physician, parent/caregiver, teacher, etc.
- ❖ Referrals can be made by contacting SCES at 321-634-3688 ext. 5863.
- ❖ Referrals take about 15 minutes and basic demographic information is taken.
- ❖ Demographic information is recorded in the Data System and moved on to the Family Service Coordinator (FSC).
- ❖ The family's appointment with their FSC is made within 2 working days of referral.

Sample Referral form:

| EARLY STEPS REFERRAL FORM 2020 | | | |
|--|---|--|----------------------|
| CHILD'S NAME | | DOB: | |
| <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Foster <input type="checkbox"/> Guardian | | <input type="checkbox"/> Interpreter needed | |
| PARENT/GUARDIAN NAME: | | ADDRESS: | |
| Phone # | CITY: | STATE: FLORIDA | ZIP: |
| Alternate # | Emergency Contact: | Telephone # | Relationship: |
| <input type="checkbox"/> Physician <input type="checkbox"/> CMS <input type="checkbox"/> Protective Investigator <input type="checkbox"/> Other: | | | |
| Referral Source: | | Name: | |
| Name: | | Address: | |
| Phone# | City: | State: | Zip: |
| Fax # | Is the family aware of the referral? Yes No | | |
| REASON FOR EARLY STEPS REFERRAL: | | | |
| Suspected Developmental delay or concern (Please indicate area(s) of concern): | | | |
| <input type="checkbox"/> Cognition | <input type="checkbox"/> Physical (Gross motor or Fine motor) | <input type="checkbox"/> Adaptive/Self Help | |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Social/Emotional | <input type="checkbox"/> Other: _____ | |
| Notes: | | | |
| | | | |
| | | | |
| | | | |
| For Physician's Use Only - Complete <u>ONLY</u> if child has an at risk condition or an established condition* (e.g.: Traumatic Brain Injury, Birth Anomalies, Neonatal Seizures, Down Syndrome, Cerebral Palsy, Autism, etc.) | | | |
| Diagnosis: | | ICD10: | |
| | | | |
| This diagnosis places the child at risk and needs monitoring or is an established condition that has a high probability of resulting in developmental delay. This child should be considered eligible for Part C of IDEA (Individuals with Disabilities Education Act). | | | |
| Physician's Signature: _____ | | Date: _____ | |
| Physician's office ID Stamp | | Local Early Steps Office | |
| | | SPACE COAST EARLY STEPS 1264 US HWY 1 Ste 103 Rockledge, Florida 32955 Tel: 321-634-3688 Direct referrals to: Ext 5863 Fax: 321-878-3103 | |

SCES Intake

1. An Intake consists of the FSC meeting with the family to provide information on what ES is and how we provide services.
2. The FSC completes a family assessment and gathers background information to prepare for the evaluation appointment.
3. This assessment incorporates the family's description of its resources, priorities, concerns, and everyday routines, activities, and places related to enhancing the child's development.
4. Procedural Safeguards are provided.
5. The evaluation date is confirmed with the family at this time.

Eligibility and Initial Eligibility Evaluation Process

1. All children entering Early Steps must go through an initial eligibility evaluation or have appropriate documentation for entry from another Early Steps/EI program within 45 days from referral
2. SCES has 8 Eligibility Teams to cover the county completing evaluations Monday through Thursday
 - a. Teams are composed of an FSC, ITDS, SLP and OT/PT as needed in addition to the family (Other disciplines are available as needed.)
 - b. Two types of evaluations are available:
 - i. Developmental evaluation for children ages birth through 29 months of age
 - ii. Transition developmental evaluation with a Speech Language Pathologist from Brevard Public Schools for children ages 30 to 34.5 months of age
 - iii. Children referred at 34.6 months of age and up are referred to the Brevard Public Schools Child Find program
3. The initial eligibility evaluation provides a baseline of developmental skills and creates Outcomes from which services are built
4. Children under the age of 34.5 months must meet eligibility criteria for Part C Early Steps services in one of the following ways:
 - a. Established Condition, Developmental Delay, Informed Clinical Opinion
 - b. Children may also qualify for the Early Steps At-Risk program as well (see below)
5. If eligible, the child qualifies for any service provided by SCES that assists in meeting their IFSP Outcomes

Established Conditions criteria:

Established Conditions fall into one of the following areas:

1. Genetic and Metabolic Disorder

2. Neurological Disorder
3. Autism Spectrum Disorder
4. Severe Attachment Disorder
5. Sensory Impairment (vision/hearing)
6. Infants who weigh less than 1,200 grams at birth
7. Other

An Established Condition statement must be signed by a licensed physician confirming the diagnosis to establish eligibility OR in the case of (a) severe attachment disorder or autism spectrum disorder, a healthcare practitioner acting within his/her scope of practice or (b) in case of hearing loss, a licensed audiologist. Written confirmation of the diagnosed condition must be in the child's Early Steps record.

Developmental Delay as measured by appropriate diagnostic instruments and procedures and informed clinical opinion that exceeds:

1. 1.5 standard deviations below the mean in two or more developmental domains or 2 standard deviations below the mean in one or more developmental domains
 - a. The developmental domains include:
 - b. Cognitive, Physical (including vision and hearing), Communication, Social or Emotional, Adaptive

Informed Clinical Opinion of the evaluation team may be used to establish a child's eligibility for Early Steps even when the evaluation instrument does not indicate eligibility; however, in no event may informed clinical opinion be used to deny a child's eligibility for Early Steps when scores on the evaluation instrument(s) meet Early Steps eligibility criteria.

At-Risk is another program within Early Steps that a child can qualify for assistance - if the child has a physical or mental condition known to create a risk of developmental delay which is listed At-Risk Conditions list they are eligible for participation in this program. This list is exhaustive. (See below)

1. Services for infants and toddlers that qualify as At-Risk will include the following: Individualized family support planning, service coordination, developmental surveillance via the Family Service Coordinator, and family support.

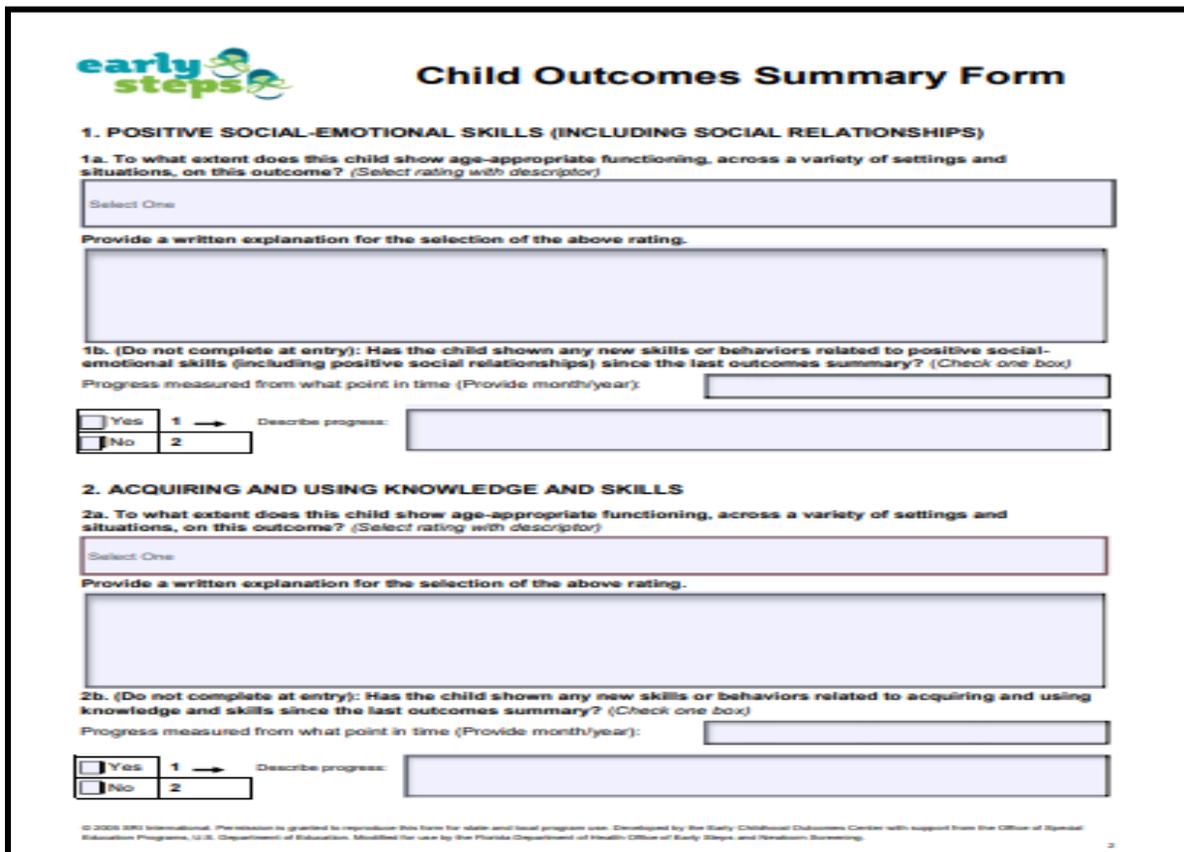
| At-Risk Conditions (An Exhaustive List) |
|---|
| Achondroplasia |
| Birth Anomalies Gastroschisis Short Gut Syndrome Omphalocele Congenital Diaphragmatic Hernia Congenital Renal Failure |
| Birth weight 1200 grams to 1500 grams |
| Cataracts (Congenital) |
| Chronic Heart Condition |
| Congenital Contractural Arachnodactyly (Beals Syndrome, Hecht-Beals Syndrome) |
| Congenital Heart Disease/Conditions Coarctation of the Aorta Tetralogy of Fallot Transposition of the Great Vessels Single Ventricle Defects |
| Congenital/Neonatal Infection Newborn Group B Streptococcus Sepsis Group B Streptococcus Sepsis Meningitis Cytomegalovirus (CMV) Toxoplasmosis |
| Glaucoma (Congenital) |
| Hyperbilirubinemia requiring exchange transfusion |
| Hypophosphatasia-Infantile |
| Hypothyroidism (congenital) |
| Intrauterine Growth Retardation (IUGR) - Severe |
| Intraventricular Hemorrhage Grade II |
| Klinefelter Syndrome |
| Meconium Aspiration Syndrome/True Respiratory Distress Syndrome with Mechanical Respiratory Support |
| Neonatal Abstinence Syndrome with evidence of clinical symptoms such as tremors, excessive high-pitched crying, hyperactive reflexes, seizures, and poor feeding |
| Neonatal Seizures |
| Noonan Syndrome |
| Small for Gestational Age (SGA) |
| Thrombocytopenia-Absent Radii Syndrome |
| Traumatic Brain Injury |
| Treacher-Collins Syndrome |
| Vater Anomaly |
| Waardenburg Syndrome, Types I and II |

1. SCES attempts to have all professionals needed at the time of eligibility to ensure the most comprehensive assessment and development of the IFSP possible
2. Recommendations are requested to be tried for at least 3 months prior to requests to change service provision - unless what the provider experiences once in the natural environment is grossly different than the evaluation team observed
3. Early Steps must ensure that services are delivered with the least amount of services needed to make the most impact for the family
4. Duplication of services is not allowed
5. The evaluation includes standardized and informal testing, observations by parents/caregivers and professionals, identification of the child and family needs, and a review of all results
6. A formal Summary of Results and Recommendations detailing the evaluation and any necessary Plans of Care (POC's) are completed and are provided to the family, doctor and on-going IFSP team members
7. SCES completes the entry Child Outcome Summary (COS) at the time of eligibility

Child Outcome Summary (COS):

1. A team process that summarizes information related to a child's progress in three child outcome areas:
 - a. Developing positive social-emotional skills (social)
 - b. Acquisition and use of knowledge and skills (communication and cognition)
 - c. Use of appropriate actions (behaviors) to meet needs (adaptive and motor)
2. Utilizes multiple sources of information to describe a child's development for each of the outcomes. The information could include one or more norm referenced or curriculum-based assessments, parent report on child's skills and behavior, progress notes of therapists working with the child, observations by a teacher or child care provider, or other sources
3. Addresses the Office of Special Education Program (OSEP) reporting requirement regarding child outcomes data
4. **Completed at the Initial eligibility evaluation and when the child is discharged from a provider and/or Exiting the program** by the FSC in a joint effort with all team members for all children in the Part C program for 6 months or more
5. This is a means of measuring our Program effectiveness

COS FORM - completed by FSC with input from all team members to include the family



The image shows a form titled "Child Outcomes Summary Form" with the "early steps" logo. It is divided into two main sections: "1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)" and "2. ACQUIRING AND USING KNOWLEDGE AND SKILLS". Each section contains a question (1a and 2a) about age-appropriate functioning, a "Select One" dropdown menu, and a text box for a written explanation. Below each question is a sub-question (1b and 2b) about new skills or behaviors since the last summary, with a "Check one box" for Yes/No and a "Describe progress" text box. The form also includes a "Progress measured from what point in time" field and a copyright notice at the bottom.

early steps **Child Outcomes Summary Form**

1. POSITIVE SOCIAL-EMOTIONAL SKILLS (INCLUDING SOCIAL RELATIONSHIPS)

1a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Select rating with descriptor)

Select One

Provide a written explanation for the selection of the above rating.

1b. (Do not complete at entry): Has the child shown any new skills or behaviors related to positive social-emotional skills (including positive social relationships) since the last outcomes summary? (Check one box)

Progress measured from what point in time (Provide month/year):

Yes 1 → Describe progress:

No 2

2. ACQUIRING AND USING KNOWLEDGE AND SKILLS

2a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Select rating with descriptor)

Select One

Provide a written explanation for the selection of the above rating.

2b. (Do not complete at entry): Has the child shown any new skills or behaviors related to acquiring and using knowledge and skills since the last outcomes summary? (Check one box)

Progress measured from what point in time (Provide month/year):

Yes 1 → Describe progress:

No 2

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Child Outcomes Summary Form

3. TAKING APPROPRIATE ACTION TO MEET NEEDS

3a. To what extent does this child show age-appropriate functioning, across a variety of settings and situations, on this outcome? (Select rating with descriptor)

Select One

Provide a written explanation for the selection of the above rating.

3b. (Do not complete at entry): Has the child shown any new skills or behaviors related to taking action to meet needs since the last outcomes summary? (Check one box)

Progress measured from what point in time (Provide month/year):

| | | |
|------------------------------|---|---|
| <input type="checkbox"/> Yes | 1 | → |
| <input type="checkbox"/> No | 2 | |

Describe progress:

Provider Contract Responsibilities

1. To refer all potentially eligible children to SCES as soon as possible but no more than 7 days of initial contact with the family in accordance with Federal Child Find requirements for IDEA, Part C 2011.
2. To participate in providing services for Part C eligible infants and toddlers ages birth to age three (3) in accordance with the CMS Early Steps (ES) Policy Handbook and Operations Guide http://www.cms-kids.com/home/resources/es_policy/es_policy.html
 - a. It is the Provider's responsibility to read said Guidelines
3. You must review and follow the appropriate Medicaid provider handbook (per provider type).
4. Participate in mandatory orientation, training sessions and provider meetings facilitated or presented by SCES
 - a. To include but not limited to the following:
 - i. SCES Coaching and Teaming Training (must be completed prior to serving any SCES children)
 - ii. Child Outcomes System (COS) Module Trainings (2 different sets)
 - iii. FL-EPIC (see section on EPIC)
 - iv. Annual Community Provider Meeting
5. Read emails from SCES listed with an exclamation point (!) as these will contain necessary information such as procedural and policy changes, updates and mandatory training/meetings.

6. Use MOVEit to transmit any type of confidential information such as POC's, evaluation reports, invoices and/or emails containing HIPAA information.
 - a. Your MOVEit account will be set up and maintained by SCES Provider Enrollment Specialist and QA Liaison following your approved ES credential
7. Assist in the completion of the Child Outcomes System (COS) document to track each child's developmental progression.
8. Participate in the FL-EPIC program through upcoming Cohorts which are currently on a voluntary basis.
 - a. All SCES providers are required by contract to participate in professional development (PD) and corresponding activities.
 - b. Providers initially participate in a 6-month intensive PD with FL-EPIC
 - c. Ongoing maintenance
9. Provide current licensure documentation, upon expiration, to the Provider Enrollment Specialist and QA Liaison.
 - a. If you are working for an agency this may be submitted by them
10. ITDS will recertify every three years with 24 hours of continuing education credits or Inservice hours (provided to SCES's Provider Enrollment Specialist and QA Liaison)
11. Provide timely notification to SCES and the families currently served of any extended vacation, separation, or lack of ability to provide services.
12. Participate in monitoring and quality assurance checks. SCES uses a process to ensure randomization of lists of children per team/agency.
 - a. SCES and the QA Committee members will examine the SCES client records pertaining to any billing documentation and service provision as needed.
 - i. This includes all documents, papers, letters, and other materials subject to the provisions of Chapter 110, F.S. made or received by the provider regarding the child
 - ii. Submit requested child charts a minimum of one time per year to satisfy Provider Team Peer Chart Reviews
 - b. Understand that Quarterly Provider Agency QA means that each agency will be reviewed one time per year on services rendered to include home visit observations, all billing, documentation, and State/Federal compliance
 - i. Face to Face/Virtual home visit observations can occur at this time
 - ii. For any review with probes less than 80% the provider/agency is required to submit a Plan of Action to the Community Service Manager within two weeks of results provided to agency/provider
 - c. Provide Family Survey's to exiting families identified by the State Department (one time per year) provided by the Family Resource Specialist/FSC
13. Follow all HIPAA procedures to ensure the protection and confidentiality of all data, files and records related to the services provided.
14. Maintain a minimum of \$1,000,000/\$3,000,000 in comprehensive general liability insurance and to hold such insurance at all times during the existence of this contract/renewals/extensions.
 - a. Providers must provide SCES 's Provider Enrollment Specialist and QA Liaison with a copy of the certificates of insurance for the same upon return of this agreement.

Provider Information/Resources

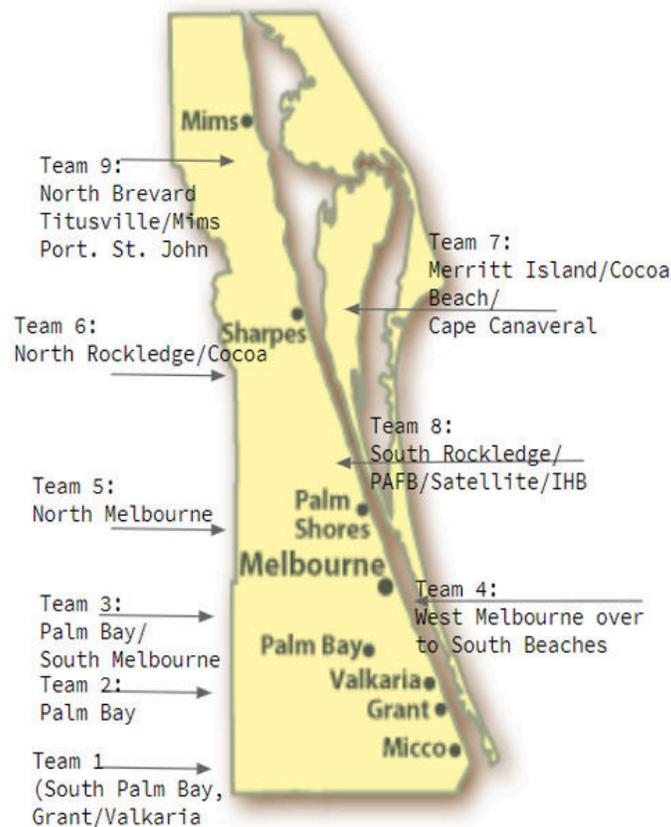
- A. Team Member**
- B. Home Visits**
- C. Evaluations**
- D. Billing and Documentation**

A. TEAM MEMBER

1. Provide services as a member of a team (of professionals and per child)
2. Professional Teams are geographically based on zip code/FSC and chosen by the provider or provider agency
 - a. You may be on up to 3 teams
 - b. If you are considered a specialist by SCES, you do not have to be on a specific team but provide expertise across the county
 - c. To change or be removed from a team you must email the Provider Enrollment and QA Liaison
3. Teams are responsible to provide services for each child on the team by their 30th day
 - a. If 30th day is not met do to a lack of due diligence by the provider; a financial consequence for not meeting the 30th day will be the rate of the next service completed in the month the failure was discovered
 - b. First date of service to the family must be emailed to the Provider Enrollment and QA Liaison
4. Attend each team meeting (that you are a member of) monthly - current option is virtual
5. Ensure that each child on your caseload is discussed as needed but no less than one time per year
6. Prepare your Child Team Note (CTN) prior to and complete during the Team meeting
 - a. Provide copy of the CTN to the family (have them sign, keep copy and give copy to FSC)
7. Add Team Meeting to your Billing invoice

TEAMING IN BREVARD COUNTY

- There are 9 teams in Brevard.
- Each team is staffed with a variety of providers.
- Each team has an ongoing coordinator and coach for teaming support.



B. HOME VISITS

1. Access the **Request List** via Google - Search Teams that you are on and choose children in need of home visits and consultation
 - a. To access the tutorial:
https://drive.google.com/file/d/1W98MSaUonW29Dy3D_2JkD-ZAee3-bogb/view?usp=sharing
 - b. Keep a list of children you accept and follow up to make sure you have their referral packet and are able to start services timely
2. SCES FSC's will provide the initial referral packet to include the Referral form with 30th day, IFSP and supporting documents
 - a. If not received in within 2 working days, contact the child's FSC - if unable to reach the FSC, contact the FSC Manager
3. The Provider will return any referral packets within five (5)-business days for inability to provide services timely
 - a. Providers will under no circumstances maintain a waiting list for Part C children
4. Offer and complete 1st home visit on or by the 30th day

- a. ****Services MUST start or be offered on/by the 30th day - regardless of insurance authorization
 - b. ******Don't have insurance authorization and need to offer/complete your first visit?** Email SCES Billing Manager to request authorization to offer family the 1st date of service before 30th day - **we MUST offer on or before the 30th day**
 - i. If not met due to a lack of due diligence by the provider - a **financial \$\$ consequence** will be the rate of the next service completed in the month the failure was discovered
5. First date of service must be reported to the Enrollment Specialist immediately
 6. Monitor child's development and progress through documentation on Daily Progress Note/Home Activity Plan (be sure to include time in/out, caregiver signatures and evidence of coaching!)
 7. Connect family with Family Resource Specialist (FRS) and/or community resources as needed
 8. Attend all Individualized Family Support Plan (IFSP) meetings per caseload child
 9. When providing services at a daycare/preschool a monthly communication system must be employed for exchange of information with the parents and caregiver
 10. Document all sessions to include missed with reasons on Daily Progress Report/Home Activity Plan and Billing invoice
 - a. *****Provide services only during the authorized period as delineated on the Services page** of the IFSP
 - b. *****Any services provided outside of the authorized periods are not reimbursable** by SCES
 - c. *****The date the parent signs** is the date the authorization is **ACTIVE**
 - d. Look to be sure your service is authorized on the IFSP:

Services Needed to Achieve Early Intervention Outcomes

The below services are recommended by your team to support your family in meeting the developmental needs of your child. You have the right to accept or decline some or all the recommended services.

| Service Description | Outcome # | Frequency | Intensity (Minutes) | Provider Name & Phone | Primary Service Provider | Location | Auth. Start Date | Auth. End Date | Add Early Steps Service | |
|--|-----------|-------------|---------------------|-----------------------|--------------------------|----------|------------------|----------------|-----------------------------|--------------------|
| | | | | | | | | | Date Services Must Start by | Payer |
| Early Intervention Session - Individual | 1 | 1x per Week | 30 | Dana Scully | No | Home | 7/2/2018 | 5/2/2019 | 7/31/2018 | Medicaid |
| Consultation Infant and Toddler Development Specialist | 1 | As Needed | 120 | Dana Scully | No | Home | 7/2/2018 | 5/2/2019 | 7/31/2018 | Early Steps/Part C |
| Speech Therapy | 1 | 1x per Week | 60 | Fox Mulder | Yes | Home | 7/2/2018 | 5/2/2019 | 7/31/2018 | Medicaid |
| Occupational Therapy | 1 | As Needed | 120 | Fox Mulder | Yes | Home | 7/2/2018 | 5/2/2019 | 7/31/2018 | Early Steps/Part C |



Natural Environment Justification
 Services must be provided in day-to-day routines, activities, and places that promote learning opportunities for your child and family. This means settings, including home and community settings, that are natural or typical for your child's age peers (natural environment). As a team, we decided outcomes cannot be met in a natural environment due to the following individualized reasons:

Diagnosis Codes:

| ICD-10 Codes | ICD-10 Description |
|--------------|--|
| F81.9 | Developmental disorder of scholastic skills, unspecified |

Medical Necessity: If your child is a Medicaid recipient, the services reimbursed by Medicaid must be medically necessary. The following is an explanation of the medical necessity of your child's services, if applicable:
 Laney's documented delays with her development-Infant Toddler Developmental Specialist and Physical Therapist are recommended weekly to prevent significant delays with development.

Complete below if using as the Plan of Care for Therapy Services:

The services above are medically necessary: _____ Date: _____
 (Signature)
 Title: _____
 (Primary Care Provider, ARNP, Physician's Assistant, or a designated physician specialist)

Plan Approval

- I participated fully in the development of this plan.
- A copy of my procedural safeguards (Summary of Family Rights) has been explained and provided to me.
- I give consent for all of the services described in this Individualized Family Support Plan (IFSP) to be provided as written.
- I do not provide consent for the following services recommended by my IFSP team: _____

Parent/Guardian Signature: _____ Date: 7/2/2018

Parent/Guardian Signature: _____ Date: 7/2/2018

Consent for Services for Children in Custody of Department of Children and Families (DCF) Under Chapter 39, F.S.

I give consent for medical care and treatment per Section 743.0645, Florida Statutes, and as modified in this IFSP

No Shows? Our Policy Guide 6.1.3 states:

11. If a family misses an appointment without advance notice, the provider should leave a note or a message, as applicable, for the family that explains that he/she will be contacting them to reschedule, remind them of their cancellation policy, and document the missed appointment/follow up activity in the provider record.
12. Each Local Early Steps is required to have a Provider Agreement with their service providers, that has language which addresses timelines, and actions to be taken when or if a family misses two consecutive appointments without advance notice, the provider:
 - a. You should notify the family's FSC of the missed appointments within five (5) days following the second missed appointment
 - b. The provider will not be responsible for further service provision until notified by the FSC that contact with the family has been established and continued interest in services are verified, and
 - c. Should document missed appointments and follow up activity in the provider record.
13. Other scenarios - 6.1.3 from our Policy Guide and Handbook states:

- a. When a service provider has advance notice of an event (child or [family](#) related issue, holiday, vacation, jury duty, etc.) and is not able to provide services at the [frequency](#) and [intensity](#) authorized on the [IFSP](#), it is expected that the IFSP team will plan around these events in order to serve the child. The following are possible scenarios:
 - i. Sessions are usually scheduled on Monday and Thursday. Monday is a holiday. The Monday session is rescheduled for Tuesday.
 - ii. The family is going on a two-week vacation. Prior to the family's departure, the provider discusses activities the family can use within the context of everyday routines during the vacation in order to address [outcomes](#). Service resumes at the previously authorized frequency when the family returns.
 - iii. The [child](#) will be hospitalized for one week and will have a two-week recovery time. Following hospitalization and recovery, the [IFSP team](#) reconvenes to consider whether a modification to the frequency or intensity of services is necessary for a period of time or whether the previously authorized frequency/intensity remains appropriate
 - b. It should not be automatically assumed that increasing the frequency or intensity of services will compensate for or make up for a period when no services were provided.
 - c. When a provider is not available to provide an authorized service, the IFSP team should reconvene to ensure that services are provided to meet the outcomes identified on the IFSP.
14. The LES is not responsible for ensuring the provision of services not authorized by the IFSP team, or "other services."
15. **TELEHEALTH: Handbook 6.1.20** If a family temporarily moves out of Florida, services including telehealth, cannot be provided until they return; however, the team should provide the family with developmental resources specific to the child's needs until they return and re-engage in services.

C. EVALUATIONS (for **ongoing children** - not eligibility evaluations)

1. Access the **Request List** via Google - Search Teams that you are on and choose children in need of evaluation
2. Unless it is a special request; only request to evaluate children that you can pick up for ongoing services (if need is determined)
3. Receive the referral packet of information
4. Complete evaluation report and submit to the FSC within two weeks - preferred as soon as possible
5. Providers may use assessments of their choice when not performing an eligibility evaluation or as an ITDS performing an Annual or screen

- a. **The FSC must have the completed report and POC as soon as possible to authorize on the IFSP and obtain family signature prior to the start of services
- b. **The date the parent signs is the date the authorization is ACTIVE
 - i. It must be authorized (signed by physician if therapist or by licensed healing arts professional if ITDS)
- c. The POC must meet Medicaid guidelines and be for no longer than 180 days
- d. The POC for SCES Direct Service Staff must be our document and be authorized for no longer than 170 days
- e. POC format is specific to the agency you work for but must be Medicaid compliant
- f. **IFSP Outcomes must be acknowledged on POC
- g. If you are working from the POC from an initial eligibility team or other provider and feel that the ICD10 code is not appropriate for what you are actually doing and seeing, you may add the appropriate code to your POC (this can be signed by physician when you update your POC and documentation can be provided to insurance if/when requested)
 - i. CPT and ICD10 codes must match the type of therapy you are doing with each specific child

D. BILLING AND DOCUMENTATION

1. Maintain records for **each child** on your caseload **per visit**
2. Provider will verify, at least monthly, current third-party insurance and Medicaid for eligible children being served and report changes to the child's FSC asap
3. If the child has no private insurance or Medicaid the provider and the FSC should continue to ask the family if this has changed - IF/When they get insurance/Med the provider would need to bill at that time

Home Activity Plan/Daily Notes

1. Daily Notes must have parent/caregiver signature, time in and out, location, and provider signature for each date of service or a Signature Page with same information
2. Must show progress toward IFSP Outcomes and have coaching strategies for carry over during the week

Consultation (Consultation means Hands Off)

1. Consultation supports caregiver competence related to child learning by assisting team members with strategies or activities that could be used to meet IFSP goals and outcomes
2. Consultation services are for at least 2 professionals - authorized on the IFSP - pay attention to the duration/frequency/intensity of the service
 - a. If consulting with a daycare/agency only with no other provider listed on the IFSP you must both (the daycare/agency) be listed on the IFSP in order to bill Consultation (this is for special circumstances-not an automatic)

3. For reimbursement you must use the Consultation Among Service Provider Team Members form and consult with IFSP team members
4. Preferred method is face-to-face with the family or by phone (when face-to-face contact is not possible, then use of technology is strongly encouraged)
5. Consultation that is face to face with the family/caregiver and providers can be billed for full authorization
6. Consultation without the family/caregiver it is only billable for 30 minutes
7. Phone consultation is only billable for 30 minutes
8. Completed during Joint visits:
 - a. One professional completes therapy and the other provides consultation and suggestions
 - b. This can be flipped so that the one doing hands on therapy provides consultation/suggestions while the one who did consultation is then hands on doing the therapy

EXAMPLE:

9-9:30 ITDS Consultation (hands off) ↔ 9-9:30 Therapist (hands on) Therapy

9:30-10 ITDS (hands on) therapy ↔ 9:30-10 Therapist Consultation (hands off)

- c. Consultation should only be used when absolutely needed
- d. The form must be signed by everyone and each professional must turn it in with their billing in order to be reimbursed
- e. **Team meetings** can also be utilized as a form of consultation (documented on the Child Team Note and billed through the event)

9. SPECIAL CIRCUMSTANCES

- Doctor Appointments
- Brevard Public School Testing

** Must request authorization for these special circumstances through the child's FSC prior to event

*** Make sure you have a copy of the authorization prior to completing

** At the appointment you will complete the Consultation Form and obtain signatures from both caregiver and "Other" professional (doctor, BPS employee, etc.)

BLANK CONSULTATION FORM



Page 1 of ___ Pages

Consultation Documentation
(To be completed by those participating in consultation session)

Parent was notified and invited to participate on _____ by (method) _____

If the consultation meeting will potentially result in change of outcomes or services, the Primary Service Provider will contact Service Coordinator prior to meeting. Service Coordinator contacted on _____ by (method) _____

Child's Name: _____ DOB: _____

Service Coordinator: _____ Date of Consultation: _____

Start Time: _____ End Time: _____ Location: _____

• Successes to implementing strategies and achieving goals for Outcome # _____

• Challenges to implementing strategies and achieving goals for Outcome # _____

The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # _____

IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:

YES NO

| Participating Team Members/Signatures: (PSP indicated with *) | Face-to-Face | | Phone | | ITDS | |
|---|--------------|-------|-------|--------------|-------|--|
| Parent/ Guardian: | Face-to-Face | Phone | PT | Face-to-Face | Phone | |
| OT | Face-to-Face | Phone | ET | Face-to-Face | Phone | |
| SLP | Face-to-Face | Phone | Other | Face-to-Face | Phone | |
| Service Coordinator: | Face-to-Face | Phone | | Face-to-Face | Phone | |

Copy to: Family/ Guardian
Early Steps Service Coordinator within 5 business days
Team Providers (whether present or not)

Revised Jan 2015

COMPLETED CONSULTATION FORM EXAMPLE



Consultation Documentation
(To be completed by those participating in consultation session)

Parent was notified and invited to participate on _____ by (method) _____
 If the consultation meeting will potentially result in change of outcomes or services, the Primary Service Provider will contact Service Coordinator prior to meeting. Service Coordinator contacted on _____ by (method) _____

Child's Name: Mila DOB: _____
 Service Coordinator: Amy Fairbanks Date of Consultation: 7/6/18
 Start Time: 12:35 pm End Time: 1:35 pm Location: home

Successes to implementing strategies and achieving goals for Outcome # ael It went to the bottle. She's now taking formula from the bottle with over an ounce more Dexfeed. G-tube only for medications and night-time continuous feeds. Holding her head up better. 2 1/2oz every 3 hours. Following mom w/ her eyes, making eye sound.
 Challenges to implementing strategies and achieving goals for Outcome # ael

Diagnosis of Down Syndrome - surgery, valvular cardiac cath 6/18
Still doesn't like tummy time. More fussy w/ formula. She's on blood pressure medicine so ~~parents~~ they don't want her
 The team (family, caregivers, primary service provider and supporting providers) will continue or modify the following strategies to achieve goals for Outcome # ael

Bring her feet to her hands. Continue w/ tummy time -
ewed if it's on your chest. We discussed Nux brush -
Zuibe - etc. ... Continue with floortime - alternating sides.
Speech pathologist will show exercises w/ the Nux to help
w/ tongue protrusion.

IFSP Team meeting is needed to discuss recommended changes in services, frequency, and/or duration of services:
 YES NO due 11/10/18

| Participating Team Members/Signatures: (PSP indicated with *) | | | |
|---|---|-------|---|
| Parent/ Guardian: | <u>[Signature]</u> <u>mother</u> | ITDS | <u>Stacey Schneiders</u> <u>1570 ITDS</u> |
| OT | <u>[Signature]</u> <u>Face-to-Face</u> <u>Phone</u> | RT | <u>[Signature]</u> <u>Face-to-Face</u> <u>Phone</u> |
| SLP | <u>[Signature]</u> <u>Face-to-Face</u> <u>Phone</u> | BI | <u>[Signature]</u> <u>Face-to-Face</u> <u>Phone</u> |
| Service Coordinator: | <u>[Signature]</u> <u>Face-to-Face</u> <u>Phone</u> | Other | <u>[Signature]</u> <u>Face-to-Face</u> <u>Phone</u> |

Copy to: Family/ Guardian
 Early Steps Service Coordinator within 5 business days Amy F
 Team Providers (whether present or not)
 Rebecca M (billed ST session)
 Arling C (moved)
 Billing Dept.

1. IFSP/IEP/Transition Conference Meeting
 - a. Use form: Participant Documentation of Initial and Follow-up Eval/Assess/IFSP - IFSP Meeting - Transition Conference
 - b. Participate as part of the child's team in IFSP meetings for development, implementation, and review to support the Coaching approach. 34 CFR and §303.340(b)
 - c. If unable to attend a periodic review, every effort should be made to make available pertinent records, videoconferencing, etc.

| | | | | |
|---|-----------------|--------------------|---|--------------------------|
| INVOICE # | TRAN DATE | 26 | 26 | NET AMOUNT DUE THE STATE |
| I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter; that the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and that this voucher conforms in every respect with the requirements of Section 112.061, Florida Statutes. | | | Pursuant to Section 112.061 (3) (a), Florida Statutes, I hereby travel was on official business of the State of Florida and was | |
| TRAVELER'S SIGNATURE: <i>Atthea Puzio</i> | | | SUPERVISOR'S SIGNATURE: _____ | |
| SIGNATURE DATE: <u>9/30/20</u> | | | SUPERVISOR'S TITLE: _____ | |
| TITLE: <u>Speech TX</u> | | | (17) | |
| FOR AGENCY USE: | | | Preparer's Name _____ | |
| | | | Preparer's Phone No. _____ | |
| | | | Date Prepared _____ | |
| Invoice no. | Voucher/SWD No. | RF Ck./Warrant No. | RF Ck./Warrant Date | |

g. Full Address? Yes! We must have the full address to include the zip code.

h. What if you have a break between children?

- i. For Child A you would claim travel to Child A's visit and then to Starbucks.
- ii. For Child B you would claim from Starbucks going to Child B's visit.
 1. If your break is not near your next visit, track your mileage from the closest point between children
- iii. After Child B's visit:
 1. If you are ending your day you would claim going back to your office/home with Child B.
 2. If you are not ending your day leaving Child B's visit would be put on Child C visit.

5. Billing Invoice

- a. This is completed per agency direction (whomever you work for) each month to include each child/date of service/interaction
- b. Billing must be submitted to SCES Billing Department no later than the 15th of the month following the month of service
- c. Billing must be submitted within 60 days of service in order to be reviewed for reimbursement. All services completed by the Provider are entered into our Data System, which is utilized to satisfy State and Federal monitoring, regarding timely service provision and ongoing service provision tracking
- d. Go to your SCES Billing Folder in Google Drive (Shared With Me) to locate your Google Invoice and make a copy for the month you will be reporting services for.
- e. Enter all services on the Google Invoice
 - i. Do not go back in and make any changes after submission - unless asked to do so specifically by the Billing Department
- f. Add new children to the roster with the unique number, first name and last initial
- g. Use the Provider Notes column to help explain any special circumstances regarding the child or service
- h. Before entering services, make a copy and select "Share it with the same people"
- i. See the video link on how to manipulate your part of the Google Invoice

External Agency Instructional Video Link:

https://drive.google.com/file/d/1l65kMu9RJvgcrt-D_elj2z_ytVR-8rFk/view?usp=sharing

EXAMPLE OF EXTERNAL AGENCY INVOICE:

| Agency Name: External Agency Example | |   | | EXTERNAL AGENCY SERVICES | | All Therapy Service 15 Min = (.25) 30 Min = (.50) 45 Min = (.75) 60 Min = (1.0) | | | | | | | | |
|---|-------------|---|------|---------------------------------|---------|---|-------|-----------------|-------------------|----------|----------|----------------|------------|---------------|
| Month / Year: | | | | | | Payor: TPIN=Insurance Paid TPIN2=Insurance Payment Pending | | | | | | | | |
| Total Due: \$0.00 | | | | | | CONT=Early Steps to Pay MED=Medicaid Other Funds: Team meetings /Trainings | | | | | | | | |
| CHILD (First, Last Initial) | ES UNIQUE # | PROV NOTES | PROV | DOS | SERVICE | UNITS (HRS) | PAYOR | PARTIAL PAYMENT | SERVICE FEE TOTAL | LOCATION | NESF FEE | TRAVEL (Miles) | TRAVEL FEE | Asking Amount |
| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
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| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
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| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
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| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |

Internal Direct Service Staff Instructional Video Link:

https://drive.google.com/file/d/1M_l1IU4lxHwoSsJ5atGEXygt7somjfV/view?usp=sharing

EXAMPLE OF INTERNAL DIRECT SERVICE STAFF INVOICE:

| Agency Name: Space Coast Early Steps | |   | | DIRECT SERVICE STAFF | | All Therapy Service 15 Min = (.25) 30 Min = (.50) 45 Min = (.75) 60 Min = (1.0) | | | | | | | |
|--|-------------|---|------|-----------------------------|---------|---|-------|-------------------|----------|----------|----------------|------------|---------------|
| Prov / Month & Year: Provider Example | | | | | | Payors: TPIN2= Third Party Insurance MED= Medicaid | | | | | | | |
| Total Due: \$0.00 | | | | | | Other Funds: Team meetings /Trainings CONT= Do not bill / No insurance | | | | | | | |
| CHILD (First, Last Initial) | ES UNIQUE # | PROV NOTES | PROV | DOS | SERVICE | UNITS (HRS) | PAYOR | SERVICE FEE TOTAL | LOCATION | NESF FEE | TRAVEL (Miles) | TRAVEL FEE | Asking Amount |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
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| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
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| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |
| | TBD | | | | | | | \$0.00 | | \$0.00 | | \$0.00 | \$0.00 |

Interpreter Instructional Video Link:

<https://drive.google.com/file/d/1zxOyKXJZLFpNr2PUZBqciUxmU-SYwUm6/view?usp=sharing>

EXAMPLE OF INTERPRETER INVOICE:

| Agency Name: Space Coast Early Steps Prov / Month & Year: Total Due: \$0.00 | |   | | SPANISH INTERPRETER SERVICE | | | | | | | | | |
|--|-------------|---|------|--|---------|-------------|-------|-------------------|----------|----------|----------------|------------|---------------|
| CHILD (First, Last Initial) | ES UNIQUE # | PROV NOTES | PROV | DOS | SERVICE | UNITS (HRS) | PAYOR | SERVICE FEE TOTAL | LOCATION | NESF FEE | TRAVEL (Miles) | TRAVEL FEE | Asking Amount |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |
| ▼ | TBD | | ▼ | | | ▼ | ▼ | \$0.00 | ▼ | \$0.00 | | \$0.00 | \$0.00 |

CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES:

|  | | CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES | |
|---|--|---|---|
| SPEECH THERAPY AND ASSISTANTS | | INFANT TODDLER DEVELOPMENTAL SPECIALIST AND LICENSED EI | |
| 92507 | SPL Face to Face | T1027 TT SC | EIGF Group Session Face to Face |
| 92507 GT | SPL Virtual | T1027 SC | Individual Session Face to Face |
| 92507 HM | SPL Assistant Face to Face | T1027SC GT | EIIF Individual Session Virtual |
| 92507 HM GT | SPL Assistant Virtual | TELEC | EIIF via phone, Face to Face/Virtual not accessible (last resort) |
| TELEC | SPL via phone, Face to Face/Virtual not accessible (last resort) | T1023 | Screen Face to Face/Virtual |
| 92523 | SPCH Evaluation Face to Face | CONIF | Consult Face to Face |
| 92523 GT | SPCH Evaluation Virtual | CONIF GT | Consult Virtual |
| CONSF | Consult Face to Face | CONIP | Consult Phone |
| CONSF GT | Consult Virtual | COIFF | IFSP Meeting/IEP/Transition Conference Face to Face |
| CONSP | Consult Phone | COIFF GT | IFSP Meeting/IEP/Transition Conference Virtual |
| COIFF | IFSP Meeting/IEP/Transition Conference Face to Face | COIFP Phone | IFSP Meeting/IEP/Transition Conference Phone |
| COIFF GT | IFSP Meeting/IEP/Transition Conference Virtual | T1024 HN UK | IPDEI-Initial Eligibility Evaluation Face to Face |
| COIFP | IFSP Meeting/IEP/Transition Conference Phone | T1024 HN UK GT | IPDEI-Initial Eligibility Evaluation Virtual |
| T1024 GN UK | IPDEI-Initial Eligibility Evaluation Face to Face | T1024 HN TS | IPDEF-Follow up Eligibility Evaluation Face to Face |
| T1024 GN UK GT | IPDEI-Initial Eligibility Evaluation Virtual | T1024 HN TS GT | IPDEF-Follow up Eligibility Evaluation Virtual |
| T1024 GN TS | IPDEF-Follow up Eligibility Evaluation Face to Face | T1024 TL | IPDEI-Initial Eligibility Evaluation - Licensed EI Face to Face |
| T1024 GN TS GT | IPDEF-Follow up Eligibility Evaluation Virtual | T1024 TL GT | IPDEI-Initial Eligibility Evaluation - Licensed EI Virtual |
| INTERPRETER | | T1024 TL TS | IPDEF-Follow up Eligibility Evaluation - Licensed EI Face to Face |
| T1013 | INTR Face to Face/Virtual | T1024 TL TS GT | IPDEF-Follow up Eligibility Evaluation - Licensed EI Virtual |
| | | Page 1 8.2021 | |



CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES

| PHYSICAL THERAPY AND ASSISTANT | | OCCUPATIONAL THERAPY AND ASSISTANT | |
|--------------------------------|--|------------------------------------|---|
| 97110 | PHY Face to Face | 97530 | OCCT Face to Face |
| 97110 GT | PHY Virtual | 97530 GT | OCCT Virtual |
| 97110 HM | PHY Assistant Face to Face | 97530 HM | OCCT Assistant Face to Face |
| 97110 HM GT | PHY Assistant Virtual | 97530 HM GT | OCCT Assistant Virtual |
| TELEC | PHY via phone, Face to Face/virtual not accessible (last resort) | TELEC | OCCT via phone, Face to Face/virtual not accessible (last resort) |
| 97161 | PSTH Evaluation (Low Complex) Face to Face | 97165 | OCTH Evaluation (Low Complex) Face to Face |
| 97161 GT | PSTH Evaluation (Low Complex) Virtual | 97165 GT | OCTH Evaluation (Low Complex) Virtual |
| 97162 | PSTH Evaluation (Moderate Complex) Face to Face | 97166 | OCTH Evaluation (Moderate Complex) Face to Face |
| 97162 GT | PSTH Evaluation (Moderate Complex) Virtual | 97166 GT | OCTH Evaluation (Moderate Complex) Virtual |
| 97163 | PSTH Evaluation (High Complex) Face to Face | 97167 | OCTH Evaluation (High Complex) Face to Face |
| 97163 GT | PSTH Evaluation (High Complex) Virtual | 97167 GT | OCTH Evaluation (High Complex) Virtual |
| 97164 | PSTF Evaluation Follow up Face to Face | 97168 | OCTF Evaluation Follow up Face to Face |
| 97164 GT | PSTF Evaluation Follow up Virtual | 97168 GT | OCTF Evaluation Follow up Virtual |
| CONPF | Consult Face to Face | CONOF | Consult Face to Face |
| CONPF GT | Consult Virtual | CONOF GT | Consult Virtual |
| CONPP | Consult Phone | CONOP | Consult Phone |
| COIFF | IFSP Meeting/IEP/Transition Conference Face to Face | COIFF | IFSP Meeting/IEP/Transition Conference Face to Face |
| COIFF GT | IFSP Meeting/IEP/Transition Conference Virtual | COIFF GT | IFSP Meeting/IEP/Transition Conference Virtual |
| COIFP | IFSP Meeting/IEP/Transition Conference Phone | COIFP | IFSP Meeting/IEP/Transition Conference Phone |
| T1024 GP UK | IPDEI-Initial Eligibility Evaluation Face to Face | T1024 GO UK | IPDEI-Initial Eligibility Evaluation Face to Face |
| T1024 GP UK GT | IPDEI-Initial Eligibility Evaluation Virtual | T1024 GO UK GT | IPDEI-Initial Eligibility Evaluation Virtual |
| T1024 GP TS | IPDEF-Follow Up Initial Eligibility Evaluation Face to Face | T1024 GO TS | IPDEF-Follow up Eligibility Evaluation Face to Face |
| T1024 GP TS GT | IPDEF-Follow Up Initial Eligibility Evaluation Virtual | T1024 GO TS GT | IPDEF-Follow up Eligibility Evaluation Virtual |



CODE CHEAT SHEET FOR GOOGLE BILLING INVOICES

| PAYER | DESCRIPTION | LOCATION CODE | DESCRIPTION |
|--|--|---------------|--|
| TPIN2-Third Party Insurance Payment Pending | Use when billing third party insurance such as, Cigna, Aetna, Health First, etc. | 1 | Home |
| TPIN- Third Party Insurance Paid | Third party insurance paid for the entire service amount | 2 | Early Steps Office (ES) - No NESF |
| MED-Medicaid | Medicaid has been billed/Medicaid paid. Medicaid is primary or secondary insurance | 5 | Child Care Facility |
| XXI-Title XXI | Title 21 has been billed/ Title 21 paid. Title 21 is the child's insurance | 6 | Other Location - EX: Community, Phone - No NESF |
| LEA-Local Education Agency | LEA is the payer | 7 | Outpatient Clinic - EX: Providers Office - No NESF |
| CONT-Early Steps | Consults, No insurance, marked do not bill, requesting payment for insurance denials or partial payments | A | Provider Agency - EX: River View Elem. - No NESF |
| Other Funds | Team Meetings and Other Paid Events | B | PPEC - No NESF |
| | | F | Family Day Care |
| | | P | Public Place - EX: Library, Park |
| | | T | Telehealth EX: Virtual - No NESF |
| UNITS & REMINDERS | | | |
| All Therapy, EI and Interpreter Services 15 Min = (.25), 30 Min = (.50), 45 Min = (.75), 60 Min = (1.0) | | | |
| All Initial Evaluations (IPDEI) and Follow up (IPDEF) Evals 30 Min = (0.5), 60 Min = (1.0), 90 Min (1.5), 120 Min = (2.0) (max out at 2.0) | | | |
| All Evaluations by Therapist (ST, PT or OT) are 1 unit per Eval | | | |
| All Screens by ITDS are 1 unit | | | |
| DC = Discharge, FCX = Family Cancelled, TCX = Therapist/ITDS Cancelled, NS = No Show | | | |
| Consult without the caregiver is only billable for 30 Min. = (.50) | | | |
| All Team Meetings (flat pay rate, with no travel) and other paid events are 1 unit each | | | |
| All travel must be reported as a whole number 1 - 60. The google sheet will reject partial numbers. (60 miles per visit max, round trip) | | | |
| *HIPAA Compliant: Only use child's First Name, Last Initial and correct ES Unique #. DO NOT USE Any Other Identifying Info- EX: Child's Full Last Name or DOB.* | | | |
| Question or Technical Issue: Contact Nicki Phillips-Wright - nicki.phillips@spacecoastes.org | | | |

6. How will you get paid? Direct Deposit

- a. Complete the Early Steps Direct Deposit form and submit to the Billing Department
- b. Provide a copy of a voided check
- c. Provide form received directly from your bank for deposit into your savings



Space Coast Early Steps - CATCH of Brevard, Inc.
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DIRECT DEPOSIT ENROLLMENT FORM

NAME (Same as W-9): _____

ADDRESS: _____

Social Security Number: _____

or

Employer Identification Number: _____

Please indicate by Checking appropriate Box:

Checking Account Saving Account

Banking Institution Name: _____

Banking Routing Number: _____

Banking Account Number: _____

A copy of your voided check must accompany this enrollment form to verify all banking information. If depositing into your savings account, you must provide a form received directly from your banking institution.

7. Transitioning Out of Early Steps:

- a. Transition planning must occur when a child transitions out of a LES for any reason.
- b. The child's FSC will complete the IFSP Transition plan no fewer than 90 days and not more than 9 months prior to the child's 3rd birthday.
- c. The LES will inform the parents of the availability of services in the school district Pre Kindergarten Program for Children with Disabilities and will review the child's options for the period from the toddler's 3rd birthday through the remainder of the school year,

in collaboration with the Local Educational Agency (LEA) with the involvement of the family.

- d. SCES typically combines transition conferences and IFSP meetings for the convenience of the family and providers per policies [5.2.1](#), [5.2.2](#), [5.7.4](#), and [7.3.1](#).
- e. An Exit from SCES is completed either by SCES **Child Outcome Summary (COS)** (which may include testing) or an administered assessment. (Dictated by the child's Entry into SCES) - If the Discharge COS Summary is used no COS Form must be completed by the provider as the COS ratings are documented in the Summary - the FSC completes the official COS Form

1. Discharge from Services and/Early Steps:

- a. A child may be discharged from a service provider's caseload due to one of the following reasons:
 - i. No longer meets Early Steps eligibility criteria
 - ii. Met IFSP outcomes and is no longer demonstrating any concerns
 - iii. Met discipline specific goals and is no longer in need of service
 - iv. Parent/Caregiver requested new provider or declined service
 - v. Child turned three years of age
 - vi. Child transferred out of district/to other state
 - vii. Attempts to contact parent have been unsuccessful
- b. If you have more than one attempt unsuccessful, contact the child's Service Coordinator

Of Note: If you are moving the child from ongoing services to Consultation you will need to complete a Discharge COS Summary and provide to the child's FSC

- 2. For all of the reasons above the following documentation is required upon discharge:
 - a. Discharge COS Summary
 - b. If discharging from your caseload but the child is still in need of services, you must provide the current POC as well to the FSC
- 3. Ensure you also have the Services page of the IFSP showing the end of ongoing services date
- 4. *** The Exit COS must be completed with the FSC/Family if child is exiting the program after 6 months of service in the program
 - a. If family is lost to follow up the FSC and provider/s must complete the Discharge COS Summary

SCES Discharge COS Summary template



Space Coast Early Steps Discharge COS Summary

Child's Name: _____ Date of Birth: _____

Date of Discharge: _____ Chronological Age: _____ FSC: _____

Initial Status:

Treatment Provided:

Reason for Discharge:

Discharge Status:

1. Social Emotional Skills (COS Rating)
2. Acquiring Skills and Knowledge (COS Rating)
3. Taking Appropriate Action to Meet Needs (Rating)

Other Suggestions/Recommendations:

Provider Coach Signature: _____ Date: _____

Coach Printed Name: _____