



## ED TEAM Committee Meeting

6.10.09

### Agenda

1. Welcome
  2. Review February Meeting Minutes
    - *Handout of Feb. minutes*
  3. State Updates – Janet Ballard
  4. SPOE INFORMATION:
    - EDT attendance at IFSP meetings
      - *Handout of current IFSP attendance*
    - Review of Strategies document
      - *Handout of draft strategies with revisions*
    - Provider Availability
    - Interactions with families - Clare
  3. ED Team Agenda Items:
    - ICD-9 Code Procedure – Nancy O.
    - Going into evaluations together – Nancy O.
  4. Develop Meeting Schedule
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**Next Meeting:** TBD

<b>Date: 2.25.09</b>	<b>ED Team Meeting</b>
<b>Welcome &amp; Introductions</b>	Gail Lotak, Sally Gaff, Lisa Rowe, Kami Cermak, Dana Rund, Kate Mahoney, Nancy Ostertag, Kathryn Sanders, Nancy Bonhivert, Bose Ohiani-Jegede, Jillian Condon, Clara Mann, Angie Merryman, Jackie Garritano and Jo Ellen Clarkson
<b>ED Team Role</b>	<p>*Service Coordinators would like additional help with creating outcomes and strategies in order to facilitate IFSP development with families.</p> <p>*Kathryn suggested creating handouts with general strategies that can be checked off and space for additional comments that can be completed and given to coordinators with the evaluation. Kate brought up that providers of a discipline may not feel comfortable with recommending strategies for concerns that are outside of their discipline.</p> <p>*Clare stated that this type of handout can be useful as long as ED Team members provide additional comments to ensure that plans and strategies are individualized for each child. She also stated that ED Team members need to communicate with one another regarding some basic strategies that are outside of their discipline when completing the form with strategy suggestions.</p> <p>*Sally will email their team's existing handouts to Jillian and then they will be forwarded on to the other team members for feedback (additional strategies/comments). When comments are received, Jillian will email out a draft to all the teams for review.</p>
<b>ED Team Attendance</b>	<p>Clare stated that at the last SPOE supervisors meeting, ED Team attendance was again discussed and that 80% is to be the minimum for ED Team attendance at IFSPs. Feedback from the Holdback Report noted that in the future funds will be withheld if the 80% attendance is not met. Clare stated that if attendance does not increase then the number of ED Team members will need to be increased. The state is looking into reimbursement for phone participation, however, providers must be aware of the time they are using for phone participation in regards to overlapping with evaluation or treatment time. The SPOE is tracking ED Team attendance at initial IFSPs which will be a reporting requirement effective April 1<sup>st</sup>. For all cases of Informed Clinical Opinion, the policy has not changed, that states that at least one ED Team member must participate in the eligibility/ IFSP meeting by attending the meeting or by phone call during the meeting.</p>
<b>Scripts for Evaluations</b>	<p>Jillian stated that scripts are not required by the state for an evaluation but the PT license requires that PTs must have a script to conduct an evaluation. Therefore it is the ED Team's responsibility to obtain scripts for PT evaluations. A signed Physician's Health Summary may not be considered a valid script for a PT evaluation. Jillian stated that Intake Coordinators will request a script for PT when sending the Physician's Health Summary to the doctor if there is a PT concern. Intake Coordinators may also ask the family to obtain a script from their doctor, however, the ultimate responsibility remains with the therapist.</p>

**Scheduling Changes**

Effective March 9<sup>th</sup> the SPOE will no longer schedule evaluations for Track 1, Track 3 or Newton/Jasper Counties. Erica Burkhardt will take on scheduling for these tracks. In addition the SPOE can no longer make copies (evals, AEPS forms) for the ED Team members, however the team members can still scan and also pick up the AEPS booklets provided by the state at the SPOE office. Jo Ellen will further discuss with Erica the scheduling process and the process for communicating with the SPOE. ED Team members will also be asked to update their availability to give to Erica. The updated processes and contact information will be sent out to the team members. Erica will also be available for Intake Coordinators to get possible evaluation and IFSP dates before the Coordinator meets with the family for the intake appointment. Jo Ellen also asked for updated cell phone lists for team members. Referrals received on March 9<sup>th</sup> and after will go to Erica.

**ICD-9 Codes**

\*Handout of ICD-9 procedure provided and reviewed. Jillian noted that on the annual EDT referral form a line will be added for the ICD -9 code to be written in by the coordinator. Jo Ellen also noted that when the doctor includes the ICD-9 code on the referral form, the referral form will also be sent with the ED team referral. A line for ICD-9 codes will be added to the referral form.

\*Clare stated that ED Team members can use the ICD-9 codes that they have received from the child's doctor. For children that are evaluated and do not move on to have an IFSP, the intake coordinators will still attempt to obtain a code from the child's pediatrician. This matter will be further discussed at state level for further direction. Kathryn also noted that some codes in drop box (on the online billing system) are not being accepted.

\*Bose noted concern regarding certain ICD-9 codes not allowing for provider reimbursement if the code is not directly associated with the provider's discipline. Clare stated that the codes will not affect provider reimbursement, but may however, effect insurance reimbursement and therefore also family cost share. Clare also stated that we are trying to obtain the most accurate code for the child's diagnosis in order to facilitate program reimbursement. The Physician's Health Summary will be forwarded to the team for each initial and annual. For children with codes that are only valid for a child up to 12 months of age, Jo Ellen will notify the doctor that a new code will be needed when the child is 12 months old.

\*Kathryn asked if the last page of IFSP will be forwarded to the ED Team members for attendance records, Jo Ellen stated that Erica will send out IFSP to all members that attended the meeting.

\*Lisa asked if others have had difficulty billing supervision time. Clare asked Lisa to email Jillian the information and she will follow up.

\*Kathryn inquired about the rate for IFSP supervision if it had recently changed. Clare state that rates have not changed but she will look into whether there is a billing issue in the system for supervision time.

	<p>*Kami noted that she does not prefer to schedule evaluations early because she holds evaluation times and is often not notified of cancellations. Kami prefers to wait until she receives the intake information from the intake coordinator and will contact the family to schedule. Jo Ellen will look into revising the scheduling process for Kami's team.</p> <p>*Regarding submitting evaluations to the SPOE, Jo Ellen stated that she will discuss with Erica the process for submitting original evaluations to the SPOE.</p>
<b>Next Meeting</b>	Wednesday, May 13 <sup>th</sup> at 3:00pm @ the First Steps office

**ED Team Initial IFSP Attendance –  
February – May 2009**

**STATE STANDARD:** 80% of Initial IFSP meetings will have ED Team representation.

**Cluster A** total Initial IFSP attendance  
Total # of IFSP: 380  
# of Meetings attended: 232  
**TOTAL Average Attendance: 61%**

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**Track 1** total Initial IFSP attendance  
Total # of IFSP: 88  
# of Meetings attended: 42  
**TOTAL Average Attendance: 48%**

**Track 2** total Initial IFSP attendance  
Total # of IFSP: 76  
# of Meetings attended: 58  
**TOTAL Average Attendance: 76%**

**Track 3** total Initial IFSP attendance  
Total # of IFSP: 80  
# of Meetings attended: 60  
**TOTAL Average Attendance: 75%**

**Track 4 / Porter West** total Initial IFSP attendance  
Total # of IFSP: 43  
# of Meetings attended: 27  
**TOTAL Average Attendance: 63%**

**Porter East** total Initial IFSP attendance  
Total # of IFSP: 35  
# of Meetings attended: 8  
**TOTAL Average Attendance: 23%**

**LaPorte** total Initial IFSP attendance (March – May 2009)  
Total # of IFSP: 39  
# of Meetings attended: 23  
**TOTAL Average Attendance: 60%**

**Newton & Jasper** total Initial IFSP attendance  
Total # of IFSP: 19  
# of Meetings attended: 14  
**TOTAL Average Attendance: 74%**

- scheduled on their eval days.
- Location plays a big part.
- Days that are not EDT days.
- Talk to SPOEs about does full EDT members affect the ongoing provider availability.
- New track days (we need to let coordinators know the days.)

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Talk to schools about "needs assessment" to see if they have students to place.