Kentucky Early Intervention System

Doing Business with Kentucky's Early Intervention System: Enrollment, Documentation, & Billing Guide

2021

Kentucky Public Health
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1.1 Early Intervention Overview

Kentucky's Early Intervention System (KEIS) provides Early Intervention (EI) in accordance with Part C of the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and is a developmental program serving children birth to three (3) with significant developmental delays and disabilities. Services are authorized based upon functional outcomes that focus on child development and family training, education and support that address developmental needs rather than medical needs. Part C requires states to provide services in "Natural Environments." Natural Environments are defined as "settings that are natural or normal for the child's same-age peers who have no disabilities."

Early Intervention services in KEIS are based upon the following:

(1) Families are viewed as the primary interventionists in the child's life and expert on the child and family needs;
(2) Families and service providers establish a partnership with open exchanges of information; and,
(3) Developmental activities are embedded in the child's everyday life to enhance acquisition of functional skills.

Federal Regulations (34 CFR 303.13 (a)) define Early Intervention Services. *Early intervention services* means developmental services that:

(1) Are provided under public supervision;
(2) Are selected in collaboration with the parents;
(3) Are provided at no cost, except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees;
(4) Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist appropriately in the infant's or toddler's development, as identified by the Individualized Family Service Plan (IFSP) team, in any one or more of the following areas, including:
    a) Physical development
    b) Cognitive development
    c) Communication development
    d) Social or emotional development
    e) Adaptive development
(5) Meet the standards of the State in which the early intervention services are provided, including the requirements of Part C of IDEA;
(6) Include the services identified in the IDEA;
(7) Are provided by qualified personnel;
(8) To the maximum extent appropriate, are provided in natural environments; and
(9) Are provided in conformity with an IFSP.

Further, the responsibility of early intervention service providers is defined (34 CFR 303.12 (b)) as:

(1) Participating in the multidisciplinary IFSP team's ongoing assessment of an infant or toddler with a disability and a family-directed assessment of the resources, priorities, and concerns of the infant's or toddler's family, as related to the needs of the infant or toddler, in the development of integrated outcomes for the IFSP;
(2) Providing early intervention services in accordance with the IFSP of the infant or toddler with a disability; and
(3) Consulting with and training parents and others regarding the provision of the early intervention services described in the IFSP of the infant or toddler with a disability.

The U.S. Department of Education, Office of Special Education Programs (OSEP) is responsible for oversight of Part C programs. OSEP monitors programs through the State Performance Plan (SPP) and Annual Performance Report (APR).

The Cabinet for Health and Family Services (CHFS), Department of Public Health (DPH), Division of Maternal and Child Health (MCH), Early Childhood Development Branch (ECD) is the State Lead Agency (SLA) for KEIS, commonly known as First Steps.

Local lead agencies are designated as Point of Entries (POE). The agencies that have this designation operate under contract to provide child find services (screening and evaluation) and service coordination in fifteen (15) regions of the state. Service Coordinators (SCs) are employees of the POE.

KEIS is a fee-for-service system. Evaluation, assessment and early intervention services are provided in KEIS through contracts with agencies and individuals. These contracts give the SLA the authority necessary to fulfill all IDEA requirements for general supervision and monitoring as well as establish the business relationship between the SLA and provider. In a fee-for-service system, the service must be provided prior to billing for the service.

An online database management system known as TOTS, Technology-assisted Observation and Teaming Support System, serves as the electronic early intervention record and provides a method for communication between early intervention service providers. TOTS also serves as the financial system for providers and SLA.

The purpose of this manual is to provide specific information that supports providers in their practice and business relationship with the SLA. There are other documents that early intervention providers must be familiar with in order to successfully work in KEIS:

(1) Service Provider Agreement (SPA)
Provided by SLA during the enrollment process.
(2) KEIS Code of Ethical Conduct
Provided by SLA during the enrollment process.
(3) KEIS Policy and Procedures Manual
https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/FirstStepsPolicyandProcedures.pdf
(4) State Performance Plan and Annual Performance Reports
https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsreports.aspx
(5) State Regulations 902 KAR 30:001-30:200 (under “Regulations” header)
https://chfs.ky.gov/agencies/dph/dmch/ecdb/pages/firststeps.aspx
(6) Federal Regulations 34 CFR 303
https://www.ecfr.gov/cgi-bin/text-idx?SID=15fe7f97d09e9b36deee0c1f35dd8724&mc=true&node=pt34.2.303&rgn=div5
(7) TOTS User Guide (located in the top right corner of the Home Page after logging in)
https://www.kytots.org/tots/

1.2 Enrolling as a Provider in KEIS

1.2 (1) Early Intervention Services and Provider Types

The professionals contracted to work in KEIS perform a variety of services. For full descriptions of early intervention services, see federal regulations 34 CFR 303.13 (b) and state regulations 902 KAR 30:150.

1.2 (1) (a) Early Intervention Services

Assistive Technology services directly assist a child with a disability in the selection, acquisition, or use of an assistive technology device. An assistive technology device is any item, piece of equipment or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain or improve the functional capabilities of a child with a disability.

Audiology services include identification of an auditory impairment through screening and testing and the provision of auditory training, aural rehabilitation, speech reading, listening device orientation and training. This service also includes the determination of need for individual amplification and the subsequent evaluation of the effectiveness of those devices.

Developmental Intervention services address the acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction skills.

Family Training and Counseling services are provided to assist the family in understanding the special needs of the child and how the family can enhance the child's development through daily routines in the home environment.

Health Services are services necessary to enable a child to benefit from the provision of other early intervention services. This includes clean intermittent catheterization, tracheostomy care, tube feeding, etc.

Nursing services include assessment of health status and provision of nursing care required for the child to benefit from early intervention services during the time the child receives the early intervention services.

Nutrition services address assessment of nutritional history and dietary intake, feeding skills and feeding problems, food habits and preferences.

Occupational Therapy services address the functional needs of a child related to adaptive development, adaptive behavior and play, as well as sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home and community settings.

Physical Therapy services address the assessment of gross motor skills and disorders of movement and posture and treatment through a variety of modalities. This service is designed to promote effective environmental adaptations.

Sign and Cued Language services include teaching sign language, cued language, and auditory/oral language, providing oral transliteration services (such as amplification), and providing sign and cued language interpretation.

Speech Language services address the speech and/or language development through identification and treatment of children with communicative or oral motor disorder. Specific delays and disorders may include articulation, receptive and expressive language, and fluency and voice problems.

Psychology services includes: 1) administering psychological and developmental tests and assessments, 2) interpreting assessment results, 3) obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development, and 4) planning and managing a program of psychological services including psychological counseling for children and parents, consultation on child development, parent training, and education programs.

Medical services are only for diagnostic or evaluation purposes and are performed by a licensed physician to determine a child's developmental status and need for early intervention services.

1.2 (1) (b) Early Intervention Provider Types

KEIS maintains contracts with a variety of service specialists to meet the needs of children and families. All contracted early intervention providers must be approved by CHFS in accordance with KRS 200.666 (1). The table below lists the provider types and minimum qualifications for each.

Provider Type	License, Certificate, or Requirements
Audiologist	Licensed by the Kentucky Board of Speech-Language Pathology and Audiology
Assistive Technology Specialist	Must meet the minimum highest entry-level requirements for one (1) of the professions delineated in 902 KAR 30: 150 and have extensive knowledge, training, and experience in the field of assistive technologies for infants and toddlers with disabilities. Or Have extensive knowledge, training, and experience in the field of assistive technologies for infants and toddlers with disabilities and be employed by an agency that currently provides assistive technology service in KEIS.
Developmental Interventionist (DI)	Certified in Interdisciplinary Early Childhood Education (IECE) as issued by the Kentucky Education Professional Standards Board, Division of Certification, a probationary or emergency IECE certificate issued by the Educational Professional Standards Board; or a valid statement of eligibility for IECE certification issued by the Kentucky Educational Professional Standards Board, Division of Certification
Family Therapist	Licensed by the Kentucky Board of Licensure of Marriage and Family Therapists
Licensed Professional Clinical Counselor (LPCC)	Licensed by the Kentucky Board of Licensed Professional Counselors
Registered Dietician	Licensed by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
Nurse, RN	Licensed by the Kentucky Board of Nursing
Occupational Therapist (OT)	Licensed by the Kentucky Board of Licensure for Occupational Therapy

Occupational Therapy Assistant (OTA)	Licensed by the Kentucky Board of Licensure for Occupational Therapy
Orientation and Mobility Specialist	Certified in visual impairments issued by the Educational Professional Standards Board
Physical Therapist (PT)	Licensed by the Kentucky Board of Physical Therapy
Physical Therapy Assistant (PTA)	Licensed by the Kentucky Board of Physical Therapy.
Physician, including Ophthalmologist	Licensed by the Kentucky Board of Medical Licensure
Optometrist	Licensed by the Kentucky Board of Optometric Examiners
Psychologist	Licensed by the Kentucky Board of Examiners of Psychology
Certified Psychologist with Autonomous Functioning; **or** Licensed Psychological Practitioner; **or** Certified Psychologist or Licensed Psychological Associate	License or certificate by the Kentucky Board of Examiners of Psychology
Respite Provider	A respite provider shall: 1. Meet all license, administrative regulations, and other requirements applicable to the setting in which respite is provided; and 2. Be approved by the individualized family service planning team
Sign Language and Cued Language Specialist	A valid certification as established by 201 KAR 39:030
Social Worker	Licensed by the Kentucky Board of Social Work
Speech Language Pathologist (SLP)	Licensed by the Kentucky Board of Speech-Language Pathology and Audiology or Temporarily licensed from the Kentucky Board of Speech-Language Pathology and Audiology and under the supervision of a currently-enrolled KEIS speech-language pathologist
Teacher of the Deaf and Hard of Hearing	A certificate for teaching the hearing impaired, or a certificate for teaching the hearing impaired with sign language proficiency, grades P-12, issued by the Kentucky Education Professional Standards Board, Division of Certification
Teacher of the Visually Impaired	Certified for teaching of the visually impaired, grades P-12 or Certified for teaching the partially seeing, blind, or visually impaired, K-12 issued by the Kentucky Education Professional Standards Board, Division of Certification

1.2 (2) Enrollment

Enrollment as a provider of early intervention in KEIS is a multi-phase process. Before beginning the process, interested individuals need to first determine the provider type for which they wish to apply and ensure that they meet the personnel qualifications for that provider type. The personnel qualifications for each provider type can be found in state regulation, 902 KAR 30:150, Personnel

Qualifications (https://apps.legislature.ky.gov/law/kar/902/030/150.pdf). Individuals who meet the qualifications for two (2) different disciplines must choose under which discipline they wish to enroll in KEIS.

Contact the POE office in the area in which you want to work to determine if there is a need in that location. Contact information can be found at: https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/PointOfEntryListing.pdf.

Enrollment as a provider in KEIS is not a guarantee of a specific caseload of children to serve or a guarantee of full-time work.

There are two types of provider enrollment: enrollment as an independent provider (one provider only working under contract with KEIS) or enrollment as an agency (more than one provider working under the same company that holds the contract with KEIS). If interested in enrolling as a provider in KEIS, please contact enrollment staff at fsproviderenrollment@ky.gov.

1.2 (3) Disenrollment from KEIS

There are three types of disenrollment as a provider in KEIS: provider disenrollment (voluntary), SLA disenrollment of provider (involuntary), and failure to renew contract.

1.2 (3) (a) Provider Disenrollment (Voluntary)

If a provider decides to no longer provide service to children in KEIS, the following activities are necessary:

(1) The provider must notify the SC of his/her disenrollment so that another provider can be selected.
(2) A thirty (30) day notice must be provided to the SLA by submitting a Provider Addendum.
(3) All documentation and billing must be entered into TOTS within sixty (60) calendar days of submitting the disenrollment paperwork.
(4) After sixty (60) calendar days, the provider's user ID and password for TOTS will become inactive. Any services not documented by this date cannot be billed.

1.2 (3) (b) SLA Disenrollment of Provider (Involuntary)

The SLA reserves the right to terminate a provider agreement for any reason. If a provider is disenrolled by the SLA, the following steps are taken:

(1) The SLA notifies the provider of the termination and deadline for inactivation of the TOTS ID and password by certified mail.
    a) All documentation and billing must be entered into TOTS within thirty (30) calendar days of the disenrollment date.
    b) After thirty (30) calendar days, the provider's user ID and password for TOTS will become inactive. Any services not documented by this date cannot be billed.
(2) The provider must notify the SC, who will assist the family with selecting a new provider.

1.2 (3) (c) Failure to Renew Contract

KEIS contracts are for a period of time that matches the state budget period. This means that the contract, known as the Service Provider Agreement (SPA), is issued for a maximum of two (2) years beginning July 1 of even-numbered years. The end date of a service agreement will be the end date for the state budget period in which the agreement is executed. Providers who

choose not to renew their contract with KEIS are voluntarily disenrolling from the early intervention system. The following activities are necessary:

(1) The provider must notify the SC of the decision not to renew the contract so that another provider can be selected.
(2) A thirty (30) day notice must be provided to the SLA by submitting a Provider Addendum.
(3) All documentation and billing must be entered into TOTS within sixty (60) calendar days of submitting the disenrollment paperwork.
(4) After sixty (60) calendar days, the provider's TOTS user ID and password will become inactive. Any services not documented by this date cannot be billed.

1.3 Roles and Responsibilities of Early Intervention Providers

Early intervention promotes a child's growth and development and supports the family during the critical early years. The primary role of a KEIS provider is to work collaboratively with the family, child, and IFSP team members. KEIS incorporates the information from the family assessment to identify the family's priorities, concerns, and needs regarding their child's development. Providers and other IFSP team members use this information to identify the services needed to achieve the outcomes. Listed below are the typical roles in which a service provider will engage:

(1) Coach—this will be with a family member, service provider, SC, and/or a representative of a community agency to ensure the attainment of identified outcomes.
(2) Teacher—this will be with a family, other IFSP team members and other caregivers, teaching different strategies necessary to attain an identified outcome.
(3) Team Member—this will be at team meetings to assist the team with its responsibilities.

KEIS uses a Primary Service Provider/Primary Coach (PSP/PC) model of service delivery. One (1) IFSP team member is selected to provide the majority of visits to the child and family. The PSP/PC model of intervention is a concept that shifts the focus of the intervention off the child with the disability and emphasizes supporting those people involved with the child across a variety of environments. This approach focuses on promoting the child and family's strengths and interests within the context of natural learning opportunities using coaching conversations. For more information on the coaching approach used in KEIS, the Coaching in Early Intervention Training and Mentorship Program (CEITMP), see https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/fsenrollment.aspx.

All KEIS providers are accountable for adherence to the applicable federal and state laws and regulations, the Service Provider Agreement (SPA), the KEIS Provider Code of Ethical Conduct, and the KEIS Policy and Procedure Manual.

1.3 (1) Federal and State Laws and Regulations

Providers are responsible for adhering to the following federal and state laws and regulations:

(1) Part C of IDEA – 20 USC Chapter 33 Subchapter III; 34 CFR 303
(2) Family Educational Rights and Privacy Act (FERPA) – 34 CFR 99
(3) Health Insurance Portability and Accountability Act (HIPAA) – 45 CFR 160; 45 CFR 164
(4) Kentucky Revised Statutes – KRS 200.650 to 676
(5) Kentucky Administrative Regulations – 902 KAR 30
(6) Civil Rights – 45 CFR 80, 84, and 90

1.3 (2) Service Provider Agreement

The SPA, commonly known as the KEIS contract, is signed by the agency owner upon enrollment with KEIS. The SPA is renewed every two (2) years with the biennial budget (even years). Agencies are held

responsible for the adherence of their subcontracted or employed providers to the SPA. All providers must be familiar with the information in the SPA. Below are some of the responsibilities listed in the SPA. Providers should ask their agency administrator to see the most recent full copy of the SPA.

Providers must:

(1) Comply with the federal and state laws and regulations listed in 1.3(1) Federal and State Laws and Regulations above.
(2) Comply with the KEIS Provider Code of Ethical Conduct, and the KEIS Policy and Procedure Manual.
(3) Establish written policies for the protection of confidentiality and the disclosure of personally identifiable information (PII) and protected health information (PHI), including, but not limited to, a Notice of Privacy Practices. All such policies must comply with the requirements of IDEA, FERPA, and HIPAA, including the appropriate documentation of any disclosure of PII or PHI. A notice of these confidentiality, PII, and PHI policies must be given to all children a provider serves.
(4) Agree to be available, as required, for mediation, due process hearings, or other legal proceedings.
(5) Serve all geographic areas of the counties indicated on the appropriate provider enrollment form, unless the SLA waives this requirement.
(6) Accept KEIS client referrals without discrimination, including, but not limited to, children with public or private insurance coverage.
(7) Provide appropriate early intervention services based on peer-reviewed research in accordance with the child's IFSP and KEIS policies and procedures.
(8) Implement services in a timely manner unless exceptional family circumstances preclude such implementation and are appropriately documented in TOTS. Timely manner is defined as providing the first service within thirty (30) days of the addition of the service to the child's IFSP.
(9) Maintain current certificates of insurance coverage, including Statutory Worker's Compensation (if applicable) and Professional Liability Insurance. Copies of these certificates must be submitted to the SLA.
(10) Maintain a functional email account, referral phone line, reliable internet, and fax accessibility.
(11) Maintain a unique username and password for gaining access to TOTS. This information must be kept secure and not shared with anyone.
(12) Inform the SLA within ten (10) business days of any changes (e.g. enrollment status, name change, ownership, licensure status, address, phone, or email address) via the Provider Enrollment Addendum (RF 6 Addendum).
(13) Maintain accurate information on the KEIS Provider Matrix within TOTS, including availability to accept referrals. This information must be updated at a minimum of every ninety (90) days.
(14) Agree that KEIS is the payor of last resort and that funds are not to be used to satisfy a financial commitment for services paid for by another public or private source.
(15) With consent by the parent, agree to bill private insurance before submitting claims through TOTS.
(16) Agree to submit an application to enroll with a child's private insurance carrier as an in-network provider in accordance with the procedures listed in Chapter 3 of this document.
(17) Agree to the SLA submitting claims for authorized early intervention services to Medicaid on the provider's behalf.
(18) Agree to accept payment from KEIS through electronic funds transfer (EFT).
(19) Agree to submit claims for reimbursement through TOTS within sixty (60) calendar days following service delivery. Requests for payment adjustment must be submitted when the Explanation of Benefits (EOB) is received. Requests for payment adjustment beyond one (1) calendar year from the date of service will not be accepted and will not be paid.
(20) Agree not to collect co-payments and deductibles for KEIS services directly from families.

(21) Agree to collect insurance payments from families when insurance pays the policyholder directly for services rendered by following the procedures outlined in Chapter 3 of this document.
(22) Complete all training requirements outlined in the current SPA.
(23) Enter all service log documentation within ten (10) calendar days from the date of service. Each provider may have no more than six (6) late service logs in a six (6) month period.
(24) Enter all non-billable activities in the Communication Log within TOTS.
(25) Maintain an Early Intervention Record for each child that includes, but is not limited to, ongoing progress monitoring data, treatment plans, and all consents and releases with original parent signature. A Record of Access must be maintained in each Early Intervention Record to document who accessed the file, the date of access, and the legitimate purpose for access.
(26) Safeguard the Early Intervention Records against loss, defacement, and tampering. Maintain the records in a secure location for a minimum of six (6) years from the child's last date of service, unless legal proceedings require longer retention.
(27) Notify the parent upon discharge of the destruction of their child's record six (6) years from the last date of service.
(28) Maintain a permanent destruction of records file documenting the actions concerning destruction of Early Intervention Records and providing evidence of appropriately destroyed records.
(29) Agree that KEIS Early Intervention Records are the property of the Cabinet and shall be surrendered immediately to the Cabinet upon request.
(30) Agree to permit representatives of the state and federal government (including, but not limited to, representatives of the Cabinet for Health and Family Services, the Office of Attorney General, and the Office of United States Attorney) to examine, inspect, copy, or audit all records pertaining to the provision of services furnished to KEIS recipients. Such examinations, inspections, copying, or audits may be made without prior notice to the provider. This includes the right to individually question provider's staff on services provided. Any recoupment due to KEIS as a result of audit findings will be withheld from the next scheduled payment(s) until the total amount has been recouped unless other arrangements are made.
(31) Report any breach of confidentiality or billing errors to the SLA immediately upon incident.
(32) Enter six (6) month Progress Reports and Discharge Summaries within TOTS according to the procedures in Chapter 2 of this document.
(33) Enter evaluation and assessment data in the proper order in accordance with Chapter 2 of this document.

1.3 (3) KEIS Provider Code of Ethical Conduct

All KEIS providers are accountable for their conduct. Providers represent both the program and their profession. All professions have a code of conduct embedded in their respective practice acts. The KEIS Provider Code of Ethical Conduct outlines the general expected behavior of KEIS representatives. All providers, including SCs, must sign and date the KEIS Provider Code of Ethical Conduct when enrolling in the system.

The KEIS Provider Code of Ethical Conduct is enforceable by the SLA and violations may result in sanctions against the agency, up to and including contract termination. Complaints concerning the behavior of a KEIS provider are investigated by the SLA. Investigations include interviewing those involved about the behavior and a review of documentation. Ethical violations may also involve billing reviews if billing irregularities are related to the complaint.

1.3 (3) (a) Principles of Ethical Responsibilities to Children

(1) Above all, KEIS providers shall not harm children. Providers shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative or intimidating to children. This principle has precedence over all others in this code.
(2) Providers shall be familiar with the risk factors for and symptoms of child abuse and neglect, including physical, sexual, verbal and emotional abuse and physical, emotional, educational and medical neglect.
(3) Providers shall know and follow state laws and community procedures that protect children against abuse and neglect and shall report suspected child abuse or neglect to the appropriate entity as provided in KRS 620.030.

1.3 (3) (b) Principles of Ethical Responsibilities to Families

(1) Providers shall recognize and respect the dignity, diversity and autonomy of the families and children they serve.
(2) Providers shall demonstrate respect and appreciation for all families' beliefs, values, customs, languages and culture relative to their nurturance and support of their children toward achieving meaningful and relevant priorities and outcomes families' desire for themselves and their children.
(3) Providers shall respect, value, promote and encourage the active participation of all families by engaging families in meaningful ways in the assessment and intervention processes.
(4) Providers shall provide services and supports to children and families in a fair and equitable manner while respecting families' culture, race, language, socioeconomic status, marital status and sexual orientation.
(5) Providers shall recognize their responsibility to improve the developmental outcomes of children and to provide services and supports in a fair and equitable manner to all families and children.
(6) Providers shall acknowledge their responsibility to establish and maintain an effective method of communication and collaboration with parents and primary caregivers.
(7) Providers shall be responsible for protecting the confidentiality of the children and families they serve by protecting all forms of verbal, written, and electronic communication.
(8) Providers shall not engage in or support exploitation of families. Providers shall not:
    a) Solicit business for their agency, other providers, spouse or immediate family.
    b) Sell or market products while representing KEIS.
    c) Lobby to families within the system while representing KEIS.
    d) Use their relationship with a family for private advantage or personal gain.
    e) Enter into relationships with family members that might impair their effectiveness working with the child and family.
(9) Providers shall not bring children, minors or other individuals not directly involved in the provision of care of the child, to early intervention services or the residence of the child or family. Doing so would be considered a breach of confidentiality and would interfere with the provider's ability to perform their job. Parents may not be requested to waive this provision.
(10) Providers shall empower families with information and resources so that they are informed consumers of services for their children.

1.3 (3) (c) Principles of Ethical Responsibilities to KEIS

(1) Providers shall meet and maintain all ethical codes as established by individual licensing agencies.

(2) Providers shall recognize and uphold professional boundaries of their role as an early intervention service provider when working with children and families.
(3) Providers shall not serve children and families who are first degree or second degree relatives of the provider.
(4) Providers shall recognize the contributions of colleagues to our program and not participate in practices that diminish their reputations or impair their effectiveness in working with children and families.

1.3 (4) KEIS Policy and Procedure Manual

Providers are responsible for adhering to the KEIS Policy and Procedure Manual. This manual may be found at https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/FirstStepsPolicyandProcedures.pdf.

1.3 (5) Additional Information

Additional information related to confidentiality, electronic communications, and working with student interns is provided below.

1.3 (5) (a) Confidentiality: IDEA/FERPA/HIPAA

Services provided to eligible children and their families through KEIS are covered under the confidentiality and record keeping provisions of IDEA (34 CFR 303.401- 303.417), Family Educational Rights and Privacy Act of 1974 (FERPA; 34 CFR 99.31) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA; 45 CFR Part 160 and Part 164, Subparts A and E). Providers are required to comply fully with all acts; however, there are specific required provisions within HIPAA outlined below:

(1) Providers must develop an agency privacy notice that outlines the information collected from families, how that information will be used and the requirements for disclosure of the collected information. Agencies may use the KEIS *Notice of Confidentiality, Privacy Practices & Records (FS-29)* as a reference when creating this notice.
(2) Providers are required by HIPAA to obtain a National Provider Identifier (NPI) number prior to contract approval. Providers obtain an NPI and submit this with enrollment paperwork.

Individuals working in KEIS must recognize that they have an ethical and legal obligation to maintain family privacy and confidentiality at all times. Whether communicating with the family, supervisor, team members or anyone associated with the child's services, reference to the child or family should either contain only non-identifiable information such as the TOTS Identification Number, the child's initials, or be sent via secure manner such as encryption. This includes all attachments.

1.3 (5) (b) Electronic Communication

Electronic communication (emails, faxes, text messages, Facebook, LinkedIn and other social networking sites) is increasingly being used as a means of communication between providers and families. KEIS does not recommend that electronic communication be used with families. Caution must always be taken whenever using any form of electronic communication. Personal email, cell phones, or personal social network sites can be accessed by others not working with the family. If a complaint leads to an investigation, all electronic communication records (including personal email accounts) could be requested through the Freedom of Information Act. Finally, the use of electronic communication may make maintaining professional boundaries more difficult by allowing both families and providers access at all hours of the day and night.

The preferred method of communication between the provider and parent should be agreed upon during the initial visit with the family. Some families may choose not to use electronic communication or limit its use due to financial or equipment constraints. Documentation of this discussion must be in the child's record.

The discussion of the use of social network sites should also occur during the initial visit with the family. Families should be informed that while their child is receiving services through KEIS the provider will be unable to communicate with them via personal social network sites.

Personally identifiable information (PII) such as name, diagnosis, address, etc. must not be included in any electronic communication. All communication with families must be documented in the child's TOTS record in the Communication Log. This includes telephone, email and text messaging.

1.3 (5) (b) 1. Email

(1) Do not use email to provide clinical direction to the family. It should only be used for logistics such as scheduling changes.
(2) Unprofessional personal email addresses should never be used by providers.
(3) Joint personal email addresses, in which two (2) or more individuals share one (1) email address, must not be used when communicating with families or other IFSP team members.
(4) Careful attention should be paid to the address the email is being sent to in order to avoid sending the email to an unintended recipient.
(5) Read the email carefully before sending. Check that all personal information about the family is de-identified.
(6) Keep messages short, clear and concise and encourage families to do the same.
(7) The signature at the end of the email should include full name, email address, work address, phone number and job description (i.e. Occupational Therapist, Physical Therapist).
(8) Never use all capital letters. This is the online equivalent of shouting.
(9) Avoid using the words urgent and important in the subject line.
(10) The use of a confidentiality disclaimer at the bottom of emails sent to or about families is mandatory. See below for a sample:
    a) Confidentiality Warning: This e-mail contains information intended only for the use of the individual or entity named above. If the reader of this e-mail is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, any dissemination, publication or copying of this e-mail is strictly prohibited. The sender does not accept any responsibility for any loss, disruption or damage to your data or computer system that may occur while using data contained in, or transmitted with, this e-mail. If you have received this e-mail in error, please immediately notify us by return e-mail. Thank you.

1.3 (5) (b) 2. Texting

(1) Always ask permission from a family before texting them. Some phone plans may not cover texting or may charge for each text sent. Or the family may prefer voice messages left on their phone.

(2) Use text messages sparingly, for example, to update families on a change in appointment time.
(3) Always end the text with your first and last name. Do not assume the family has your name as a contact in their phone or will recognize your telephone number.
(4) Make sure all information in the text is de-identified and does not contain any personal information about the family.
(5) Keep the text strictly professional. Do not use texting shorthand assuming the family will understand. Do not use slang or all capital letters.
(6) Do not respond to a telephone call with a text message.
(7) Do not send text messages late in the evening or early in the morning.
(8) Careful attention must be paid to the telephone number the text is being sent to in order to avoid sending the text to an unintended recipient.
(9) Do not check text messages or answer text messages while with a family. It is just as rude as talking on the telephone.
(10) Do not rely on text messaging with families as the sole form of communication with them.

As with emails, text messages are considered part of the record and must be included in the record. If your phone does not allow you to email a text message where it can be printed out or archived where it can be retrieved, do not communicate with families via text.

1.3 (5) (b) 3. Social Media

Use of social media is not allowable in KEIS. If social media is used by an individual, care must be taken that no confidential information from KEIS is posted on a social media site. Please be aware of the following:

(1) Maintain professional boundaries in the use of social media. The fact that the family may initiate contact does not permit providers to engage in a personal relationship with the family.
(2) Do not share, post, or otherwise disseminate any information (including images) about a child or family or information gained while in contact with the family. Do not identify children or families by name or post or publish information that may lead to identification of the child or family. Limiting access to postings through privacy settings is not sufficient, even if the child or family is not identified.
(3) Do not refer to the child or family in a disparaging manner, even if they are not referred to by name.
(4) Do not take photos or videos of children or families on personal devices, including cell phones.
(5) Promptly report any identified breach of confidentiality or privacy.

1.3 (5) (c) Working with Student Interns

Any student completing an internship with an enrolled KEIS early intervention provider must submit a Signature on File (RF-23) and KEIS Provider Code of Ethical Conduct to the SLA. The student must complete the Record Keeping and Confidentiality training before beginning the placement. The supervising service provider must verify with the SLA that all requirements have been met prior to the first service. Failure to complete all requirements makes the internship null and void.

1.3 5 (c) 1. Requirements for KEIS Early Intervention Provider

During the internship, the early intervention provider must provide direct, one-to-one supervision of student-implemented early intervention services at all times. A student is not allowed to provide services without the presence of the supervising early intervention provider.

Prior to the first encounter with the family, including IFSP meetings, service sessions, assessments, etc., the early intervention provider must obtain written consent from the parent for the student to assist with early intervention. As with all early intervention services, prior written notice is required. In Kentucky, prior notice is five (5) working days. The notice and consent form must be developed by the agency, which shall include:

(1) A statement that the early intervention provider proposes to have a named student intern participate in future services with the child and family.
(2) Consent for the named student to provide early intervention under supervision.
(3) A statement that the named student will maintain confidentiality regarding all aspects of the placement (i.e., discussions with the service provider; intervention sessions with the child; family and other adults; written notes or service summaries.
(4) Consent to audio or video record sessions, if required by the placement.
(5) Consent for the University supervisor to observe, if required by the internship.
(6) A statement that consent is voluntary and may be revoked at any time.

Note: "Named student" means the specific student must be named on the notice and consent and is only valid for that student.

Once the signed notice and consent is received, the early intervention provider must maintain the original hard copy of the form in the child's record. The provider must submit a copy of the notice and consent to the POE. Documentation of the notice and consent activities (contact with parent, date mailed, date returned, etc.) must be entered in the Communication Log in TOTS.

The early intervention provider must work with the student to develop an internship schedule and assist the student in planning and implementing the early intervention sessions. The provider may share assessment information, the IFSP, service logs or other documentation that may assist the student in familiarizing themselves with the child and family. The student may view the child's record under the provider's TOTS credentials with the provider present.

During the early intervention sessions, the supervising early intervention provider must be present at all times. At no time is a student allowed to work with the child and family independently.

Following the early intervention session, the student may assist the provider in documenting the details of the session. At no time during the internship shall the student have unrestricted access to the child's record in TOTS. The student may view the file under the provider's TOTS credentials with the provider present and may enter service log details as part of one-to-one supervision. If the intern enters the service log, it must include who entered the note and state the supervising provider's approval of

the entry. Any written documentation completed by the student must be reviewed and signed by the supervising early intervention provider. The service log must reflect the student intern as a participant in the early intervention session.

1.3 5 (c) 2. Requirements for the Student

During the internship, the student must maintain confidentiality in compliance with IDEA, FERPA, and HIPAA in written and/or verbal communication throughout the placement.

Before working with the family, the student must verify that the supervising early intervention provider received a signed notice and consent from the parent.

The student must ensure that the supervising early intervention provider is present during each session at all times. If at any time the early intervention provider leaves the student alone with a child and/or family, the student must end the session immediately.

The student must be present for all scheduled early intervention visits, unless an emergency arises. In the case of an emergency, the student must notify the supervising early intervention provider as soon as possible. The student will work with the supervising early intervention provider to make-up any lost time.

The student may implement early intervention strategies with the assistance of and under the supervision of the early intervention provider. The student shall participate in feedback sessions with the supervising early intervention provider and/or the university supervisor as required by the university.

Following the early intervention session, the student may assist the provider in documenting the details of the session. At no time during the internship shall the student have unrestricted access to the child's record in TOTS. The student may view the file under the provider's TOTS credentials with the provider present and may enter service log details as part of one-to-one supervision. If the intern enters the service log, it must include who entered the note and state the supervising provider's approval of the entry. Any written documentation completed by the student must be reviewed and signed by the supervising early intervention provider. The service log must reflect the student intern as a participant in the early intervention session.

Note: An Interim SLP is an individual working in their clinical fellowship year. These therapists do have an interim license; therefore, they are not treated as assistants or interns in KEIS. An Interim SLP may fully enroll in KEIS as a provider.

Chapter 2: Service Delivery and Documentation Requirements

2.1 Referral for Service

2.1 (1) Referral for Services Process

Early intervention providers must accept KEIS client referrals without discrimination for race, ethnicity, language used by the family, disability, family status, location of residence, and financial resources (public or private insurance coverage).

Enrolled providers are not guaranteed a set number of referrals. POE staff make referrals based on the needs of the child and family as identified through the IFSP outcomes process.

2.1 (2) Provider Matrix

This matrix is an online public directory of all early intervention providers who are enrolled with KEIS. The purpose of the Provider Matrix is to have an easily accessible source for information about the individuals who provide services to children and families. The Provider Matrix includes basic provider enrollment data from TOTS. Parents have access to the Provider Matrix to help them make an informed choice of provider.

2.1 (2) (a) Provider Information Entered by the Provider

There are sections of the matrix page where providers enter information by using the Find/Edit User button on the homepage. These sections include password, languages spoken, personal information, special interests and training, last review date, availability for services, and availability details. All information entered by the provider must be accurate. Upon request, the provider must be able to submit verification for information listed on the matrix.

To access the Provider Matrix page, first click on Find/Edit User on the TOTS homepage. When a provider clicks that button, TOTS will pre-populate the user's Provider Matrix profile screen.

2.1 (2) (b) User Information

When the Find/Edit User page opens, the first section is completed by the State Lead Agency (SLA) and is pre-filled. Any item that is gray is locked and cannot be changed by the user. A Form 6 Provider Addendum must be submitted to the SLA to change any item #4-14. Failure to submit a Form 6 Provider Addendum will result in no payment since there is critical information on the Addendum that must be entered in the state's procurement database.

Providers can change their password from the Find/Edit User page if they choose. Provider passwords are encrypted on the Find/Edit User page to ensure protection of the account.

2.1 (2) (c) Additional Information for Service Provider and Service Coordinator

Items that may be changed by the provider in this section include:

16. Available Language
17. Personal Information
18. Special Interests/Continuing Education
20. Last Review Date
22. Evaluation/Assessment Availability (# of Opening)
23. Ongoing Availability (# of Opening)
24. Availability Details

Availability should reflect the total number of available slots that the provider anticipates in the county(ies) listed. Items #22-24 include availability data. These must be kept current. Providers who list themselves as available must make every effort to provide services when selected. Only those instances when the provider's availability changed with limited time to update the matrix will be acceptable for refusal of a referral. Providers may not discriminate based on race, ethnicity, social or economic status, and/or geographical location within the provider's stated area of service when offered a referral.

The SLA recommends that review or updates occur monthly or more often as needed, which is why all providers have been granted access to update this information on their own. The individual Provider Matrix pages must be updated at a minimum of every ninety (90) days. Each time that a provider reviews his or her profile, the date must be entered in #20. Last Review Date. There is no limit to the number of reviews or updates a provider can make.

Providers who have not reviewed and/or revised Provider Matrix information at least once during a ninety (90) day period will result in the agency being suspended from referrals until the update is completed. Misrepresentation of information on the matrix may be viewed as grounds for involuntary disenrollment from the KEIS program.

The Provider Matrix must be limited to experience, training, and qualities important in selecting a provider. Comments must be professional and nondiscriminatory. Experience must be professional experience that is comparable to the current specialty or discipline of the provider. Only experience in the field in which the provider is currently providing service is to be listed. Comments relating to marketing or that do not relate to the individual qualities and training of the provider are not to be included on the matrix.

Acceptable for the Personal Information section:

- Number of years working in KEIS
- Number of years working with B-5 age groups and in what capacity
- Areas of professional interest
- May include if a parent of a child with a disability or who was in KEIS

Not Acceptable for the Personal Information section:

- Family composition, marital status
- Type of religion, religious beliefs
- Social media addresses, connections
- Volunteer work
- Hobbies
- Work experience not relevant to early intervention
- Solicitations for business of any sort, including services for children over the age of three (3)

Acceptable for the Special Interests/Training section:

- Areas for interventions (i.e., behavior, oral motor, sign language, etc.)
- Types of disabilities or diagnoses that are of interest (i.e., autism spectrum disorders, Down Syndrome, etc.)
- Specialized trainings

- College courses, efforts towards advanced degrees
- Experience that is relevant, but not in the field of service may be listed

Not Acceptable for the Special Interests/Training section:

- List of all workshops or trainings completed
- College course work that does not relate to early intervention
- Hobbies

2.1 (2) (d) Matrix Maintenance and Update

(1) The early intervention provider must review and update his or her Find/Edit User profile at least every ninety (90) days. The SLA recommends that review and updates occur monthly or more often as needed. There is no limitation to the number of reviews or updates. The agency administrator must monitor the Find/Edit User profile to ensure that it is updated within these timelines. Find/Edit User profile pages that are not maintained according to these procedures or pages that contain inaccurate information will result in suspension of referrals to the agency. Repeated suspensions may lead to disenrollment from KEIS.

(2) Changes to the contact information on the Find/Edit User profile require that a Provider Addendum be submitted to the SLA. Failure to do so will cause incorrect billing information in TOTS. Payments will be withheld until resolved.

(3) Availability should reflect the total number of available slots that the provider anticipates in the county(ies) listed.

(4) Providers who list themselves as available must make every effort to provide services when selected. Only those instances when the provider's availability changed with limited time to update the matrix will be acceptable for refusal of a referral.

(5) KEIS shall make no payment to providers of service who discriminate on the basis of race, color, national origin, sex, disability, age, religion, ethnicity, social or economic status, children with public or private insurance, and/or geographical location within the provider's stated area of service when offered a referral.

2.2 Authorization for Services

KEIS services cannot be provided without written, informed consent of the parent or guardian. SCs must obtain the consent before any service provision occurs. Agencies may have an internal policy to obtain an agency-developed consent for services in addition to the KEIS consent.

Never ask a parent or caregiver to sign blank forms for future dates of service. This is not an acceptable practice and could result in a recoupment of funds and may lead to disenrollment from KEIS.

2.2 (1) Accepting Authorization (Planned Services)

Authorizations are needed to provide services. Providers do not enter authorizations in TOTS. Authorizations are entered by SCs. Authorizations are a reflection of the services identified on an IFSP. In TOTS, authorizations are listed as Planned Services. All service providers have access to the IFSP as they begin services for a child and family. Authorizations in TOTS must match the services specified on the IFSP including the dates of service, method of delivery, frequency, intensity, setting and length. Authorization start dates must be consistent with the start date identified on the IFSP.

Once a provider accepts an authorization, he or she commits to provision of services based on the dates of service, method of delivery, frequency, intensity, setting, and length that have been identified as a need on a child's IFSP. Providers should pay close attention to the start and end dates of the IFSP

for accuracy. The provider must not extend services beyond the end dates if no new IFSP or Planned Services have been entered in TOTS. If the provider has a question concerning what has been entered for Planned Services, the provider must contact the SC.

2.2 (2) Changing Authorizations

A Requested Review IFSP meeting must be held prior to making any changes to an IFSP such as the dates of service, method of delivery, frequency, intensity, setting and length that were originally identified as a need on the IFSP. The team must discuss and document the reason for the change and cite the data that supports the decisions. The SC must facilitate the meeting and the parent(s) must be present to request changes to existing authorizations. (See the KEIS Policy and Procedure Manual at https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/FirstStepsPolicyandProcedures.pdf for more details on this process).

2.2 (3) Terminating Services (Discharging) - Notice

All providers are required to give notice to the child's SC and the child's family, enter a discharge report on TOTS, and provide a copy of the report to the family at least five (5) working days prior to terminating or discharging services for an eligible child. There must be sufficient time for a transition plan related to this change in service to be implemented. At the provider's discharge from the plan when the discharge summary is sent, the service provider is required to inform the parent that the child's record will be destroyed in six (6) years. Refer to the KEIS Policy and Procedure manual for additional guidance.

2.2 (4) Use of Interpreters

All children and families have the right to information in their native language. Native language is defined as the language normally used by the parents of the child. When evaluating or assessing the child, the child's native language must be used. Interpreter services are the responsibility of the provider. However, the SLA is supporting the costs of this service for providers at this time.

The purpose of bilingual interpreters is to interpret services necessary during the rendering of early intervention services to facilitate communication with the child and family. If the interpreter is authorized to interpret service sessions for a provider and family, the interpreter may assist that provider in scheduling service appointments for that family. A provider should never ask an interpreter to call a child's family for any purpose other than to schedule or cancel an appointment. The responsibility of the interpreter is to simply interpret the words of the provider to the family and to interpret the family's response back to the provider. It is not the responsibility of the interpreter to discuss the provision of services with the family when not in the presence of the provider.

2.3 Documentation Requirements and Timelines

Effective documentation is critical to the early intervention system process, serves as a means for accountability, and provides:

(1) A chronological record of the child's status, which details the complete course of intervention;
(2) Communication among professionals and the family;
(3) An objective basis to determine the appropriateness, effectiveness, and necessity of intervention;
(4) The practitioner's rationale for service methods; and
(5) Accountability for payment.

All providers are required to maintain documentation for a period of at least six (6) years from a child's completion of early intervention services and permit access to those records by the SLA. Please refer to the

KEIS Policy and Procedure Manual for policies on what is included in the early intervention record and the process for the destruction of records.

2.3 (1) Reports

KEIS issues an authorization and payment for the following reports: initial evaluation and assessment (Primary Level Evaluation (PLE) and/or 5AA), annual Five Area Assessment (5AA), and exit assessment (5AA). KEIS also pays for discipline specific assessment reports when it is determined necessary by the IFSP team to evaluate the child's needs.

Progress reports and discharge reports are included in the established rate for the early intervention service. There is no additional authorization or reimbursement specifically for reports describing progress during the implementation of IFSP services.

2.3 (2) Assessment Data Entry in KEDS

Item level assessment data is entered into the Kentucky Early Childhood Data System (KEDS) at the initial evaluation, annual evaluation, and at the exit evaluation. The Initial Evaluator (District Child Evaluation Specialist (DCES) or Primary Level Evaluator or (PLE)) is responsible for completion of and data entry for the initial 5AA; the PSP/PC is responsible for completion of and data entry for the annual and exit 5AAs.

The item level data from the 5AA must be entered in KEDS first, then the Evaluation/Assessment Information page on TOTS must be completed, and the assessment report is provided to the family within five (5) working days of completion of the assessment. The provider then has ten (10) calendar days to complete a service log for the date of service. The service must be billed out on the Account Payable Information page before payment for the assessment is manually approved. These steps must occur in this order to be paid for the assessment.

(1) Enter the results of the assessment in KEDS and ensure the results have been "verified" within five (5) working days.
(2) Enter the full evaluation and assessment report in the Evaluation/Assessment Information page on TOTS within five (5) working days.
(3) Mail a copy of the completed evaluation and assessment report to the parent and document on TOTS within five (5) working days.
(4) Enter a service log for the completed evaluation and assessment within ten (10) calendar days.
(5) Submit the completed evaluation and assessment protocols to the POE.
(6) Bill for the service on the Account Payable page on TOTS within sixty (60) calendar days.

2.3 (3) Six Month, Annual and Exit Progress Report Requirements

Continued assessment of the child's progress and response to services shall be documented as part of each service log. The family's changing identification of their resources, priorities and concerns as they enhance their child's development should guide the program planning. Assessment can determine in what way the child's development is delayed, what kinds of intervention may be appropriate, how a child may respond to a particular strategy and if progress or change has occurred in a particular area of development. Ongoing assessment should occur in order for the family and service providers to ensure that concerns and strategies are focused to meet the child and family's current needs.

Five (5) working days prior to the six (6) month or annual IFSP, each service provider shall complete a summary of the child's progress and provide a hard copy to the child's parent or guardian in

compliance with 902 KAR 30:130 Section 1 (11). Six (6) month progress reports are entered in TOTS on the Progress Report page. Specific data is required to support the description of progress that the child has made.

Providers are required to complete an exit or discharge report. This summary describes the current developmental status of the child and summarizes progress achieved since the last formal progress report (six (6) month or Annual). The report should be entered on the Progress Report page in TOTS.

2.3 (4) General Documentation Requirements

2.3 (4) (a) Communication Logs

All communication, including email and texts between team members about the family or direct communication with families becomes a part of the child's record by adding it to the Communication Log page on TOTS.

2.3 (4) (b) Service Logs

Each provider must use the service log in the child's TOTS record to document every date of service in compliance with regulation (902 KAR 30:200 Section 2, 3(a)). Documentation is required for billing verification and quality assurance purposes by KEIS, Medicaid and other payors. If an early intervention visit was scheduled but did not occur, a service log must be completed noting the missed visit and any plan for future action.

Each service log must include a list of all those present during the session, a description of the early intervention service(s) provided, the child's response and future action to be taken. The provider must also include information related to how the parent or caregiver was involved in the session and any obstacles encountered during the session.

Service logs must reflect the actual date and time that services were provided to the eligible child and/or family, and do not include time spent in travel to or from the setting. Please note military time is used on TOTS.

When a child is seen primarily in a childcare setting, it is the provider's responsibility to ensure the skills and behaviors the child is learning can be incorporated in the routines at home. The provider must communicate with the parent on a regular basis, to discuss the child's progress and how the parent has incorporated the interventions into the home routines. Each of these contacts must be recorded in the child's TOTS record.

Because the primary audience in Part C is the family, it is important to use person-first language, avoid jargon, be respectful, and relate all comments to IFSP outcomes, family priorities, or developmental concerns. Parents can access service logs and reports on TOTS as well as receive or review a copy of the entire early intervention record maintained by the POE.

Service logs must be entered into TOTS within ten (10) calendar days of the date of service. After ten (10) calendar days, the provider must enter a note in the Correction/Addendum box in the Service Log to explain why the note was entered late in order to be paid for the service. There are penalties applied to payment for late notes.

2.4 Missed Visits

Given the frequency of illness in young children, family and provider vacations, and other unforeseen issues, missed sessions are inevitable. However, they should not be routine occurrences. Providers should make every effort to avoid missing service sessions.

A missed visit is a regularly scheduled visit that was cancelled by the family or the provider prior to the visit. Missed visits should not be routine occurrences and a provider should make every effort to avoid missing service sessions. Missed visits must be offered as make-up sessions to the parent since the IFSP is a binding document. A provider can reschedule a missed visit based upon the guidelines stated below.

(1) If a weekly or monthly service session cannot be rescheduled within seven (7) calendar days of the original scheduled date, it should be considered a missed visit;
(2) Never provide a make-up visit on the same date that a regular session has been scheduled if the total amount of time will exceed one (1) hour of service for the day. Do not split the total amount of time of the missed session across several subsequent visits;
(3) If it is necessary for a provider to miss a number of service visits due to an extended vacation, prolonged illness or injury, etc., the parent should be given the option of selecting another equally qualified provider to fill in during the absence or go without the service for the length of the expected absence;
(4) Always document in TOTS on the service log the date of the missed visit, the reason for the missed visit and if the visit was rescheduled based on the above guidelines; and
(5) Always bill for a make-up session based upon the actual date of service, not the date of the missed visit.

Should a parent not want to make-up a missed visit, the provider must document this in the communication log.

2.5 No Show Visits

A no show is a visit that was attempted but the parent did not answer the door when the provider arrived. The parent did not give any prior warning or notice of unavailability. There are times when no show visits are unintentional by the parent (emergency situations). Providers may use their own judgment if a make-up visit is offered to the parent. Make-up visits for no shows are optional.

A provider may request to be removed from the IFSP team if habitual no show visits (two (2) or more consecutive visits) occur by a parent. The SC will need to follow-up with the parent to determine the reason for the habitual no show visits and how to best resolve the issue. If a make-up session is provided, it is billed based upon the actual date of service, not the date of the no show visit.

2.6 Late Service Log Entry

There are contract enforcements used in KEIS to ensure timely and accurate service log documentation. The SPA contains the regulatory language for prorating the reimbursement when the provider exceeds ten (10) days for service log entry (902 KAR 30: 200 Section 2 (3) (b) and (c).

Service Logs must be entered within ten (10) days of the provision of service to ensure good teaming and current record of services. If the service log is past the ten (10) day timeframe, it will need to be manually approved by the SLA. The provider must enter a late note explanation in the correction/addendum area of the service log; if there is no late explanation, the claim will be disapproved until the note is entered and the SLA is notified by emailing chfsfirststepsbilling@ky.gov.

The timing of the provider's late note entry notification to the SLA is very important and will directly affect the amount of reimbursement the provider will receive. Adjustment to the payment will be according to the following scale:

(1) Service log entered day 11 to 15 – claim paid at a $3 reduction
(2) Service log entered day 16 to 20 – claim paid at a $8 reduction
(3) Service log entered day 21 to 25 – claim paid at a $25 reduction
(4) Service log entered day 26 to 30 – claim paid at half the maximum KEIS Payment
(5) Claims will not be paid if a service log is entered beyond thirty (30) calendar days of the date of service.

Chapter 3: Billing and Reimbursement

To be paid for services, providers must submit an invoice for the service rendered. This invoice is called a claim. KEIS is the payor of last resort for early intervention services, meaning that all other funding sources must be utilized prior to submitting a claim (bill) to KEIS.

Every service is identified in TOTS with a payor source:

(1) Payor 1: Payment for services is supported by submitting claims to the entity identified as the primary financial resource. There are two (2) primary payor sources on the IFSP Planned Service Information page in TOTS: "Private Insurance" or "First Steps."
   a) "Private Insurance" claims are billed by the provider to the insurance carrier and also submitted to KEIS.
   b) "First Steps" claims are submitted by the provider to KEIS.

(2) Payor 2: This payor is the secondary financial resource for payment. Payor 2 may pay the remaining amount of a claim that Payor 1 did not cover up to the maximum KEIS rate.

Providers do not bill Medicaid for payment of KEIS services. KEIS bills Medicaid.

Never submit a claim for services that were not provided. This is an illegal practice and will result in the loss of a provider's contract as well as investigation by the Inspector General Office of Medicaid. Incarceration, loss of licensure, and debarment from Medicaid are examples of what may happen if a provider is found to be billing fraudulently.

3.1 Submitting Claims for Early Intervention Services

3.1 (1) Billing and Reimbursement Requirements

3.1 (1) (a) NPI Number

Each provider must obtain and submit a National Provider Identifier number (NPI) as part of enrollment in KEIS. The NPI is a ten (10) position, intelligence-free numeric identifier (10-digit number). The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under HIPAA. KEIS requires that all providers have an NPI because of the billing to insurance and Medicaid.

Agencies must have an NPI number for the agency as well as the NPI numbers for each employee that provides early intervention services. The agency number was submitted as part of enrollment.

To obtain an NPI or learn more about it: https://nppes.cms.hhs.gov/NPPES/Welcome.do

3.1 (1) (b) Federal Tax Identification Number

Each agency must obtain and submit a federal tax identification number (FEIN) as part of enrollment KEIS. This number is used for tax reporting purposes and is used when billing insurance. An individual social security number cannot be used for insurance purposes.

To obtain a FEIN or learn more about it: http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs

3.1 (1) (c) Enrollment in Insurance as a Provider

Before attempting to become in-network as a provider or agency, it will benefit providers tremendously to credential themselves and/or their agency with CAQH (Council for Affordable Quality Healthcare). Being credentialed means that a national association has verified agency information (Tax ID, NPI registry, address, etc.). To enroll as a credentialed provider, visit www.caqh.org and go to the Enroll Hub tab to register. Being credentialed with CAQH will save providers time when they apply to become in-network with insurance companies because it will allow the company to reference the provider's CAQH ID number.

All KEIS providers are required to attempt to enroll as an in-network provider for each child on their caseload with private insurance listed as Payor 1 within a 120 days of receiving the child on their caseload.

In-network providers are under contract with an insurance company and agree to provide services at a negotiated price. In-network providers may receive higher rates of reimbursement which is beneficial to both the provider and KEIS.

Out-of-network refers to providers not under contract with an insurance company. Some insurance companies will limit their coverage to in-network providers only. Individual insurance company policies may provide some level of coverage for out-of-network claims.

An attempt to enroll as an in-network provider means that the provider contacts the insurance company directly and provides necessary information as required by the insurance company to be identified as a provider in their system.

When contacting the Provider Relations Team at an insurance company to attempt to enroll as an in-network provider, include clear and concise language when explaining the services provided. Please feel free to use the following blurb as a tool in the attempt to become in-network.

> *I am a (insert specialty) licensed in the state of KY providing services in the (insert catchment here). My National Provider Identifier (NPI) number is (insert here) and Federal employer ID number (EIN) is (insert here). I have been open and operating for (insert time here). I have Malpractice/ Professional liability insurance of (amount insert here). I (do or do not) participate with Medicaid. I have registered with the Council for Affordable Quality Healthcare (CAQH) Preview and my user ID is (insert here).*

If an insurance company accepts the in-network request, they will send a welcome letter and open negotiations for a rate of pay for services. It is the decision of the provider/agency if they choose to accept the negotiated rate. The decision of accepting the negotiated rate is left to the agency's discretion. Once the decision has been made, send notification of the decision and documentation (email, signed contracts, acceptance letters of signed contracts with the signature page) of the attempt to become in-network to chfsfirststepsbilling@ky.gov. When submitting this information to the SLA, document efforts in the communication log of the child's record on TOTS. If the decision to not accept the negotiated contract is made, the agency must request to become a non-participating provider within the insurance company's network.

If denied in-network status, providers must request to become a non-participating provider. Providers must send a copy of correspondence from the insurance company that includes the specific name of the provider and the denial of in-network status to chfsfirststepsbilling@ky.gov. Verbal denial of in-network status is not accepted.

Agencies must maintain and update their networking status with insurance companies annually or whenever there is a change (address, new provider on contract, etc.). Incorrect information may delay payment of claims. Inactivity of claims could lead to revocation of network status by the insurance company.

Any change in networking status must be reported to the SLA at chfsfirststepsbilling@ky.gov.

3.1 (1) (d) Pre-authorization/Pre-certification of Early Intervention Services

Pre-authorization/pre-certification is a restriction placed on certain services by an insurance company that requires a provider to first check and be granted permission before an insurance plan will cover the service.

Once early intervention services have been determined by the IFSP team and use of insurance has been permitted (Payor 1 on Planned Service page) a provider must contact the child's insurance company to obtain pre-authorization/pre-certification for planned services. This must happen for every child on a provider's caseload whose family has consented to the use of insurance, whether the agency/provider is in-network or out-of-network with the insurance company. Document the pre-authorization/pre-certification in the communication log including the date, phone number, reference number, name of individual who handled the request, etc. The pre-certification/pre-authorization must occur before early intervention services are billed.

3.1 (2) Submission of Claim for Service on the Account Payable Information Page

When a provider saves a service log on TOTS, a pending claim is automatically generated at the top of the Account Payable Information page. The agency must review the pending claim for accuracy before submitting/billing the claim. Providers develop their own schedule of rates for services. The provider must bill all payor sources at the same rate. The account payable entry must be saved within sixty (60) calendar days from the date of service.

Here are some helpful tips regarding the Account Payable Information page:

(1) Agency Administrator users and State Administrators can enter data on the Account Payable Information page. Independent providers are the administrators of their own agencies.
(2) The section labeled "Billed Amount" must be completed or the page will not save.
(3) Agency Administrators can view the account payable records of the children their agency serves.
(4) The Account Payable Information page defaults to displaying billing events from the last sixty (60) days. To view older items, the user must click on "Show All Pending Account Payable" or "Show All Account Payable."
(5) Once all information has been entered, the user must select "Save."

3.1 (2) (a) Creating a Claim for Payment

(1) On the provider's TOTS homepage (dashboard) select "Service Logged Awaiting Payment." By selecting "Search," TOTS will list all the children who have had a service log completed that has not been approved for processing. Next, select "Detail" beside a child's name from

the list to be directed to the Accounts Payable Information page. Once on that page, enter the "Payor 1 Billed Amount" and then select "Save."

(2) The claim must be submitted in TOTS within sixty (60) days from the date of service. Any claim submitted after sixty (60) days from the date of service will be disapproved.

(3) The claim must be submitted to insurance simultaneously with the submission on TOTS according to the procedures in section 3.2 Billing When Insurance is Payor 1.

3.1 (2) (b) Claims Processing by KEIS

The SLA processes claims as described in the table below:

Claims automatically approved	Claims with "First Steps" as "Payor 1" and amount equal to or less than "Max First Steps Pmt"
Claims Reviewed for Approval by SLA	• Claims for Assistive Technology Devices (as approved by the AT Committee; see the Policy and Procedure Manual for information on this process) • Late Note Entries (past ten (10) days) • Claims with an amount over the "Max First Steps Pmt" • Claims for assessments requiring data entry in KEDS • Claims with a date of service over sixty (60) days past
Claims with Insurance as Payor 1	Claims billed to insurance should be submitted on the Account Payable Information page at the same time as billed to insurance. This action will ensure that the claim is submitted within the sixty (60) day timeline and saved. The claim will move to the Service Account Payment History section approved at $0. The payment will be adjusted once an Explanation of Benefits (EOB) is submitted to the SLA.
Disapproved Claims	Disapproved claims are marked in red and the reason for disapproval is entered in the "Note" box by SLA staff. The provider must contact chfsfirststepsbilling@ky.gov when the issue has been corrected. Correction and notification must be within one (1) calendar year from date of service or the claim will be denied. Disapproved claims that are later adjusted for payment will have an explanation of the SLA actions in the "Note" box.

3.1 (2) (c) Payment

SLA staff runs the payment file according to a schedule posted on the KEIS website. (https://chfs.ky.gov/agencies/dph/dmch/ecdb/pages/fsenrollment.aspx). The Pay Cycle Schedule is listed under Provider Payment Information. The payment file is sent to the Kentucky State Treasury for payment.

All providers who are paid through the TOTS system receive a 1099 form for the previous tax year by the end of January from the Finance Cabinet. If this form is not received or the provider believes it is incorrect, contact the SLA for assistance. Corrections are issued by the Finance Cabinet.

3.1 (2) (d) Tracking Payments

Agency Administrators can check the status of payments for any child they have served through the Agency Invoice Report. Select the Agency Invoice Report on the homepage/dashboard, then enter the start and end dates of the current billing cycle. These dates can be found on the KEIS website at: https://chfs.ky.gov/agencies/dph/dmch/ecdb/pages/fsenrollment.aspx. The report will show all items that have been approved or disapproved. If the item is still awaiting approval, it will not show on this report.

Agencies should run an Agency Invoice Report after each pay cycle as this is the only remittance statement for approved claims included within the billing cycle.

If details are needed to resolve a payment issue and the provider no longer has access to the Account Payable Information page, the provider can contact the SLA for the information needed.

Users can also view payments from the Account Payable Information page on the individual child's record. If an item is still awaiting approval, it will appear at the top of the page with the billed amount entered.

3.2 Billing When Insurance is Payor 1

Part C of the Individuals with Disabilities Education Act of 2004 (IDEA) is the federal law that governs KEIS. This law requires that Part C be the payor of last resort for the early intervention system established by the state. Parents must provide written consent to bill private insurance for early intervention services. The state cannot deny early intervention services based on a family's inability to pay or a parent's refusal of consent to bill insurance.

Providers are required to bill insurance as part of the contract they signed when enrolling as an early intervention provider. Public insurance (Medicaid) is billed by the SLA on behalf of early intervention providers. If a child is covered by both private insurance and Medicaid, the private insurance is primary payor and must be billed before Medicaid (secondary payor) can be billed. Providers should follow all steps to submit a claim for service through TOTS. As soon as the claim has been submitted on the Account Payable Information page, an insurance claim must also be submitted. Do not delay submitting a claim to KEIS while waiting for an EOB from insurance. All claims must be submitted within sixty (60) days from the date of service regardless of payor source.

3.2 (1) TIBS Users

KEIS offers a no-cost insurance claim submission service, TOTS Insurance Billing Service (TIBS). This service submits insurance claims on behalf of the provider, either electronically or on paper. Please email fsproviderenrollment@ky.gov for more information on use of TIBS.

TIBS users submit a claim through TOTS. The claim will be included in a file that is sent through an insurance clearinghouse, Availity, for submission to the insurance company. There is no need for a CMS 1500 to be submitted to the insurance company by the provider. Claims that are rejected by the

clearinghouse are flagged and SLA staff works with the provider to resolve the issue. SLA staff submits the claim manually should the insurance company not accept electronic claim submission on behalf of the provider. The date the manual claim was submitted by the SLA will be noted on the Account Payable Information page in the "Note" box for the claim.

TIBS users must create a profile for the Availity web portal in order to access submitted claims. To set up an Availity account, follow the instructions at http://www.availity.com/register-now-for-web-portal-access/.

3.2 (2) Non-TIBS Users

Providers who are not using TIBS submit claims to insurance themselves. A CMS 1500 form, which is used to submit a claim to private insurance, can be generated by TOTS. This is accessed from the Account Payable Information page for the child who has insurance. If all the required fields are entered by the SC on Current Family Financial Support, Demographic Information and Parent/Guardian Information pages on TOTS, then the fields on the CMS 1500 will be prepopulated.

Sections of the form detailing the service provided must be completed by the provider. See the Resource section at the end of this document for instructions on how to complete the CMS 1500.

Non-TIBS users may also submit insurance claims electronically using billing sites such as Availity, MD On-Line, ZirMed, or via the online portals for private insurance companies.

3.2 (3) Co-payments and Deductibles

Providers do not collect co-payments and deductibles for early intervention services. Co-payments and deductibles associated with early intervention services are included in the KEIS reimbursement rate.

3.2 (4) Billing Insurance Steps

3.2 (4) (a) Step One

The provider will need to review the IFSP Planned Service Information page and verify who is listed as "Payor 1." If private insurance is "Payor 1," the insurance information can be found on the child's Current Family Financial Support page on TOTS. This information must include:

(1) Full name of the policy holder
(2) Date of birth of the policy holder
(3) Insurance company's name and the name of the managing company, if different from the insurance company
(4) Policy and group numbers
(5) Provider's line/phone number(s) for claims/questions
(6) Fax line for claims/questions
(7) Mailing address for claims/questions

Note: If the financial information is incomplete or inaccurate, notify the SC.

3.2 (4) (b) Step Two

The provider completes the service log on TOTS to document the service provided and submits a claim on the Account Payable Information page. The family's private insurance is listed as "Payor 1." The insurance company that covers the child is listed in the Account Payable Information page under "Insurance Carrier Name". The provider must enter the amount billed

to the insurance company in the "Show All Pending Account Payable" section and select "Save." This action will create an approved claim for the SLA to process once an EOB is received from the provider.

In the "Note" section on the Account Payable Information page, the provider states that the claim for this service has been submitted to the family's private insurance. The date of the claim's submission and method of submission must be included in the note.

3.2 (4) (c) Step Three

The provider submits the EOB from the insurer to the SLA for processing. The SLA will not adjust the payment for the service until a copy of the insurance plan's EOB has been submitted.

3.2 (5) EOB

An EOB is a document issued by the family's private insurance company that reports services the policy covers, and the amount paid to a provider for a claim. The family receives the EOB for each claim that their insurance carrier has processed. The provider of the service will receive a detailed Remittance Advice (RA) or a copy of the EOB from the insurance company.

The detailed EOB or RA will reflect the actions the insurance company has taken on the claim. The provider sends the EOB or RA to the SLA for processing. If the EOB or RA indicates a payment equal to or more than the Max KEIS rate for that service, then the approval is processed. KEIS will track the amount paid by the insurance company. The provider keeps the insurance payment in full. If insurance paid an amount less than the Max KEIS rate, the SLA will pay the difference between the insurance payment and the Max KEIS rate for that specific service. The provider receives the Max KEIS rate for the service.

If no EOB is provided by the insurance company within a reasonable time period (60 days), the provider must notify the SLA of this situation at chfsfirststepsbilling@ky.gov and document it in the communication log. The SLA will provide guidance for how to proceed.

Providers may submit complaints to the Department of Insurance if a fully insured plan refuses to process a claim and issue payment or a denial.

3.2 (6) Insurance Denials

KEIS accepts denials for insurance payment when the service is not covered by the policy and will adjust payment to reflect the appropriate Max KEIS rate of reimbursement. Some EOBs will indicate no payment, but the claim was applied to the deductible. This means that the service is covered by the policy and the SLA will pay the provider the Max KEIS rate of reimbursement. The provider must continue to bill insurance throughout the plan.

Remember that each insurance company has its own open enrollment period and changes may occur to family's private insurance plan at any time (beginning, middle or end of calendar year). Do not assume insurance will always cover a particular service and likewise that that particular service will always be denied.

If a denial of services is received, an agency can submit an email to chfsfirststepsbilling@ky.gov that includes the request to change payor source, the child's TOTS ID # and a detailed EOB that has the

denial listed for a date that falls within the current IFSP period. Once the email is received, it will be reviewed by the SLA, a decision will be made, and the agency will be notified.

An out-of-network status is not considered a denial of services. A detailed EOB must be submitted to the SLA in order to process the claim.

3.2 (7) Tracking Insurance Claims

Insurance claims can be tracked by selecting "Pending Insurance Claim" under "Reports" on the Agency Administrator's homepage/dashboard of TOTS. If a claim is included in this report, it indicates that the SLA has not received an EOB for processing.

3.2 (8) Claim Adjustment for Overpayment or Underpayment

In cases of overpayment or underpayment to the provider, contact chfsfirststepsbilling@ky.gov with a detailed explanation of the error. The SLA and agency will come to an agreement on how to handle reimbursement of funds.

If an agency receives a late payment or recoupment from private insurance, please contact chfsfirststepsbilling@ky.gov with detailed information asking for assistance.

3.2 (9) Insurance Billing Errors

Before submitting an EOB for processing, providers must read and review it thoroughly. The EOB may not have been processed by the insurance company due to missing or incorrect information. If there is missing or incorrect information included on an EOB, the provider must contact the SLA at chfsfirststepsbilling@ky.gov for guidance on how to proceed. Correctable errors that may be included on an EOB are:

(1) Missing CPT and/or International Classification of Diseases (ICD) code(s)
(2) NPI number/taxonomy invalid (including address or other contact information)
(3) Pre-authorization required
(4) Requested documentation not submitted by provider/family
(5) Wrong insurance billed; claim sent to wrong claim processing office

Guidance from the SLA will be provided on how to submit a corrected claim to the insurance company. Once the corrected EOB has been received and reviewed for accuracy, submit to the SLA through the Gen Log or fax for processing.

3.2 (10) Documentation Errors

There may be instances when a provider documents incorrect information in their service log including the wrong date, location, setting, start time, end time, method, intensity, and/or missing/invalid codes and modifiers. When this occurs, the provider must immediately enter a note in the Correction/Addendum box of the corresponding service log. Do not bill for the service on the Account Payable Information page.

The provider must contact the SLA at chfsfirststepsbilling@ky.gov to provide notification of the error including the provider's name, child's TOTS ID, date, Service Log ID, and an explanation of the error. Providers will receive guidance from the SLA for how to correct the error(s) in documentation.

Documentation errors involving a potential breach in confidentiality must be reported immediately to the SLA at chfs.firststeps@ky.gov. Possible breaches in confidentiality may include any information

entered in the incorrect child's record on TOTS or KEDS, reports mailed to the family with incorrect child information, billing for services for the incorrect child, sending child's PII in an unencrypted email, and stolen/lost hard copy files or property that contain confidential information.

When reporting a potential breach include provider's name, child's TOTS ID, date, Service Log ID (if applicable), and an explanation (information disclosed, other TOTS IDs involved (if applicable), and whether the service has already been billed and/or payment has already been received). Complete the Correction/Addendum box if the incorrect entry was in a service log or communication log. Do not bill for the service on the Account Payable Information page or send a breach notification letter to anyone without directive from the SLA.

3.2 (11) Insurance Payments to Families (Policyholder)

Some insurance companies will issue the EOBs and any payment to the policyholder when the provider is not in-network with the insurance. Providers who are not in-network with the family's insurance company must notify the family as services begin that they are out-of-network. Providers must notify the family that an EOB and a check may be provided directly to the family from their insurance company for the provider's service. It is the provider's responsibility to work with the family to obtain the EOB and payment.

If the check issued by the insurance company is still intact, the following steps should be followed:

(1) The policyholder (i.e. the person to whom the check was issued) should sign the check over to the provider. This is done by writing "Pay to the order of" followed by the provider's name and the endorsing signature of the policy holder on the top of the back of the check.
(2) The provider then faxes a copy of the check and the EOB the family received from the insurance company for services rendered by that provider to SLA.
(3) Provider is free to cash or deposit the check received from the insurance company via the family.
(4) SLA will complete any recoupment that is applicable.

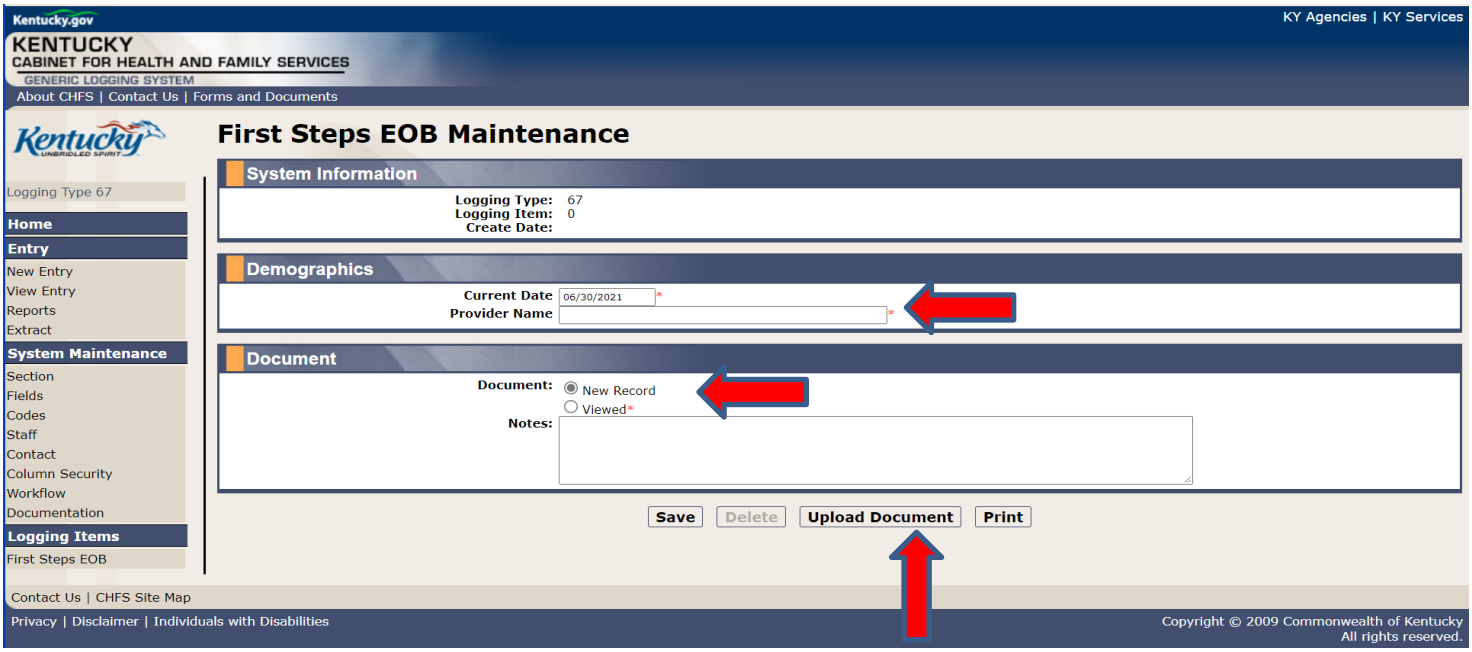
If a family cashes a check from an insurance company without relinquishing the funds, the provider must document one (1) attempt to request payment from the family in the communication log. If the family fails to pay, the provider should immediately contact the SLA at chfsfirststepsbilling@ky.gov for guidance. The SLA will work with the provider to ensure that the claims are paid.

3.2 (12) Submitting EOBs to the SLA

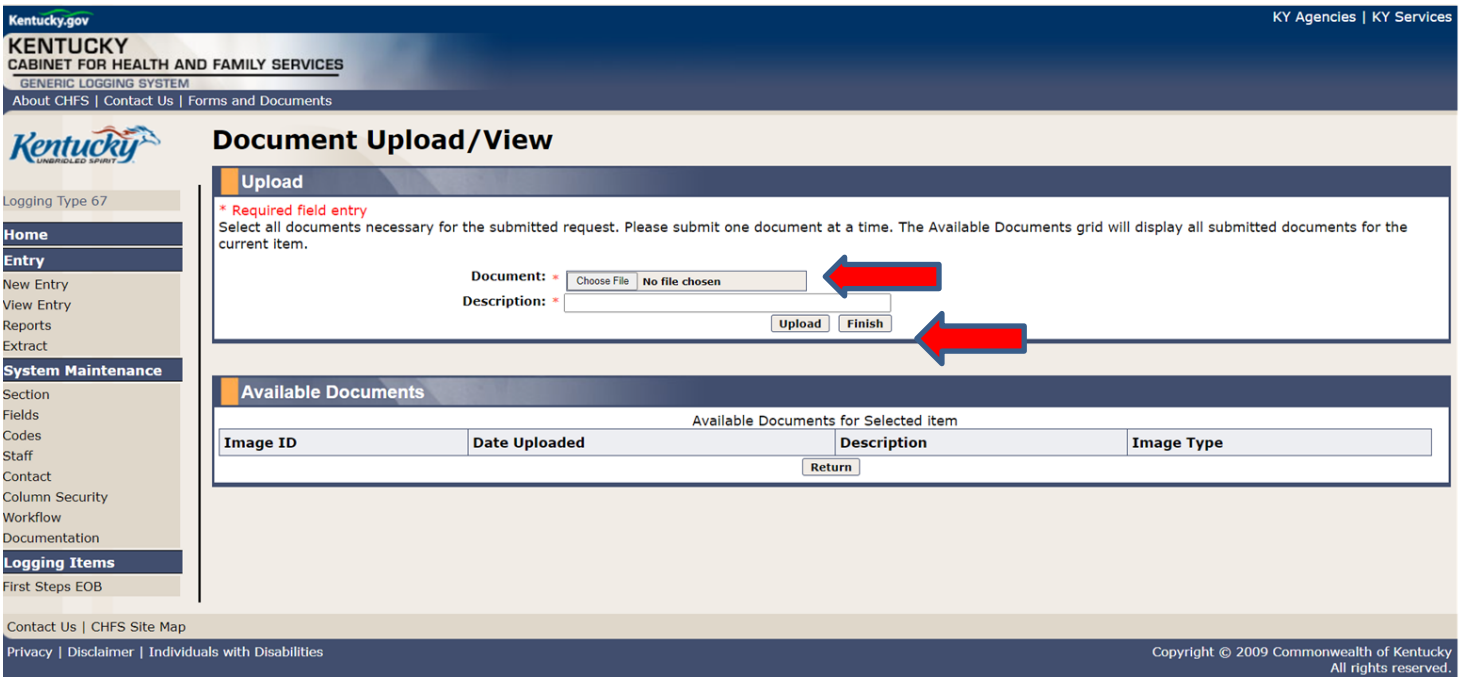
Providers may submit EOBs by uploading a scanned PDF or picture of the EOB to the Gen Log website or by faxing the EOBs to the SLA office. Providers have one (1) year from the date of service to submit an EOB to the SLA.

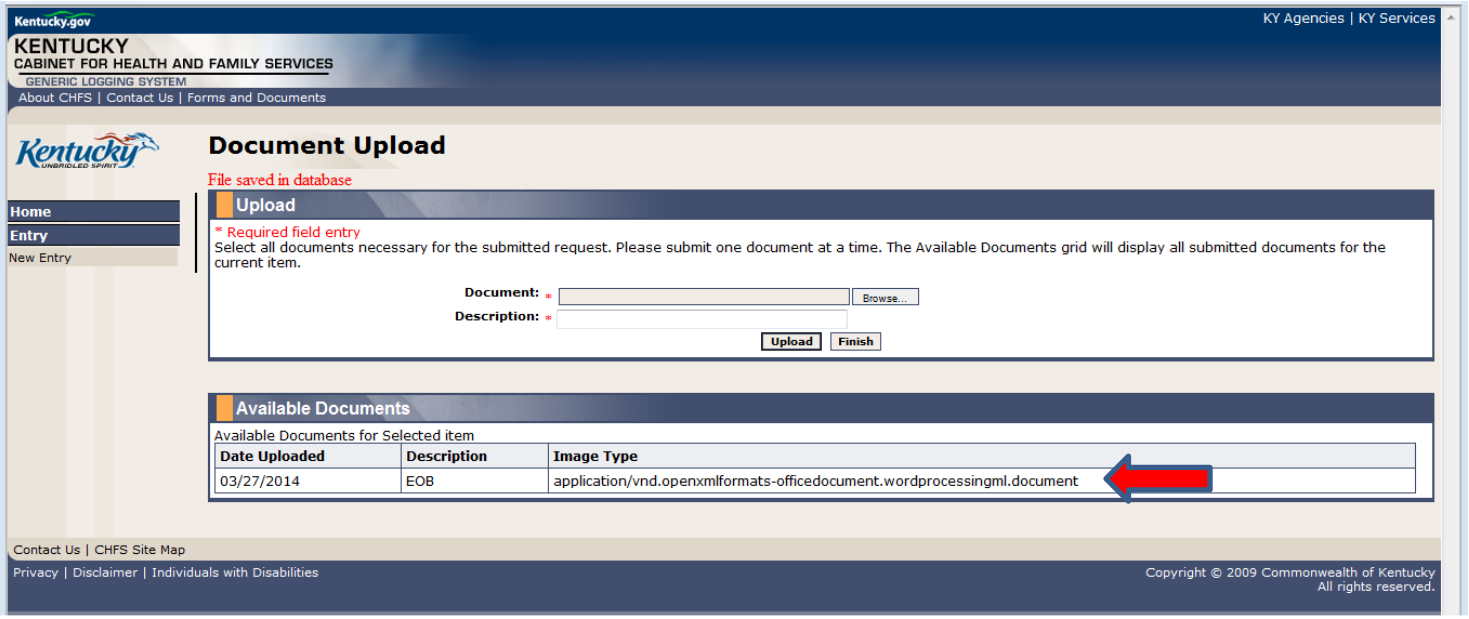
3.2 (12) (a) Uploading to Gen Log

(1) Provider scans or takes a picture of the EOB and saves this on their computer. Please check the EOB before saving to ensure that it's readable.
(2) Provider goes to the Gen Log site by clicking this link: https://prd.webapps.chfs.ky.gov/genlogex/Default.aspx?TK=67. Be sure to bookmark this link.
(3) The first screen is the welcome screen. To upload an EOB, the provider clicks on "New Entry" found in the list on the left under the heading Entry.
(4) Once at the First Steps EOB Logging screen, enter the current date and provider/agency name in the respective boxes and then select New Record and click Upload Document.



(5) On the next screen, click Choose File to locate the saved EOB on your computer and then click UPLOAD. The provider enters the TOTS identification number in the "Description" text box when submitting EOBs for one child. The uploaded file is displayed in the section labeled "Available Documents." Once the user clicks "Finish" the EOB submission is complete. Multiple EOBs for several children must be labeled "Group EOBs." No more than twenty (20) pages of scanned documents can be uploaded at a time. Do not send duplicate EOBs through Gen Log.





(6) An automatic notification is emailed by Gen Log to the SLA announcing that a new EOB has been uploaded.
(7) Provider must close the link to the Gen Log when all uploads are completed.

3.2 (12) (b) Faxing EOBs

EOBs may be faxed to the SLA at 502-564-0329**.** Be sure to protect the confidentiality of the child by using a cover sheet that lists only the TOTS identification number on it. EOBs that list clients not enrolled in KEIS must be redacted.

3.2 (13) Insurance Audits/Quality Assurance

Periodically insurance companies conduct a review of the payments made to providers as a routine practice for quality assurance. KEIS providers may be asked to provide additional information to the insurance company as part of the review.

The insurance company may recoup funds from the provider if the result of the review is that payments were made in error or they may pay for services that were originally denied or not paid. It is the provider's responsibility to inform the SLA of any change in payment by the insurance company.

If an insurer recoups previously paid funds, the provider submits a copy of the letter from the insurer with a copy of the provider's check that indicates payment to the insurer to the SLA. The SLA will then adjust the provider's payment based on the insurer's action.

If an insurer pays for services previously denied or not paid the provider submits a copy of the letter and check from the insurer to the SLA. The SLA will then recoup funds previously paid by KEIS.

Chapter 4: Penalties for Non-Compliance

Sanctions may be imposed by the SLA based on a finding of non-compliance by the agency with any contractual obligation of the SPA. Sanctions may include suspension of referrals, recoupment of funds, requirement of a Corrective Action Plan (CAP), report to licensure board, referral to the Office of Inspector General for investigation, and termination of the SPA.

All providers working within KEIS must contract through an agency in order to provide early intervention services. That agency may be an agency of one (1) person (independent provider) or an agency of multiple providers. The agency listed on the SPA is responsible for the compliance of all providers working for that agency. Therefore, the agency will be held accountable for any non-compliance by an individual provider working under the agency's SPA. Agency administrators will be notified of any non-compliance within their agency and will be given the opportunity to address the issue internally.

Appendix

KEIS Insurance Processing Flowchart

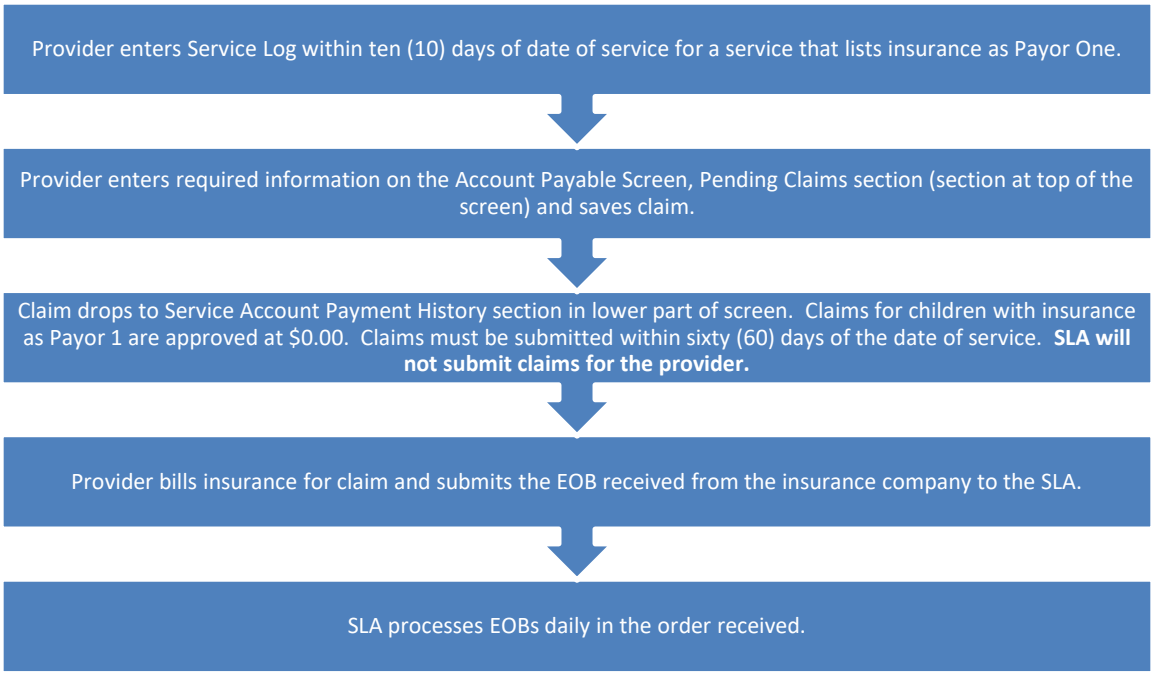
Important Contact Information

Entering a Service Log

CMS 1500 Instructions

Commonly Used CPT Codes/Code Modifiers

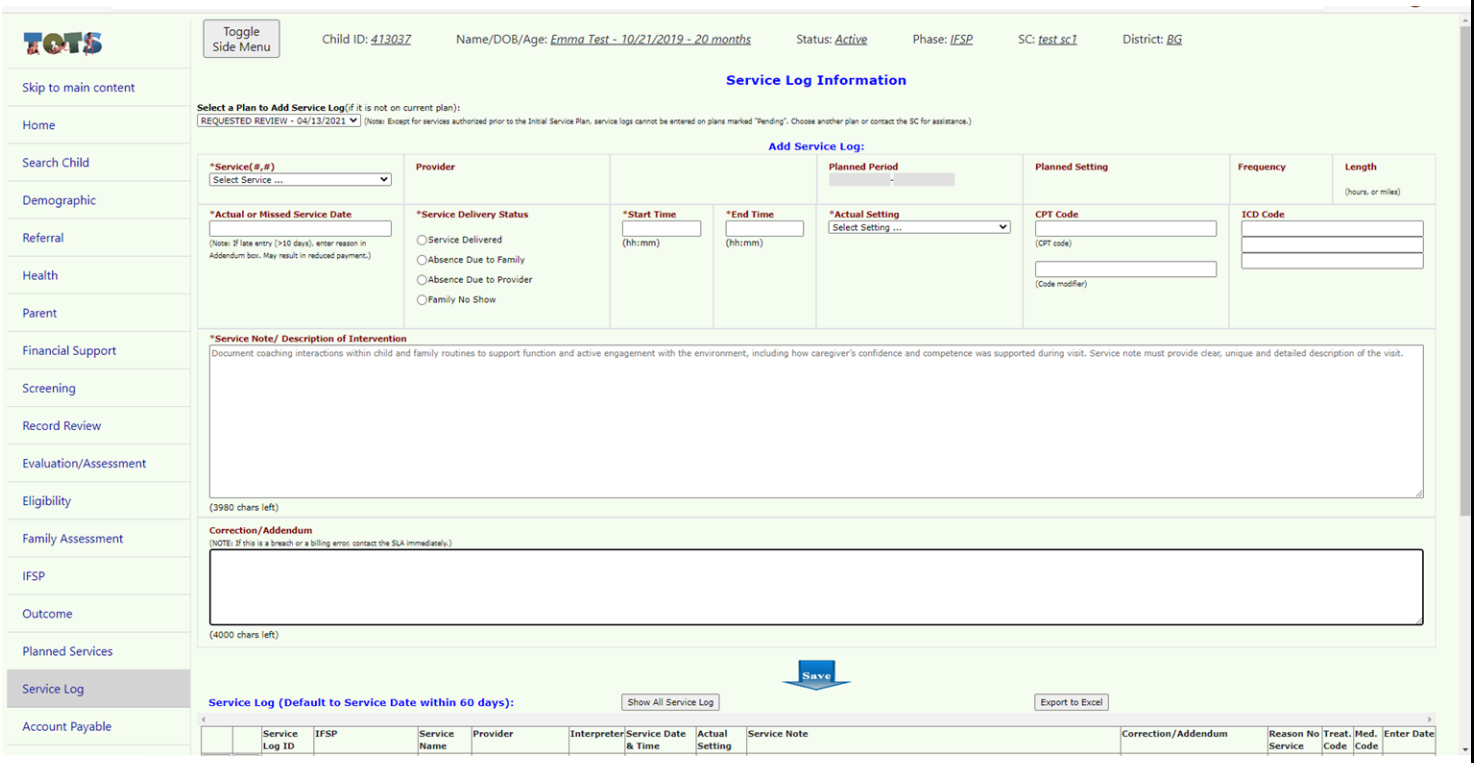
KEIS Insurance Processing Flowchart



Important Contact Information

Topic	Email	Website/Phone (if applicable)
General questions not related to billing or provider enrollment	chfs.firststeps@ky.gov	https://chfs.ky.gov/agencies/dph/dmch/ecdb/Pages/firststeps.aspx
Provider enrollment	fsproviderenrollment@ky.gov	
Billing	CHFSFirstStepsBilling@ky.gov	
Upload EOBs		https://prd.webapps.chfs.ky.gov/genlogex/Default.aspx?TK=67
Fax EOBs		502-564-0329
TOTS Support	chfs.firststeps@ky.gov	
Department of Insurance		http://insurance.ky.gov/Home.aspx?Div_ID=4 502-564-6034 800-595-6053 (option 1)
KY One Stop Business Portal		http://onestop.ky.gov/Pages/default.aspx

Entering a Service Log



The Service Log must provide a thorough explanation of the service or missed visit. District Administrators, Service Providers and Service Coordinators can view and edit this page.

- **Select a Plan to Add Service Log:** This defaults to the current plan. If the current plan is PENDING, or if there has been a very recent plan entered, the user may need to choose the previous plan from the drop-down list. The user should choose the most recent plan under which the service was authorized.
- **Service:** The user chooses the appropriate service provided from a drop-down list populated from IFSP Planned Service Information page. To ensure the claim is being entered under the correct planned service, please verify the Planned Period. If you try to enter a service log and cannot find the correct service or date available from the drop-down, do not try to proceed. Contact the SC immediately for assistance.
- TOTS will then prepopulate the **Provider** and **AT Device** if applicable**, Planned Period**, **Planned Setting**, **Frequency**, and **Length**.
- **Actual or Missed Service Date** is in the format of mm/dd/yyyy and must fall between the Planned Period start and end dates.
- **Service Delivery Status**: All of the following choices require a service note of explanation:
    - Service Delivered
    - Absence Due to Family
    - Absence Due to Provider
    - Family No Show
- If this service requires an **Interpreter**, TOTS will display a drop-down list for the user to select the appropriate interpreter used. In addition to the names of interpreters, the list includes choices for:
    - A No-Show by Interpreter—provider and family decide whether to reschedule or proceed
    - A Provider/SC as Interpreter—the user speaks the language
    - A SC w/o Interpreter Needed—SC made a call or visit without the family present

- **Start Time** is in the format of HH:MM and it uses a twenty-four (24) hour format.
- **End Time** is in the format of HH:MM and it uses a twenty-four (24) hour format. If a provider bills for one (1) hour of service, the provider must have delivered that full hour of service. Rounding up of time for billing purposes is not allowed.
- **Actual Setting** must be chosen from this list:

Setting	Definition/Example
Family/Guardian Home	Child's home
Day Care Provider Home	Care provider's home
Day Care Ctr	Daycare center (typically developing children)
EI Center/Indep Clinic	Early Intervention Center
EC Center	Early Childhood Center
Community	Park, library, grocery store, preschool, etc.
Hospital Associated Clinic	Medical facility or clinic
Other	POE office, provider's office, parent's workplace, etc.

Payment rates vary based on setting. If services are provided in a setting that is not the child's natural environment, the rates are reduced. The following are paid at the lower rate: EI Center/Indep Clinic, Hospital Associated Clinic, and Other.

- **CPT Code/Code Modifier:** This procedure code is for the early intervention service provided and must be associated with the provider's licensure. Early intervention service providers must enter the code correctly.
- **ICD Code:** This is the diagnosis code that the provider is addressing, may be different than the medical diagnosis of the child, and must be specific. Early intervention service providers must enter the code correctly. Do not use codes that state Unspecified, Unlisted, or Other.
- **Service Note/Description of Intervention:** Document coaching interactions within child and family routines to support function and active engagement with the environment, including how caregiver's confidence and competence was supported during visit. Service note must provide clear, unique and detailed description of the visit.
- **Delivery Method:** check all that apply: Modeling, Provide Resources and/or Coordination Services, Assessment, Coached Caregiver (includes Prompting), and Co-Treatment. If co-treatment is selected, add provider's name with which co-treatment occurred.
- **Participants in Intervention Visit:** List the family, caregiver(s), sibling(s), and/or peer(s) who participated in the visit. A daycare visit should show the involvement of at least one adult caregiver and other children. It is best practice to use generic titles instead of proper names to protect confidentiality.
- **Caregiver report:** Note child health and temperament status. Document caregiver updates related to family priorities, routines, and the previous joint plan. Record any data gathered by caregiver. Confirm/note caregiver priorities for the visit.
- **Response to intervention:** Document an overview of caregiver insight and child response to coaching, data collection in visit, and progress on outcomes.
- **Plan for next visit:** Document activities the provider and caregiver plan to do between visits in preparation for the next visit.
- **Correction/Addendum** can be added after saving a service log if additional information needs to be included or if an error needs to be documented in the original note. Select Edit to make a correction or addition to a log. If this is a breach or billing error the provider must contact the SLA immediately and notify their agency administrator.
- After the user selects Save, the entire screen is saved.

- **Service Log (Default to Service Date within 60 days):** TOTS supplies a view of the service logs entered in the last sixty (60) days. Logs are listed chronologically with the most recent on top. All members of the IFSP team can view all service logs. To view older logs, the user must select Show All Service Log**.**

Instructions for Correcting Logs:

Once documentation is entered in a child's TOTS record, Service Log, or Communication Log it is considered permanent. Before saving an entry, consider:

- Is this the right child?
- Is this the right service (collateral, assessment, intervention)?
- Is this the right date and time?
- Is this the right setting?

If an error is made, follow the guidelines below:

- Use the "Edit" key to open the log.
- The entered log is visible, but locked. Correction/Addendum is the only open field.
- Enter the date of the correction and a note in the Correction/Addendum box to explain the error. Enter a clear and concise note such as:
    - (date of correction) Wrong child, please disregard this entry.
    - (date of correction) Wrong service, the correct service type is OT Collateral.
    - (date of correction) Wrong time, the correct start and end time is 13:00-14:00.
    - (date of correction) Wrong date of service, the correct date is (date).

Note: The text from the Correction/Addendum box for a service log will show beside the billing item on the Account Payable Information page also.

- If the correction affects the amount of a claim not yet submitted (for example, the correction results in more or less time to be billed) the billing must be adjusted accordingly. The provider must contact the SLA immediately at chfsfirststepsbilling@ky.gov. The provider must notify the appropriate person within their agency who processes billing so that billing will not be submitted by the agency until guidance is provided by the SLA. Agency supervisors must set policy within the agency on how this will be handled.
- If the correction affects the amount of a claim previously submitted on the Account Payable Information page, SLA assistance is required for correction. The provider/agency admin must contact the SLA at chfsfirststepsbilling@ky.gov. It is necessary to provide a short explanation of the correction needed including the TOTS ID number, date of service, and Service Log ID. (Ex: For child #12345, please correct billing for service log #123456 as indicated in Correction/Addendum note.) SLA staff will review the billing error to determine next steps which may include recoupment, resubmission to insurance, etc.
- If the correction includes a breach in confidentiality, the provider must report it immediately to the SLA at chfs.firststeps@ky.gov. When reporting a potential breach include provider's name, child's TOTS ID, date, Service Log ID, and an explanation (information disclosed, other TOTS IDs involved (if applicable), and whether the service has already been billed and/or payment has already been received). Do not send a breach notification letter to anyone without directive from the SLA.

CMS 1500 Instructions

The CMS 1500 is a universal health care claim form and can be completed either electronically or in hard copy paper format. The paper copy must be completed and mailed to the claims address on the back of the insurance policy holder's card. There are many websites where CMS 1500 forms can be purchased.

Some insurance plans allow the use of an online portal to submit claims electronically. This information is available on the websites of individual insurance companies. The advantages of submitting a CMS 1500 online include ease of processing, receipt of results in real-time, quicker reimbursement, confirmation that an insurance company has received the claim, and no phone calls to check on the status of a claim (viewed online instead).

In addition to online portals, there are also insurance clearinghouses to which a provider can submit a claim. The clearinghouse will confirm the provider's claim is clean before electronically submitting it to the insurance company. Some examples of clearinghouses include Availity (www.availity.com) and Zirmed (https://public.zirmed.com).

CMS 1500 Completion Instructions

The CMS 1500 form located on the Account Payable Information page can be used to submit claims to insurance. Fields 1 through 11B will automatically be completed by TOTS for the child and parent information. Enter Signature on File or SOF in Field 12 (Patient's or Authorized Person's Signature) and if applicable, Field 13(Insured's or Authorized Person's Signature). The policy holder's signature is not required on this form because it is on file in the hard copy record available through the POE office. Fields 14 through 20 and do not have to be completed by the provider.

The chart below provides detailed information on completing the remaining sections of the CMS 1500 form.

Field Number	Field Name and Description
21	**Diagnosis or Nature of Illness or Injury** Enter the ICD code that best suits the condition that the service provided addressed; this may be different than the primary medical diagnosis. Do not use codes that state unspecified, unlisted or other.
22	**Resubmission Code** Leave this empty if the claim is not a resubmission. Enter if the provider is submitting a corrected claim to insurance. If the claim is for a correction, enter 7 and if it is for a deletion enter 8.
22	**Original Ref. No.** Enter the original claim ID provided by insurance.
23	**Prior Authorization Number** Should be completed if the insurance company requires prior authorization for services.
24.A	**Date of service** Enter the date in month, day, year format (MMDDYY). There is space for up to six (6) service claims.
24.B	**Place of Service** Enter 12 for home-based service setting; Enter 99 for other service setting.
24.D	**Procedures, Services, or Supplies CPT/HCPCS** Enter the CPT codes that best matches the services provided. KEIS providers do not use HCPCS.

24.D	**Modifier** Enter the appropriate modifier from the CPT code directory for early intervention services that are provided.
24.E	**Diagnosis Pointer** Not commonly used with KEIS services.
24.F	**Charges** There is space for up to six (6) service claims. In each box enter the rate for a single service. Minimum billed charges must correspond to the Max KEIS from the Account Payable Information page.
24.G	**Days or Units** Enter the number of units provided on this date of service. Units are billed in 15-minute increments except for services by a speech language pathologist (SLP). SLP services are billed per procedure at a unit of one (1) regardless of length of time.
24.H	**EPSDT family plan** Do not complete this area.
24.I	**ID Qualifier** Do not complete this area.
24.J	**Rendering Provider ID#** Enter the provider's individual NPI number (not agency NPI).
25	**Federal Tax ID#** Enter the agency's Federal Tax ID.
26	**Patient's Account No.** Enter the child's TOTS ID number.
27	**Accept Assignment?** If marked yes, the provider is agreeing to accept the negotiated rate from the insurance carrier. We recommend that yes is selected.
28	**Total Charges** Enter the sum of charges from all six (6) boxes entered in 24.F.
29	**Amount Paid** Providers enter $0.00 to indicate no payment has been received.
30	**Rsvd for NUCC Use** Do not complete this area.
31	**Signature of Physician or Supplier, Including Degrees or Credentials** Enter the handwritten or electronic signature of the servicing provider. A stamped signature is not acceptable. **Date** Enter the date in a month, day, year numeric format (MMDDYY). This date must be on or after the date(s) of service billed on the claim.
32	**Service Facility Location Information** Enter the address associated with the agency NPI.
32.A	**NPI** Enter the agency's NPI number.
33	**Billing Provider Info & PH #** Enter the agency's name, address, zip code and phone number (including area code).
33.A	**NPI** Enter the agency's NPI number.
33.B	Enter the provider ID assigned by private insurance, if applicable.

Commonly Used CPT Codes/Code Modifiers

CPT (Current Procedural Terminology) codes are numbers assigned to every task and service a practitioner may provide to a patient including medical, surgical, diagnostic, and rehabilitation services. Since everyone uses the same codes to mean the same thing, they ensure uniformity. The codes are owned by the American Medical Association (AMA). Providers can purchase a CPT code directory online or at a book store.

Providers must use codes that most appropriately describe early intervention services. Insurance considers many of the services provided through early intervention as therapeutic services which may be associated with a CPT code for medical or diagnostic services. The services may also be considered developmental, rehabilitative or restorative.

Commonly Used Codes by KEIS Providers

Note: The provider must research every code selected in the current CPT code directory to ensure that it is the correct code for the services delivered. Do not use Google results because this may lead to inaccurate coding. Providers can check with their licensure boards for assistance.

Developmental Intervention (DI)

96158: Health behavior intervention
The intervention service provided to an individual to modify the psychological behavior, cognitive and social factors affecting the patient's physical health and well-being. This code is used for the first 30 minutes of the service provided.

96159: Health behavior intervention
The intervention service provided to an individual to modify the psychological behavior, cognitive and social factors affecting the patient's physical health and well-being. This code must be used for any service that surpasses 30 minutes and in conjunction with 96158. It is based on 15-minute increments and should be placed in the correction/addendum area of the service log as 96159 x 1 for 15 minutes and 96159 x 2 for 30 minute sessions to equal 45 minutes and 1 hour services respectively.

Physical Therapy (PT) CPT Code Modifier Commonly Used GP

97110: Therapeutic procedures, 1 or more areas, therapeutic exercises to develop strength and endurance, range of motion and flexibility

97116: gait training (includes stair climbing)

97530: Therapeutic activities, direct (one on one) patient contact by the provider (improve functional performance)

Occupational Therapy (OT) CPT Code Modifier Commonly Used GO

97530: Therapeutic activities, direct (one on one) patient contact by the provider (improve functional performance)

97542: Wheelchair management (assessment, fitting, training)

95851: Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)

Speech Therapy (SLP) CPT Code Modifier Commonly Used GN

92507: Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual

Note: If more than one (1) early interventionist is providing services for a family on the same day, coordinate to ensure that different CPT codes are used when billing.