



## Technical Assistance Bulletin

**TO:** WV Birth to Three Practitioners and Service Coordinators  
WV Birth to Three Regional Administrative Units

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**DATE:** July 7, 2008

**EFFECTIVE DATE:** Immediate (Changes to original language in bold)

**ISSUE:** Further Clarification of TA Bulletin 'Revision of Teaming Service Definition and Billing' Issued on May 9, 2008

The purpose of this Technical Assistance Bulletin is to provide further clarification of revisions to the definition, service parameters, and billing methodology for teaming activities as a reimbursable service within the WV Birth to Three System, effective May 9, 2008. Additions and or clarifications are added in bold.

### Definition:

The purpose of Teaming in WV Birth to Three is to provide a process for: a) members of the multi-disciplinary evaluation team to come together for the purpose of determining a child's eligibility; b) for members of the child's early intervention team to assist the family in the design and evaluation of appropriate outcomes, strategies and services as needed to address their child's unique developmental delays; **c) to assist in successful transition planning from WV Birth to Three, and/or d) at the invitation of DHHR to attend an MDT meeting for the eligible child.**

Team members are responsible for assuring that all service decisions, including intensity and frequency, are based on peer-reviewed research; are designed to promote the child's development; utilize existing resources available to the family; are necessary to assist the child/family to make progress toward achieving identified outcomes, and are not duplicative in nature. *Service Coordinators and other team members are responsible for assuring that the family's procedural safeguards rights are protected.*

### Service Parameter:

A WV Birth to Three Teaming service is reimbursable, **as defined in the bulletin**, for actual time spent for each individual's **participation in** the initial, six-month, and annual service plan reviews, in order to complete development and required review and evaluation of the outcomes and strategies of the service plan. The Teaming service is also reimbursable when the team member participates in review of the service plan during the required face-to-face transition planning meeting, or to complete required child outcome measurements, or to participate in the child's IEP meeting, when invited, if that meeting occurs before the child's third birthday.

In addition to these required teaming processes, WV Birth to Three will reimburse for up to 4 units of teaming service for a member of the child/family's evaluation/assessment or IFSP team per six month segment of the IFSP, for the purpose of jointly problem solving intervention strategies with another team member and the child's parent, **or for reconvening the team between required meeting junctures.** There must be documentation in the child's record as to why the **additional teaming activity was called for and scheduled prior to the next scheduled IFSP review.** No additional units of teaming will be reimbursed.

**A delivered teaming service can be substituted for a required IFSP service if the service was scheduled to be provided in that same week.** For example, if the child/family had an IFSP that called for a service (i.e. physical therapy) that was already scheduled for that week, and the physical therapist

(PT) participated in a teaming session with another team member and the parent during the week, the IFSP commitment can be considered to have been met. As always, parents may choose to waive another scheduled visit when required teaming meetings are scheduled. Parents should be offered that option. If the parents choose to have the required teaming take the place of an otherwise scheduled service, each practitioner or service coordinator whose service was waived, is responsible for clearly documenting such in the child's educational record.

**Not Covered:**

WV Birth to Three Teaming service is not reimbursable for the purpose of training another professional. WV Birth to Three is very committed to service delivery that promotes the empowerment of families and demonstrates coordination across disciplines. We recognize that learning to support the development of infants and toddlers and understanding how to share professional expertise with parents and other team members requires a commitment to ongoing professional growth on the part of enrolled practitioners and service coordinators. In addition to opportunities available through various professional organizations, the WV Birth to Three Regional Administrative Units (RAUs) are available to coordinate with practitioners in their regions in order to facilitate sharing of expertise among professionals. If you have questions about this, or would like to suggest and/or provide topical sharing opportunities, please contact your RAU or your regional State Technical Assistance Specialist.

**Qualified Practitioner or Service Coordinator:**

WV Birth to Three Teaming service must be provided by an appropriately-qualified practitioner or service coordinator, as enrolled through the WV Birth to Three Central Finance Office.

**Service Reimbursement Methodology:**

Reimbursement is based on a 15-minute unit, when service is provided directly to the child's parent, in conjunction with other members of the evaluation and/or early intervention team for the purposes of carrying out activities as defined in this TA Bulletin.

Reimbursement for time spent in required teaming meetings is limited as follows:

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| ▪ Initial Eligibility/IFSP Team Meeting:  | Up to 6 units   |
| ▪ Six-Month Service Plan Review:  | Up to 4 units   |
| ▪ Annual Service Plan Meeting:  | Up to 4 units   |
| ▪ Face-to-Face Transition Meeting:  | Up to 4 units   |
| ▪ IEP Meeting when invited by family:   | Up to 4 units   |
| ▪ Completion of Child Outcome <b>Exit</b> measurement<br>(if child exits more than 6 months after last review): | Up to 4 units   |
| ▪ <b>MDT Meeting when invited by DHHR:</b>  | Up to 4 units   |
| ▪ Additional Team Meeting for Problem Solving<br>Or review of Service Plan:                                     | Up to 4 units per each 6 month<br>segment of the IFSP |

Please Note: **The limits set in this policy were effective immediately upon initial release on May 9, 2008. Practitioners and service coordinators are responsible for billing within the guidelines of this bulletin, under current authorizations.** At a future point in time, the SPOE data system will be revised to accept separate authorizations for each teaming service, for each team member. When that change occurs, teaming will no longer auto-generate with other service codes. Further guidance will be provided prior to that date in regards to how the transition will be made to the new authorization process. Payment will continue to be based upon service type and location, as identified in the WV Birth to Three Service Rates document (available on the Central Finance Office website).

**Documentation:**

The Teaming service is to be documented on the WV Birth to Three Teaming Activity Note, including the name and signature and the actual start and stop time for each participating practitioner and service coordinator. Each team member is responsible for assuring that the Teaming Activity Note accurately reflects the reason for the teaming event, discussions and decisions, and his/her time spent. Documentation of the service activity must be submitted to the child's record at the RAU prior to billing for the service.

Additional questions regarding this TA Bulletin may be submitted to [dhhrwvbt@wv.gov](mailto:dhhrwvbt@wv.gov) or through a WV Birth to Three Regional Technical Assistance Specialist.

## **Questions and Answers for Clarification:**

### **1. Are the unit limits for each professional or for the total team?**

The unit limits are for each team member.

### **2. Do I bill for my actual time spent as documented on the Teaming Activity note, or only for the number of units that are reimbursable by BTT?**

The individual practitioner is responsible for billing in accordance with the limits set in this TA Bulletin. The Central Finance Office will not deny claims up-front. However, if through utilization review, the State Office determines that units were billed in excess of the allowable time identified in this bulletin, repayment will be withheld. The individual practitioner is still responsible for assuring the teaming activity note represents the actual time spent.

### **3. Can the 4 units between the Initial or annual IFSP development and 6 month review of the IFSP be used 2 units at a time? For example, for a requested IFSP team meeting for 2 units then another teaming meeting later to problem solve an issue for 2 units?**

Yes. Each team member is allotted up to 4 additional units of teaming every six months, as identified in this TA Bulletin, to allow for occasions when the team may need to come together to revise the IFSP or in situations when the family is requesting additional teaming to problem solve current intervention strategies. In both circumstances the team must document on the Teaming Activity Note why the meeting was requested and the outcome.

### **4. What if all child outcomes have been met and it is not time for the 6 month review or annual IFSP? Is there a process for requesting additional units?**

Each team member has up to 4 units additional units for reimbursement of teaming activities if necessary between the 6 month and annual meeting. Any time over the 4 units would not be billable. If the allowable 4 units have already been used, the time would not be billable.

### **5. Do teams have to meet face-to-face to determine if an additional assessment is needed or can that be communicated through phone and email by the Service Coordinator and all team members?**

Teams do not have to meet face-to-face to discuss the need for additional assessment. This conversation can occur via phone call or email. Please note however; additional assessments are not provided unless team members have agreed that the current members of the team do not have the expertise needed to assist the child/family to make progress toward the outcome/s on their IFSP. Additional assessments are not provided solely because someone requests them.

### **6. Do teams have to meet face-to-face to approve recommended assistive technology or can the team communicate their agreement or disagreement thru phone or email?**

IFSP team members are required to participate in any service decision. When team members are considering whether an AT device is necessary to help the child/family to make progress toward a current IFSP outcome, they can participate and give input via phone call or email, as long as there is documentation that conversation has occurred and agreement has been reached in regards to the recommendation. *If the Service Coordinator has the documented agreement of the team (including the family), he/she can obtain the family's signature and consent for assistive technology during a service coordination visit.* The Service Coordinator is responsible for assuring that the documentation of the team's agreement accompanies the AT request.

### **7. If a practitioner requests service changes to the IFSP, can the Service Coordinator make the changes during a home visit and document it in the Service Coordination activity note?**

No. IDEA requires all service decisions to be made by the team. Practitioners may participate in one of four ways: a) face to face; b) via conference call; c) by sending an authorized representative; or d) by sending a written report. The team's discussions and decisions are documented on the Teaming Activity note and the IFSP review page.

**8. If an assessment has been done and that person needs to meet with the Service Coordinator and the family to be added to the IFSP, is that billable?**

IDEA requires all service decisions to be made by the team. All IFSP team members are required to participate in any decision regarding the addition or change of services. While the team may have called for additional assessment, there would not be an assumption that a new service would be added unless the team determines that the current services cannot assist the child/family to achieve the IFSP outcomes. The person completing the assessment is responsible for sending copies to the family and other team members. Based on the assessment results, if there is no additional concern, the team does not need to do anything. If the team needs to reconvene to discuss possible changes in services, then there needs to be notification of the team meeting and team member participation.

It will be most helpful if the team plans ahead regarding the need for additional assessment in order to have the assessment completed and available for review prior to a required 6 month or annual review. In exceptional circumstances when the team documents that an IFSP review needs to occur before the 6 month or annual, the limits of this TA Bulletin apply.

**9. If a family wants to reduce or discontinue a service, does the full team need to meet to discuss this?**

No. Services can not be provided without the family's consent and the family can rescind their permission at any time. So if the family wants to decrease or discontinue a service, the service coordinator will make sure that the practitioner involved is notified immediately and complete a practitioner confirmation form to remove the practitioner and/or reduce his/her intensity or frequency. The revised practitioner confirmation needs to be sent to the RAU within 2 days. The service coordinator will need to notify other team members of the change and complete an IFSP review page with the family within 30 days to remove the service from the IFSP. *(NOTE: This answer relates only to reducing or removing a service at a family's request. A service cannot be increased or added at a family's request without an IFSP review and full team participation.)*

**10. What if a team member only stays for a portion of the IFSP meeting?**

Practitioners who agree to provide services are obligated to participate in IFSP meetings. Best practice would be that the practitioner would participate in the meetings through the completion and signature of the IFSP. If the practitioner has a conflicting meeting time, he/she should notify the family and service coordinator in advance. Practitioners who regularly depart eligibility/IFSP meetings prior to the completion and signature of the IFSP will be at-risk of termination of their agreement to provide WV Birth to Three services.

**11. If I participate by phone and that is reimbursed at Service Provider Location rate, can I bill for 8 units versus 4?**

No. The limits pertain to number of units, not location or rate.

**12. Can I bill for 4 units for an annual IFSP meeting and then another 4 for completing the COST after the IFSP meeting?**

No. The COST is completed as part of the IFSP meeting. The only exception is if a child/family exits the BTT system more than 6 months after the most recent annual COST and the team needs to do an Exit Cost. In this situation there are up to 4 additional units available for reimbursement of time to complete the Exit COST.

**13. Can a Service Coordinator authorize additional teaming units for his/herself to take care of changes if they are made during a service coordination home visit and the service coordinator goes over their billable time during that visit?**

No.