

DHS – Early Intervention Program

Service Provider/Provider Agency Administrative Process and Procedures

AGENCY NAME:	REGION:	REVIEW DATE(s):
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EI TECHNICAL ASSISTANCE MONITOR:

#	AUTHORITY/REFERENCE	MONITORING EVALUATION COMPONENT			COMMENTS /TA NEEDED
			Yes	No	
001	EI Service Provider Agreement	Service Provider/Provider Agency has access to the internet and monitors the Early Intervention website for changes to existing policy, for new policy and for changes to claim forms, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
002		There is evidence that Service Provider/Provider Agency has implemented the previous year's Corrective Action Plan.	<input type="checkbox"/>	<input type="checkbox"/>	
003	EI Service Provider Agreement	Service Provider/Provider Agency maintains liability insurance.	<input type="checkbox"/>	<input type="checkbox"/>	
004	EI Service Provider Agreement	Service Provider/Provider Agency has written internal procedures regarding protected health information.	<input type="checkbox"/>	<input type="checkbox"/>	"The EI Monitoring Program is not responsible for the contents of your HIPAA documents."
5	HIPAA Standards for Privacy and Security	<ul style="list-style-type: none"> • Collection, storage, disclosure, and destruction stages. 	n/a	n/a	
6		<ul style="list-style-type: none"> • Privacy Office who is responsible for the development, implementation, and oversight of the policies and procedures pertaining to HIPAA (164.530). 	n/a	n/a	
7		<ul style="list-style-type: none"> • HIPAA complaint process (160.306 and 164.530). 	n/a	n/a	
8		<ul style="list-style-type: none"> • Access to Protected Health Information (PHI) (164.524). 	n/a	n/a	
9		<ul style="list-style-type: none"> • Minimum Necessary Requirements for using, disclosing or requesting PHI (164.502). 	n/a	n/a	
10		<ul style="list-style-type: none"> • Accounting of disclosures of PHI (164.528). 	n/a	n/a	

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			Yes	No	
011	Notice of Privacy Practices	Service Provider has Notice of Privacy Practices document.	<input type="checkbox"/>	<input type="checkbox"/>	<p>“The EI Monitoring Program is not responsible for the contents of your HIPAA documents.”</p>
012	Administrative Code 500.60	Credentialed provider participates in a system of ongoing professional development that includes, at a minimum, a once a month face-to-face meeting with either an individual specialist-level credentialed provider of the same discipline, or a group, documented on the On Going Professional Development form.	<input type="checkbox"/>	<input type="checkbox"/>	
013		All documentation for the early intervention monitoring review was received by the assigned EI monitor in a timely manner (agreed upon due date).			

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Service Provider/Provider Agency File Review

AGENCY NAME:	REGION:	REVIEW DATE(S):
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EI TECHNICAL ASSISTANCE MONITOR:

#	AUTHORITY/REFERENCE	MONITORING EVALUATION COMPONENT	REC #1		REC #2		REC # 3		COMMENTS /TA NEEDED
			Yes	No	Yes	No	Yes	No	
001	Administrative Code 500.90	Service Provider conducted authorized assessments using a department approved test instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
002	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	Initial evaluations to determine eligibility, or the need to add a new service, were completed by a credentialed, enrolled evaluator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
003	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	All evaluations and assessment reports completed beginning September 1, 2009 were completed using the required Evaluation/Assessment Report Format.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
004	EI Service Provider Agreement	There is evidence that provider submitted all evaluation/assessments reports to service coordinator within 14 days of the receipt of the authorization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
005	EI CBO Document (July 2005)	The file contains a copy of the current IFSP and current authorizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
006	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	The file contains initial and continued physician authorization if service was for PT, OT, Speech or Audiology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

JULY 2010

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			Yes	No	Yes	No	Yes	No	
007	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	There is evidence of a discharge report if the child is no longer receiving services from the service provider/provider agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
008	EI CBO Document (July 2005)	The file contains any correspondence sent or received on behalf of the child (interpreters).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
009	EI Service Provider Agreement	Service Provider/Provider Agency has provided services, billed and received payment from CBO as set forth in the IFSP with correct frequency, intensity and duration as identified on authorizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
010	Administrative Code 500.85 and Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	Service Provider/Provider Agency provides direct service reports to the service coordinator at least every 6 months and prior to each IFSP update/review or more often if the child's progress/lack of progress warrants. The report uses the required format effective September 1, 2009.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
011	EI CBO Document (July 2005)	All documentation to support all authorized services consists of a complete overview of the services provided for procedure code and date of service billed to and paid by the CBO.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
012	Administrative Code 500.110 and Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	Documentation is current, legible, dated, includes a time in and time out and is signed by the provider who actually provided the services. IFSP Development time may be documented in minutes used. Rounding up units is not allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
013	Administrative Code 500.115	Service provider provided written notice to child's service coordinator at least 30 days prior to anticipated date of service termination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
014	Administrative Code 500.115 and Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	Prior to implementing any changes to services listed on the IFSP, the Service Provider developed and submitted a written "Developmental Justification of Need" to the service coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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015	Administrative Code 500.115	There is evidence that Service Provider provides services and communicates to family in language or mode of communication understood by the family directly, or if necessary, through the use of an interpreter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
016	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	Credentialed/Enrolled Provider maintains supervision documentation regarding implementation of IFSP services by any associate level providers whom they supervise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
017	Administrative Code 500.115 (appendix D)	There is documentation that the Credentialed/Enrolled Provider conducts direct supervision during client services at a minimum of once each month for each child to which an Associate Level Provider provides intervention services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
018	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	Credentialed/Enrolled Provider is the actual provider of services under IFSP development time. Exception is speech therapists and audiologists in CFY year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
019	EI Service Provider Agreement	There is evidence that the insurance EOB and a completed claim was submitted to CBO for all EI children, even if the entire claim was paid by private insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
020	EI CBO Document (July 2005)	Billing forms submitted by the Service Provider/Provider Agency to CBO indicate the specific individual who actually provided the services, or the associate who actually provided the services and their credentialed supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
021	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	Evaluations/assessments are documented with 1) a case note for the evaluation with the child 2) a case note for completing the written evaluation and 3) a copy of the evaluation report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
022	Early Intervention Service Descriptions, Billing Codes and Rates Document (September 1, 2009)	The evaluation/assessment report does NOT include recommendations for goals, outcomes and strategies for services or recommendations of frequency, intensity, duration or location of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	