



Provider Guide

May, 2008

Thank you for your interest in EarlySteps, Louisiana’s Early Intervention System. This document is designed to guide you through the enrollment process and introduce you to your role as a Service Provider or Family Service Coordinator. Please review the guide carefully with your Regional Coordinator. After completion of the guide, you and the Regional Coordinator will initial the Provider Check List verifying that you have read and understand the information contained in this document.

What is EarlySteps?

EarlySteps is Louisiana’s Early Intervention System for infants and toddlers with disabilities and/or developmental delay ages birth to three and their families. By providing resources and support to families during these early years, EarlySteps hopes to “enhance the development of infants and toddlers with disabilities, to minimize their potential for developmental delay, and to recognize the significant brain development that occurs during a child’s first 3 years of life (IDEA, 2004).”

The EarlySteps service delivery system is a team-based interdisciplinary model which consists of the components listed below. This interdisciplinary model refers to providers from multiple professional disciplines that represent specific areas of expertise working together with families to accomplish the IFSP outcomes. Transdisciplinary service delivery is supported in this model in the specific ways that team members interact. This interaction requires that the team members collaborate and provide integrated, routines-based interventions in the child’s natural environments.

The *DEC Recommended Practices for the Interdisciplinary Model of Service Delivery* (Sandall, et al, 2005) identify four Guiding Principles which are supported in the EarlySteps System:

- Teamwork is a collective responsibility of the providers, family, family service coordinator, and other resource providers involved in service delivery to a child and family. This is supported in EarlySteps partially through the team meeting process and partially through provider practices which support these guidelines.
- The transdisciplinary model discourages *fracturing or segregating* services along disciplinary lines and supports the exchange of competencies among team members. This means that the expertise brought to service delivery by individuals from different disciplines is enhanced through function as a team member, rather than functioning solely as an individual, discipline-specific provider.
- Service delivery should be outcome-based and functional. This means that the interventions utilized are necessary for the child’s engagement, independence and social relationships in the context of his home and community environments. Providers are responsible for knowing the most effective approaches, which support these, matching them to the child’s needs and sharing them with the team.
- Service delivery must be practical, in that it supports caregivers in ways that are meaningful to them from ongoing interactions in the natural environment, rather than in relying on “isolated” contacts or sessions. The EarlySteps system supports the belief

that it is not the provider who has the direct impact on the child, but it is the child's natural caregivers—parents, child care providers, etc. Providers support this guideline through service provision that involves the family and caregivers in the service delivery through demonstration, written information, and built-in opportunities for practice.

What is the role of an EarlySteps Provider?

An EarlySteps provider has many diverse roles. However, the primary role is to work collaboratively with the family, child, and IFSP team members so that the child can participate fully with the family and in its community. EarlySteps incorporates the information from the family's assessment of Concerns, Priorities, and Resources into the IFSP. This identifies the family's priorities and needs regarding their child's development. Providers will utilize this information in decision-making regarding service delivery with the child and family.

Listed below are some of the typical ways in which a service provider will perform their roles:

- Adhere to all federal and state policies and procedures relative to this program.
- Consult with a family member, service provider, family support coordinator, and/or a representative of a community agency to ensure the attainment of identified outcomes.
- Teach a family member/child care worker different strategies necessary to attain an identified outcome.
- Participate at team meetings, including eligibility determination, IFSP reviews and revisions, IFSP development, quarterly meetings, etc. to support the team with its responsibilities.
- Provide assessments/evaluations (CDA).
- Complete assessments/evaluations using the format provided by EarlySteps.
- Understand and adhere to the "Best Practice Guidelines" as developed by EarlySteps and accurately represent these guidelines in discussions at team meetings.
- Adhere to all reporting requirements, including completion of a **Monthly Progress Report** and other documents and submission to the FSC describing contacts with the family/child for each month.
- Maintain a file for a minimum of five (5) years, which contains required documentation of contacts with the family/child.
- Refer any child, who is suspected of having a disability or developmental delay, to the SPOE Intake agency within 48 hours. [This is a requirement of IDEA. A list of the SPOE intake agencies for the appropriate geographic area can be found on the EarlySteps website.]
- Participate and fully cooperate with any quality assurance activities required by the State including, but not limited to, chart reviews, self-assessment, interviews, corrective action plans, etc.
- Verify the Medicaid status of each Medicaid eligible child on a monthly basis.
- Complete required training.

Issues to be considered prior to enrollment

If you are willing to provide services according to the model described above and support the mission of early intervention, there are some additional issues to consider before you enroll.

EarlySteps has enrollment options for service providers: enrollment as the employee of an agency or as an independent provider. If you are employed by an agency, you will receive the benefits that are offered by the agency. However, if you enroll independently, you will not

receive benefits and will need to purchase your own health and professional liability insurance. You will also be responsible for paying your total portion of federal and state income taxes. Providers may also enroll as a “group,” in a group/practice arrangement each provider enrolls independently and links to the group’s number. Payments go to the group. FSC providers must be employed by a licensed Case Management Agency enrolled to serve infants and toddlers with disabilities.

The Enrollment Process

There are several components to the successful completion of the enrollment process in order to be affiliated with the EarlySteps Central Finance Office (CFO), Medicaid, if applicable, and subsequently begin providing services.

1. Complete the mandatory enrollment meeting with Regional Coordinator and obtain signature on checklist.
2. Complete Early Steps Enrollment Forms and provide copies of licenses and supervision letter if necessary.
3. Obtain Statewide Criminal Background Check.
4. Obtain a National Provider Identifier (NPI) at <https://nppes.cms.hhs.gov> or by calling 1-800-692-2326. This requirement is only specific to a Physical Therapist, Occupational Therapist, Speech Language Pathologist, Psychologist, and Audiologist.
5. Complete the Medicaid *Basic Enrollment Packet for Individuals* and *EarlySteps Enrollment Packet (Individuals)* or *Infants-Toddlers Case Management* (only for a new FSC agency planning to enroll) available at www.lamedicaid.com. Group enrollment also requires *Enrollment Packet EarlySteps (Group)* and *Basic Enrollment Packet for Entities/Businesses*.
6. Complete Orientation Training Module and other required training within guidelines outlined the Early Steps Practice Manual.
7. Complete required information on the CFO Service Matrix.

Steps to Enrollment

1. Complete mandatory enrollment meeting with Regional Coordinator.

The first step in the enrollment process is to meet with your Regional Coordinator, (see list of regional coordinators by region on the web at www.laeikids.com or www.dhh.louisiana.gov/offices/?ID=334, click - *EarlySteps Regional Map* and select the appropriated region to locate the regional coordinator. Contact the Regional Coordinator to establish the need to print enrollment forms and bring them to the meeting or if they will be available. Documentation of your attendance will be provided.

2. Complete Early Steps Enrollment Forms

Download the enrollment documents from the website: www.laeikids.com or www.dhh.louisiana.gov/offices/?ID=334 and click on the *Provider Enrollment Forms*). It is helpful if the forms are completed prior to enrollment. Unless the Regional Coordinator has indicated that the forms will be provided at the meeting, you can download these forms prior to the meeting to review and to answer questions. These include:

- Provider Agreement
- Durable Medical Equipment Rider, as appropriate
- Certification Regarding Lobbying, Debarment and Suspension
- Provider Online Forms: Certification, Online Access Enrollment, Electronic Signature
- Electronic funds Transfer (EFT) Direct Deposit Authorization/Change Request

- ❑ IRS W-9
- ❑ Center-Based Assurance Form (agencies only)
- ❑ Medicaid Basic Enrollment Packets (Individual and/or Group)*
- ❑ Provide copy of current applicable professional license, diploma, transcript or equivalent and update yearly
- ❑ Letter of supervision from EarlySteps Provider (therapy assistants only)
- ❑ Enrollment Checklist

***Note: Service Coordination Agencies must include a copy of their Medicaid Letter with their enrollment forms.**

3. Complete State Police Criminal Background Check

Providers must complete and sign forms DPSSP 6996 and 6706 for the required background checks to be obtained. Portions of the form may be completed for you with the correct information filled in. For independent providers the form and payment will be mailed to Leona White, 1010 Common Suite 550, New Orleans, LA 70112. A \$26.00 processing fee is required by the State Police. No checks are accepted by EarlySteps. The preferred payment method is via *prepaid* VISA or MasterCard available at Wal-Mart, Walgreen's, etc. Credit card information is acceptable. Do NOT send the form or payment directly to the State Police. Doing so will add several weeks to accessing results.

4. Obtain a National Provider Identifier Number

For the following providers only: physical therapy, occupational therapy, speech language pathology, psychology, audiology, the NPI number is required. The NPI may be obtained at <https://nppes.cms.hhs.gov> or by calling 1-800-692-2326. The number is required to complete the Medicaid enrollment packet.

5. Complete the Medicaid Basic Enrollment Packets

The Packets are downloaded from the www.lamedicaid.com website and consists of several forms which must be mailed to Unisys at the address given (not to the CFO or to EarlySteps). A Medicaid provider number will be mailed to the provider indicating enrollment is complete. When the number is received by the provider via a notification statement from Unisys, a copy must then be sent to the CFO to complete enrollment with EarlySteps.

6. Orientation Module

Complete Orientation Training Module and other required training within guidelines outlined the EarlySteps Practice Manual. Pre and Post-tests must be completed and certificates will be issued.

7. Service Matrix

After CFO receives all the required enrollment documents and reviews them for accuracy and completeness, the CFO will send a confirmation letter of enrollment within 7 business days. The CFO will provide you with a password and instructions on how to enroll on the Service Matrix. The Service Matrix is a provider's professional representation to the community as well as a way to share contact information and availability. Families will select a provider by utilizing the Service Matrix and reviewing a provider's information.

Providers must review the Service Matrix and complete the following required additional information as well as check email weekly for program updates, notices, and system changes:

- Provider availability-On a monthly basis or as changes occur, providers must review and update the matrix or they may not appear as an available provider.
- Zip codes-provide list of service area to be covered by zip code.
- Contact information-Must be current and include phone numbers, email address, mailing addresses, etc
- Review and attest to Service Agreements annually online

Medicaid providers will also establish an account on the www.lamedicaid.com website to check claims and payment information.

The Service Delivery and Payment Process

The System Point of Entry (SPOE) enters authorizations for services in the Early Intervention Data System. Providers will only begin service delivery after authorizations have been issued through the online web-based system. Authorizations should be checked weekly to assist in managing available service units.

Online Authorizations

- Verify authorizations prior to providing services
- Print authorizations for hardcopy verification and chart requirements
- Track the start and end dates of each authorization
- Search authorizations
- Monitor units

Online Claims submission for Part C Claims

- View payment information
- Submit claims online
- Search claims
- Review payment status of claims
- Correct billing errors

Medicaid Billing

Providers have several options for Medicaid billing: submission of claims on paper, submission of claims by a billing agent, or submission of claims through the CFO. Information about billing is available at www.lamedicaid.com. An EarlySteps Medicaid Provider manual is available at this website by clicking on Training, 2007 Provider Training, and scrolling to the *EarlySteps Provider Training Packet*. Unisys generally provides annual training which is of interest to all providers. Additional training is often conducted in conjunction with the EarlySteps program. Once claims have been submitted, the provider is responsible for reviewing the Remittance Advice (RA) at www.lamedicaid.com once an account has been established or as received by mail. The provider must verify Medicaid eligibility monthly for each client by the 5th of each month. Claims should be submitted at least weekly for timely payment and to meet “timely filing” guidelines. All payments are Electronic Funds Transfer (EFT).

Payment Schedule

The CFO pay schedule is posted on the website at <https://www.eikids.com/la/matrix/help/2008%20Pay%20schedule.pdf>. Billing must be submitted within 60 days of the date of service. If billing is not received within this time frame, the CFO will deny payments because service dates are more than 60 days old. EarlySteps central office will not override these denials. All claims should be submitted weekly and by submission time schedule to meet monthly payment date.

Administrative Requirements for EarlySteps Providers

Administrative requirements are outlined in the EarlySteps Practice Manual. Providers will sign the *Provider/Payee Agreement* guaranteeing their adherence to these requirements. Each provider will participate in quality management activities to verify that the standards required by EarlySteps and Medicaid and expected by families are met. It is the provider's responsibility to be knowledgeable about and implement all standards and requirements *and* to participate fully enough in EarlySteps to be aware of changes as they occur.

Additional Information

- ***The State Performance Plan***-- approved by the US Department of Education Office for Special Education Programs. The plan establishes the assurance that the state will operate within Federal Regulations and is found on the EarlySteps website: www.dhh.louisiana.gov/offices/?ID=334. The Annual Performance Plan is also posted to provide updates in the state's performance in meeting these requirements.
- ***Practice Manual and Procedural Clarifications*** provide information on procedures and policies that pertain to the EarlySteps system and are found on the EarlySteps website on the provider page.
- ***Regional Coordinators*** provide technical assistance as it relates to policy, procedures and general EarlySteps information. A list of coordinators is on the EarlySteps website and click *Contact*.

Quality Management

EarlySteps has a Quality Management process for identifying and maintaining its standards. The process is identified in the State Performance Plan and reported annually in its Annual Performance Report. EarlySteps Central Office and Regional Quality Assurance Specialists conduct quality management reviews to implement the process. These reviews consist of:

- Record audits for accuracy of documentation
- Data system monitoring of provider service delivery and billing
- Provider self-assessments
- Interviews with families
- Monthly Explanations of Benefits mailed to families
- Corrective Action Plans
- Complaint Policies and Procedures
- Technical assistance and training

All providers participate in a formal chart review process at least once during the current State Performance Plan period (usually a five-year period). For providers who bill Medicaid, EarlySteps and Medicaid will conduct this process jointly. Any findings of noncompliance for any provider will require resolution as outlined and agreed to in the *Provider/Payee Agreement*, the EarlySteps Practice Manual, and the appropriate Medicaid Provider Manual(s).

Thank you again for your interest in EarlySteps. We look forward to working with you. If you should any additional questions, please contact your Regional Coordinator.