

Therapy Associates LLC
New Draft Agency Procedures
Information for Staff and Families
December 2014

Mission Statement

Therapy Associates LLC ("Agency" or "TA") is a private New Jersey Limited Liability Corporation which provides high quality pediatric therapy services and developmental intervention to children qualifying for Early Intervention ("EI") services referred by county Special Child Health Services ("SCHS"). Specific services provided include skilled speech, physical, and occupational therapy, special education and cognitive development, ABA therapy, social work and other supporting services such as translation and sign language interpretation. We support a family training model which focuses on helping families learn how to support their children's therapeutic and educational goals and addressing the family's priorities and concerns. Our agency supports the right of families to have their cultural and religious priorities respected and we make every effort to accommodate a family's individual needs.

To the maximum extent possible TA services its client families in their natural environments, including the home and community settings that are natural and typical for all children of the child's age. TA supports therapeutic methods that emphasize using materials and equipment that are found in these environments so that the family can learn techniques to carryover to the child's normally occurring routines.

Families and therapists are encouraged to call or write to the Agency to communicate concerns, difficulties or requests. TA will endeavor to solve all problems with the help of SCHS and The Regional Early Intervention Collaborative ("REIC") to the best of its ability. TA closely follows the policies and regulations set forth by the State of New Jersey over the Early Intervention System.

Non-Discrimination Policy

TA employs practitioners and services children and families without discrimination based on race, color, religion, sex, national origin, age, or disability.

I. General Employment Provisions

- a. All professionals working for TA should have a valid professional license or certification, and are responsible for ensuring that the license is updated as necessary according to State regulations. Paraprofessionals do not need to have a license or certification but must have proper experience and qualifications to receive approval from the State of NJ to practice in the EI system.
- b. All practitioners must undergo a criminal background check pursuant to state rules promulgated at NJAC 8:17. The cost associated with fingerprinting and reporting is the responsibility of the practitioner.
- c. All therapists must be familiar with the provisions regarding Universal Health Precautions and Referral to the Division of Youth and Family Services ("DYFS") included at the end of this document.
- d. All therapists must be familiar with Federal and State rules of confidentiality which apply to all children in the EI system, referred to in Section IX and which can be accessed in its complete form at the website www.hhs.gov/ocr/hipaa/ (from the US Dept. of Health and Human Services).
- e. All therapists must be familiar with Federal and State laws and regulations against Fraud, Waste and Abuse, referred to at the end of this document.
- f. The Early Intervention model in New Jersey is a family teaching model. Services are to be provided to families in ways that enable and encourage families to become active participants in helping children achieve their goals. Parents and caregivers should be taught how to work with their children to promote the goals outlined in the Individual Family Service Plan ("IFSP").
- g. Additionally, New Jersey EI supports therapy done in a child's natural environment, using toys and equipment found in those environments to the maximum extent practicable. Practitioners may supplement their sessions with materials of their own, but efforts should be made to use the child's own toys to encourage family follow-through.
- h. All therapists should carry a cell phone and provide the number to TA. There will be times when a family, service coordinator or TA needs to contact a therapist immediately/during the work day.
- i. The use of texting to communicate with families is discouraged. If texting is the family's preferred method of communicating, it may be used to set up or confirm service sessions. It should not be used for further conversations. All texts must be printed out for the child's record upon request of the agency.
- j. All of Agency's written communication is now through email. All therapists should make sure that we have their email address in order to receive prompt mailings of

- letters, instructions, forms and other items of importance. If therapist does not have email, s/he should designate an email address for receipt of documentation and check it regularly. Agency will presume receipt of emailed communications.
- k. If a therapist has been given a new address or phone number of a client family, s/he must pass on that information to the Agency as soon as possible. Similarly if any change in service provision is reported to the therapist, this must be reported to TA immediately.
 - l. All therapists shall seek to discharge children when they meet their final IFSP goals and are developmentally age appropriate. To ascertain developmental milestones a final session of objective testing using a tool should be implemented and the results documented prior to discharge on a transition report form. Service coordinator should be consulted prior to decision to discharge so that a transition meeting with the parent can be scheduled.
 - m. All therapists shall recommend reductions in services for children whenever clinically appropriate.
 - n. If a child is going to be in the care of someone other than the parent during service sessions, the practitioner must obtain the parent's signature on the "consent to release information" form. If the signature is not obtained, the practitioner may not communicate anything about the child to the caretaker, including a grandparent or other relative, and the clinical note may not be shared with the caretaker.
 - o. All problems or concerns about the progress of a child's therapy or other issues should be communicated to TA as soon as possible. TA can help troubleshoot and solve problems only when it knows about issues! In addition, TA is legally responsible for the therapy provided, so if a therapist or a parent is dissatisfied for any reason, we need to know in order to rectify the situation.

II. Providing Required Services

A. Priority in Assigning Cases

The decision as to which therapist is called for a case is based on a combination of the following factors:

- Any particular sub-specialty or experience the therapist has which a child needs;
- Foreign language proficiency if needed;

- Geographic proximity of child to the therapist;
- Flexibility of therapist's schedule to meet a family's particular needs;
- Seniority at Therapy Associates
- Feedback from current families on the therapist's caseload
- Results of observations by TA
- Attendance at required trainings
- Timely fulfillment of paperwork requirements on current cases

B. Therapist Procedures When Receiving Assignments

Setting a Schedule with a Family

According to law, an Agency must place a practitioner within ten days of assignment to the agency, unless the parent is responsible for a delay. Since the Agency is under time pressure to fill its caseload, the following procedures must be followed:

1. When a therapist gets a case referral, therapist must contact the client family within 24 hours, and then immediately call the Agency office indicating whether the therapist is able and/or available to take the case. If the therapist attempts to make contact with a family but his/her messages are not returned, therapist should contact the Agency, and we will attempt to find another contact number. All attempts to reach the family should be documented on the "Parent Contact Information" form (see #4 below).
2. If Agency left a message or email with the therapist about a case, and the therapist has not returned that message by the next day, the Agency may offer the case to another therapist.
3. Because of time pressures, TA may initially contact more than one therapist to maximize the chances that the case will be filled. In this case, the first therapist to respond will receive the first opportunity to schedule therapy services.
4. All practitioners need to document each attempted communication with assigned families (text, phone calls, emails). Documentation must include the date and time of the attempt and needs to be documented on the form "Parent Contact Information." This form needs to be sent back to the office in every case, after the start of therapy, or when contact was unsuccessful.

5. Texting should not be used for the initial contact unless the Agency says this is the parent's communication mode of choice.
6. Therapist must email or call back the agency case manager within 24 hours of case assignment to update her about whether therapist contacted the family.
7. If several attempts at communicating with assigned family were made without success, this needs to be communicated to the agency case manager every 24 hour period.
8. If a family is contacted and plans are made to schedule the first therapy visit, TA should be told immediately what the date of the initial visit is (the "start date"). TA will then apprise the Service Coordinator from SCHS ("SC") that the case is filled.
9. The start date should be scheduled within one week of receiving the assignment. If a parent wants to delay the start date it should be documented as "parent choice."
10. Therapist should notify the agency when the first session has been completed, in order to confirm the actual start date.
11. At the first session for a new child, each practitioner should discuss the parents' goals and review how sessions will proceed. You should review the attendance, cancellation, and documentation (signing the SEVF) provisions of the outline "Guidelines for Parents For their EI Services with Therapy Associates LLC for 5-10 minutes and obtain a parent's signature after the review.
12. Practitioners are free to schedule treatment sessions at their and the family's convenience, including on weekends and national holidays.
13. If no mutually convenient time for therapy can be scheduled, the therapist must call the Agency immediately to report that fact. In this case, the Agency contacts another of its therapists and the process continues as above.
14. For new or additional services added after an IFSP review meeting, services may only begin as of the date of the new IFSP period. Please contact the agency office to ascertain the date the new service may commence.
15. Families are entitled to a consistent schedule for services. Failure to keep to a reasonably consistent schedule is grounds for removal from a case if a family requests it.
16. Similarly, therapists are entitled to a consistent schedule for services. Please contact the agency if a parent is not keeping to a schedule.
17. Therapist needs to contact agency office when a family fails to appear for a session or chronically cancels, so the necessary warning letter can be sent (see section on termination of services, below). Therapist may not decide to stop servicing without such a warning letter being sent.

18. After a therapist has confirmed a start date with the Agency, the Agency then forwards to the therapist the child's IFSP, which should be reviewed prior to treating the child for the first time.

Therapist Responsibility to Review IFSP Paperwork

19. When the therapist receives the IFSP for a new case, s/he must check the service page authorizing their service, and in particular, that the duration and frequency of service s/he was told to do is in consonance with the service page. If therapist was told a frequency or duration by the Agency which differs from the service page s/he should call the office to clarify it. Any services provided which are in excess of the duration/frequency on the service page are non-compensable.
20. Similarly, the practitioner should make note of the end date on the service page and not continue services past that date unless a review meeting has been conducted and a new service page has been drafted by the service coordinator, an extension is granted, or the Agency gives instructions otherwise.
21. Services may only be provided in the location (home or daycare) indicated on the service page. This location may not be changed, even for a one-time session or a makeup session. If a parent wants to change the location going forward, then a new service page should be obtained by calling our office or having the parent call the service coordinator.
22. The practitioner cannot get paid for sessions provided which are outside of an active service page or in a different location. Therefore, practitioner should not rely on assurances of a service coordinator that s/he will draft a service page, will conduct a meeting, or will obtain an extension. The practitioner should only continue to service a child when the service page or extension is completed, received by the agency office, and the agency gives authorization to service.
23. The practitioner therefore must only proceed to service a child, or increase his or her services, or reinstate cancelled services, upon the direction of

- Therapy Associates. Instructions from a service coordinator to a therapist to proceed are insufficient to guarantee payment for services rendered.
24. It is the therapist's responsibility to make a note of the child's date of birth, and the end date of services, which is one day prior to the child's third birthday. Any services mistakenly provided on or past the third birthday are non-compensable.

Servicing at a Daycare

When a service is being provided in a daycare setting, practitioners must service the child only within a classroom setting. Practitioner must never agree to service in a separate room, and may never be in a room alone with a child.

If a daycare has a problem with this, and asks you to go to a separate room, please let agency know immediately.

Using a Translator

25. Families who do not speak or understand English are entitled to translation services. Translation services need to be approved and authorized by the service coordinator with a notation on the service page. Do not take a translator with you unless the agency tells you that translation is authorized.
26. Where a family is not English speaking and translation is authorized, please do not go into these homes without a translator unless you are fluent in the language spoken in the home.
27. Therapists may call the Agency office for a list of approved translators. Therapists may not use a person as a translator who is not employed by TA unless otherwise directed.
28. In a family where one parent speaks English but the child does not, translation services will usually not be approved, as it is assumed that the parent will serve as the "translator."
29. If a therapist changes a translator it is very important to tell the Agency that the change was made, each and every time. Translation providers should be consistent whenever possible.

C. Use of Electronic Devices During Sessions (E.g. IPADs, iPhone applications)

- If the family has the type of technology in the home and it is available for

the child's regular use, then it can be used, but only if its use is part of an ongoing outcome or strategy.

- If the family does not have that type of technology in the home, use it sparingly as a reinforcer or not at all.
- If a practitioner believes that a piece of technological equipment is needed to meet the outcomes in the child's IFSP, contact our office for support.

F. Cancellation and Reinstatement of Services

The NJEIS may suspend a family's permission to receive services for reasons including revocation of parental consent and financial issues. Should this happen, the NJEIS cancels the current authorization and notifies TA. TA will contact the therapists servicing the child and tell him or her not continue to provide services. This notice is effective immediately.

Should a therapist service a family after this notice is given (either by in-person conversation or by message left on therapist's cell phone or email) s/he will not be compensated. This is because there is no authorization to service the child. This is true even if a parent tells the therapist otherwise and asks the therapist to provide services.

When an account is canceled, in order to be reinstated, not only must the family settle all outstanding issues with the State, the family must also sign new service pages. This is because the existing IFSP service page is canceled when the authorization is canceled. Upon receipt of the new, signed service page, services may be reinstated.

The therapist will be notified immediately by TA upon reinstatement of the family's account.

Therapist should not take instructions from a parent or a service coordinator to reinstate services. This instruction must come only from TA in order to guarantee payment for services rendered. This is true even if the State cancelled the family's account in error.

G. Reviews

- The State of NJ requires that all children receiving EI have their services reviewed at a Team meeting every six months (a child on the spectrum or with another diagnosis may have a review every three months) and have a new full IFSP drafted once a year. All therapists are expected to attend these Team meetings in person, and may bill for their time at their regular hourly rates.
- Each child needs to have a new determination of eligibility once a year prior to the time of the annual review. This is done by the state Targeted Evaluation Teams, via a test called the Batelle Developmental Summary-2 (BDI-2).
- Eligibility requirements are that a child scores 2.0 standard deviations below the mean in one area of development, or 1.5 standard deviations below the mean in two or more areas of development.
- Alternatively, eligibility to continue receiving early intervention services can be determined by clinical opinion. Clinical opinion consists of documented delays that are either backed by a standardized or criterion-referenced tool other than the BDI-2, or is detailed in a narrative that speaks to quality concerns, areas of delay that are not captured in standardized tests, or risks of regression without continued therapy. The narrative needs to be documented on the Progress Summary report and brought to the annual review meeting.
- Additionally, if a child has a condition with a high probability of resulting in developmental delay, he/she may be determined eligible on that basis, even if s/he is not demonstrating a current delay.
- Forty five days prior to the end date of the service page each practitioner must complete and forward to the Agency a Progress Report for Reviews form (available from the Agency office and on our website). Please use this form and fill out all the required lines and sections.
- These reports should not be sent to service coordination, but sent directly to TA and TA will forward them to the Service Coordinator and the parent after reviewing them.
- Practitioner must also bring a copy of these reports to the periodic or annual IFSP meeting.

- The State is now tracking when these reports are received by service coordination, by practitioner as well as agency. Therefore it is very important for a therapist's and an agency's good standing with the State to send these in on time.
- The progress summary should report results of each practitioner's ongoing assessments, which need to be done every six months, and which should be conducted during the week/s prior to completing the form. Therapist must use a standardized or criterion-referenced assessment tool; however the choice of which test to use is the therapist's.
- The state now determines eligibility via Z-scores or standard deviations. Age levels are no longer used; however if a practitioner uses age levels to document progress, they can be taken into consideration as part of clinical opinion at a review.
- OTs, PTs and SLPs must use a standardized assessment tool that is specific to their discipline to measure progress in their area. A normed test using standard deviations is preferable; however any discipline specific tool is acceptable. To provide age levels in areas other than their own, OTs, PTs and SLPs should use something more accurate than a curriculum-based checklist. TA recommends using the ELAP.
- DIs should use something more accurate than a curriculum-based checklist to measure age levels. TA recommends using the ELAP.
- If there is more than one therapist on the team, team members must confer with each other to determine which area will be tested by which team member. There should not be overlap. Practitioners should write on their progress report which practitioner will be writing the age level for the sections he or she is not documenting the age level.
- All therapists should bring a copy of their completed Progress Report to the review.
- If for some reason the practitioner cannot attend a review meeting in person but can attend via a conference call, s/he may do that and bill for the time at a reduced rate. Please call the office for guidance in this circumstance.
- The review meeting should be scheduled before the end date of the current service page.
- Since it is the IFSP service page which authorizes a practitioner to see a child, if a meeting is not held by the last date indicated on the service page, services are no longer authorized. Therefore, the therapist must keep track of each child's service page end dates, and must not go into the client's home

- past the date of the current service page if a review has not taken place, unless TA staff has given explicit authorization.
- Therapist is responsible for tracking the dates on the service pages for all the children on his or her caseload. If practitioner services a family after the expiration of a service page and prior to a review meeting, s/he will not be paid for the session.
 - An exception to the above requirement is if the SC or Agency applies to the REIC for an extension to the IFSP, which is generally granted when no change in services is expected to result from a Team meeting, or a review cannot be arranged in time due to system delays. The parent must give their consent to this extension, and the practitioner may be asked to procure the parent's signature to the extension form. Please contact the Agency to confirm if an extension has been granted if no review has been scheduled.
 - If at a review meeting the SC has approved a new service, or has changed an existing service, in addition to including it in the review pages, the therapist must verbally communicate this change to the TA office immediately. This is to ensure that the recommendation is acted upon in a timely fashion. The TA office needs to know about any additional assessments or services even when there are other agencies servicing the family.
 - If at an initial IFSP meeting or a review meeting a practitioner disagrees with the determination of services given by a service coordinator, the therapist must not enter into a dispute. The disagreement should be communicated to TA and TA will address the concerns.
 - A review meeting begins when the service coordinator arrives. If the service coordinator is late, therapist may not bill for time spent waiting for her to arrive as the meeting hasn't started yet. If this has posed a significant burden to a therapist, please call our office.

H. Policy on Makeup Sessions

1. Therapists and parents are directed to NJEIS 14, Missed Services Policy, dated June 2014, for state policy on makeup sessions (Appendix E, below). NJEIS-14 states, in part:
 - B. If a family cancels or refuses services from an assigned NJEIS EIP provider agency and/or EIP practitioner, the family is not entitled to make-up services.

- C. If a service is missed due to extreme weather or a natural disaster, the family is not entitled to make-up services.
- D. If a scheduled service falls on a State, federal or religious holiday, there is no entitlement to a make-up for the missed service if the EIP provider agency observes the holiday and the agency provides the parent the agency's written yearly calendar.
- E. If an EIP provider agency or EIP practitioner cancels or fails to provide a service in accordance with a current IFSP, the agency must offer the family the opportunity to receive make-up services following the second missed consecutive scheduled service or three missed services in 30 calendar days.

2. Elaboration on this policy is as follows:

- a. All cancelled sessions should be documented in the family notes and verification form in the same way provided sessions are. A record must be kept of the date of the cancellation, who cancelled, and the reason, if available.
- b. Service provision which is missed due to practitioner's attendance at a State-required training session and/or TA-sponsored training may be made up but it is not required.
- c. If a treatment day falls on a religious or national holiday as enumerated below, a therapist is not required to provide a makeup session. However, Agency policy is to encourage such makeup sessions if possible.
- d. The Agency office may be closed, and our therapists may elect not to provide services on the following federal and Jewish holidays: New Year's Day, Presidents' Day, Purim, Easter, Passover, Memorial Day, Shavuot, Labor Day, Rosh Hashana, Yom Kippur, Sukkos, Simchas Torah, Thanksgiving, Christmas. There is no requirement to provide makeup sessions for these holidays. If a therapist observes religious holidays other than those mentioned above, s/he is permitted to take them as excused holidays as well.

3. When a Therapist Cancels Sessions

- e. Therapists are obligated to provide regular, scheduled services according to a child's IFSP and to meet state guidelines regarding makeup sessions. If a therapist anticipates difficulty in meeting this obligation, therapist should inform TA.
- f. Most parents involved in the EI system are concerned about their child's progress and understandably want as many sessions as possible for their child. Parents often ask that every single missed session be made up.
- g. A therapist may be excused for canceling up to two consecutive sessions or three missed in 30 calendar days. However, the therapist is required to make up any sessions s/he misses beyond this ("entitled" makeups).
- h. Therapist cancellations and makeup dates offered are to be documented on the "Cancellation/Makeup Form."
- i. A record using this form must be kept of all dates offered for makeup sessions, even if parent cannot schedule for that date or time, whether the missed session was made up and when, and the reason why offered dates were not accepted.
- j. If therapist cannot arrange these makeup session, s/he must let the Agency know in order to provide the parent with the option of placing a substitute practitioner.
- k. All makeups should be completed within the dates of the current authorization.
- l. One should not tell a parent that they are "entitled" to one or more makeups, as this is inaccurate and causes confusion.
- m. Notwithstanding the above, a therapist should endeavor to provide makeup sessions as much as possible and permissible given the child's authorization limits, when the therapist cancels a session.
- n. If a therapist has canceled several sessions, even if they are due to inclement weather or holidays, and even if they are not two sessions consecutive or 3 in 30 days, s/he should make every attempt to provide makeups. If s/he cannot complete the makeups, s/he should notify TA as soon as practicable so that TA has the opportunity to provide a substitute practitioner.
- o. Frequent cancellations by a therapist may be grounds for removal of a practitioner from a case, as well as the basis for a procedural safeguards petition by the parent to the State against the practitioner and the agency.

4. When a Parent Cancels Sessions

- p. If a parent cancels a session for any reason, the therapist is not obligated to make up that session. However, the therapist may make up the session if s/he can subject to authorization limits. Therapist should document the dates of all canceled sessions in their SEVF and family notes.
- q. If a parent repeatedly cancels service sessions, the therapist must notify TA about the frequent cancellations. Therapist must provide TA with the dates that the parent cancelled. TA will then communicate with the parent, by phone and by mail, to ascertain the reason for the cancellations. When appropriate, TA will communicate that they must be more faithful to their therapy appointments or risk forfeiting services.
- r. If a parent continues to cancel sessions after this letter has been sent, the practitioner has the option of asking to be transferred off the case. Agency will generally honor that request, and depending on the reasons for the multiple cancellations, reserves the right to discontinue servicing the family.
- s. TA will not allow discontinuation of services by a therapist without prior notification to TA which will trigger the warning to the parent, and prior to giving the family the opportunity to respond to the letter.
- t. Parents are often under the impression that they are entitled to makeup sessions that they are not entitled to, such as for sessions that a parent canceled. Therefore it is important to know the State policy and the parameters of a therapist's obligations in this area.
- u. In the event a therapist cannot meet the parent's requests for optional makeups and has difficulty communicating agency and state policy to a parent, therapist should contact the administrator and administrator will, with the aid of the service coordinator if necessary, explain state policy to him or her.

5. Rules for Providing Makeups

- v. All makeup sessions must be done within the dates of the service page covering the missed sessions.

- w. If only one session during the entire service page has been missed, therapist must check with TA that there are still units remaining on the authorization to do the makeup.
- x. Makeups may be done after the missed session, subject to the service page requirement. If practitioner wants to do a session in advance of a planned absence, s/he must call the office for guidance.
- y. If the practitioner cannot provide any required makeups s/he should contact the Agency promptly. Agency will then give the parent the option of a substitute practitioner to do those sessions.
- z. All post-session makeups must be completed before the end date of the current service page and before the child turns three. If they are not completed before that date, it would be necessary for a parent to submit an appeal for these sessions to the REIC, a lengthy process. Therefore, if a practitioner knows s/he will be missing several sessions which require makeups close to the end date of the current service page, s/he should either schedule makeup sessions in advance or notify the Agency ASAP so that a substitute can be sent before the end of the service page date.
- aa. Makeup sessions cannot be provided for sessions missed by a prior practitioner, even if the dates fall within the current service page, without special authorization. If a practitioner wishes to provide makeups for sessions missed by a prior practitioner, s/he should contact TA in order to pursue a separate authorization to do so.
- bb. Makeup sessions cannot be provided for dates prior to a practitioner's enrollment date.

I. Policy on No-shows

1. Definition of a "no-show":

- a) "Therapist no-show" - A therapist does not appear at a prearranged time and location for a scheduled therapy session, when no communication about cancellation has taken place prior to the scheduled session. A practitioner's being more than 15 minutes late for a scheduled session will be considered a no-show.
- b) "Parent no-show" - A child is not available to receive therapy at the prearranged time and location for a scheduled therapy session, when no communication about cancellation has taken place prior to the scheduled session. A parent's being more than 15 minutes late for a scheduled

session can be called a no-show. Examples of a child 'not being available' are:

- s/he is sleeping,
- that s/he is awake but too groggy or sick to receive therapy,
- the child is busy with another activity, such as eating, bathing or another therapy session, and is not ready for therapy by 15 minutes after the scheduled time
- there is no adult over the age of 18 with the child,
- that the parent plans another activity at the time of the therapy session such as a trip to a doctor;
- the child/parent is not home or does not answer the door
- the family has moved but has not informed the practitioner or the Agency

2. Policy:

Therapist may not bill for a session that does not happen. Time spent waiting for a parent to arrive is not billable.

Agency recognizes that on rare occasion a parent or therapist:

- may experience an emergency situation that requires missing a session without being able to notify the other party.
- may forget to cancel a session.

When a no-show occurs, Agency policy is as follows:

a.) Therapist no-show:

In the event that a therapist misses a prescheduled session without prior explanation, parent should call the therapist to clarify the situation. Often, what is perceived as a no-show is in actuality a miscommunication about the agreed-upon schedule. If a therapist no-show happens more than once, parent should contact the Agency to notify it of the situation. TA will then confer with the therapist, and if necessary, counsel the therapist to be in touch with parent at all times. If therapist misses a session without prior notice or explanation another time subsequently (for a total of three no-shows), parent may request another therapist and TA will respect that request.

b.) Parent no-show:

- i. If parent/caregiver misses a prescheduled therapy session without prior notification, therapist should contact the parent to clarify why s/he missed the session. In addition, therapist should call the Agency to notify them. Agency will then confer with Service Coordination and/or parents to clarify that no miscommunication about the schedule occurred and to establish that parent/caregiver will be available in the future or will call to cancel at least 24 hours prior to the scheduled session or at least several hours if a sudden situation arises.
- ii. A parent's calling a therapist to cancel while s/he is en route to the house is considered a no-show.
- iii. Practitioner must inform TA when a no show occurs.
- iv. After the second no-show, TA will call the parent and send out a warning letter, apprising them that if another no show occurs they risk forfeiting their services.
- v. If a third no show occurs, after the warning letter was sent, then the therapist may request to be taken off the case and Agency will respect that request. Depending on the frequency of the no-shows, the offered explanations and the parent's response to Agency concerns, Agency reserves the right to discontinue servicing that child.
- vi. A therapist may not discontinue services if s/he did not notify TA of the problem and if they have not had time to respond to the warning letter.
- vii. All parents of children receiving therapy must inform the Agency when they move or get a new phone number. Failure to do so may impede the practitioner's ability to provide services, and sessions missed as a result will be considered as parent no shows.

J. Terminating Services

1. Therapy Associates will end services for a family for the following reasons:

- a. The child's skill set has become age appropriate and no further services are warranted. This situation should be discussed by the therapist with the family, and if there is a disagreement, objective testing should be done with the child to ascertain age levels. In this instance, therapist should complete a *Service Change Request Form* and send it to the Administrator.
- b. Family has failed to appear for scheduled therapy sessions for a third session or more, more than one week subsequent to a letter warning the family of the consequences of such action has been mailed. In this instance the service coordinator will be apprised of Agency's terminating services. Therapist needs to contact agency office when a family fails to appear for a session so the necessary letter can be sent out.
- c. Family has repeatedly cancelled sessions, making it very difficult for a therapist to continue to keep the scheduled slot open for the family, more than one week subsequent to a letter warning the family of the consequences of such action has been mailed. In this instance the service coordinator will be apprised of Agency's ending services. Therapist needs to contact agency office when a family cancels on a chronic basis so the necessary letter can be sent out.
- d. Agency no longer has the ability to fulfill a family's service page. In this instance Agency will give the case back to Service Coordination to give to another agency.

K. Practitioner Substitution

1. Definition: a "substitution" shall mean the temporary replacement of a practitioner with another qualified practitioner for a period not to exceed three weeks.
2. A parent/guardian may ask that a substitute practitioner be placed in a home in a situation where the regular therapist is unable to provide services for a period of three weeks or less. Examples of this situation include:
 - A lengthy illness
 - A planned vacation
 - A religious holiday lasting for more than 2 weeks
 - Any other situation which requires the therapist to cancel several sessions

3. Procedure:
 - a. Both the parent and the therapist should notify the Agency of a lengthy absence before it occurs, as in the case of a religious holiday or planned vacation. In the case of illness or emergency, this notification to the Agency should be made as soon as it is known.
 - b. Agency personnel will contact the family to inquire if they would like a substitute practitioner for the three week or less period. If not, no substitute will be placed in the home and documentation of this preference will be recorded.
 - c. If the family wants a substitute practitioner, Agency will secure written, signed consent for the appointment of the substitute. This will be conducted by mail or fax, depending on the preference of the family. Agency will attempt to fill the request according to its normal assignment procedures. In the event the Agency cannot find a substitute, it will notify the SC immediately so they can find a substitute from another agency.
 - d. The substitute practitioner shall present his/her own Service Verification log to the caregiver. This log must include BOTH the names of the authorized (original) practitioner and the substitute's names in the Box entitled "Service Practitioner Name."
 - e. The Agency will ensure that the substitute assigned has comparable licensing as the authorized practitioner, and additionally will endeavor that the substitute has equivalent education and experience as the original.
 - f. Substitutions shall not be made consecutively. If a practitioner cannot service a child for more than three weeks, Agency will replace the practitioner and submit a Change of Practitioner form.
4. An alternative use of "substitution" is when a DI asks for another, more specialized DI go in for one or two or his/her sessions to offer strategies and advice for going forward.
5. Procedure:
 - a. The original DI must have a conversation with the parent to explain that she wants to bring in another DI. This conversation must explain what the goal of the substitution is, without using language that mentions any kind of suspected condition or diagnosis.
 - b. DI must emphasize that the substitute DI will be charging as a regular session on the DI service page, even if s/he goes in with the original DI (i.e. that family will pay double for that session). If there

- are no makeups owed to the family, this will also entail that a service session will be missed, and this must be explained to the family.
- c. If parent agrees, then DI must write in his/her family note that parent agrees to the specialized/substitute practitioner, and the parent must sign the family note.
 - d. The DI should contact the TA case manager in order to coordinate the meeting.
 - e. The DI should never go ahead and contact the other DI on her own without involving TA.

L. Maternity Coverage/Practitioner Leave of Absence

When a practitioner requests maternity leave or has another reason for requesting a limited leave of absence, and would like to continue her cases upon her return, Agency policy is as follows:

1. The therapist must give the Agency at least 6 weeks notice that she will be taking leave and must estimate approximately how long she intends to leave work. Agency will do its utmost to find a replacement for the duration of the leave for the therapist's caseload, with the assumption that the initial therapist will resume work after her maternity leave. If finding such replacement is not possible or practicable, the Agency reserves the right to replace the caseload with a permanent substitute.
2. Therapist must notify her client's parents of her upcoming leave and of the approximate date of her return.
3. The replacing practitioner is informed that the assignment is for a limited time only and that s/he should indicate the same to the parent.
4. In the event that the parent prefers to continue with the second practitioner at the time the replacement coverage ends, the Agency reserves the right to respect that request as long as the replacing practitioner is able to continue on the case. In this situation, Agency will inform the original practitioner of parent's preference and Agency's decision.
5. In the event that the therapist on leave decides to extend her leave beyond a short period, Agency reserves the right to permanently replace her

caseload in order to provide continuity of services to the children. Agency will endeavor to rebuild her caseload upon her return.

6. In the event that Agency does not have another practitioner on staff available to service one or more of the families on the caseload when the therapist needs to take leave, Agency may have to return the case(s) to service coordination to be serviced by another agency. If this happens, the initial therapist will not be able to get the caseload back upon her return.

M. Translation Services

1. A family is entitled to have Early Intervention services in a different language if neither parent speaks and understands English. Families may waive this right.
2. According to State rules, if at least one parent speaks/understands both English and another language, they do not have the right to translation services in the other language, even if the child does not understand English, even if the child is at home most of the day with the non-English speaking parent, and even if the caretaker/babysitter does not understand English.
3. In these situations, TA will endeavor to find a bilingual practitioner; however, if one is not available TA will place a non-bilingual practitioner to service the family.
4. If a bilingual practitioner is not available, TA will then attempt to assign a translator to accompany a practitioner to each session. The translator's function is to translate all communications from the parent and child to the practitioner and from the practitioner to the parent and child. The translator should also transcribe the family notes into the language of the parent.
5. Therapists may not bring a translator not employed by TA to a session, without prior approval of TA.
6. The translator may not answer a parent's questions for the practitioner or stay in the client family's home without a practitioner present.
7. If TA does not have a translator available, SC may attempt to arrange translation services with an outsourced translation agency licensed to do business in the EI system. In this situation TA is not responsible for the quality of the translation services.
8. TA places its translators based on their proficiency in the language desired. TA will not discriminate in translator assignments based on national origin, religion, accent or ethnicity.

III. Providing Assessments/Service Options

A. Requesting an Assessment

1. During the course of service provision, if a Team therapist has concerns about the child's development that are not being addressed by the therapists in place, he or she may request an assessment by a different professional. Assessment options include: Occupational Therapy, Physical Therapy, Developmental Intervention/Special Education, Behavioral Specialist (for autism and other behavioral concerns), and Speech/Language Therapy.
2. Further, if there are concerns about family interaction, parenting skills, family coping abilities, poverty or other crisis situations, or other family needs that impact on the child's development and/or receipt of EI services, a request for a Social Worker or family training counselor may be submitted.
3. The philosophy and policy of the NJEIS is that, barring exceptional circumstances, requests for new services should not occur within the first three months after an initial IFSP or a review IFSP has been drafted. This is because an eval team and a service coordinator just recently evaluated the child, met with the parent, and together determined the correct services for that child.
4. If a therapist believes that a child needs services other than what is mandated in the IFSP, and it is within this three month period, therapist should discuss it with the Administrator and together a determination will be reached whether to go forward with the request.
5. The exception to the three month rule is for social work services. If at any time a therapist observes a need for social work intervention for a family s/he may request this service.
6. If an additional assessment is contemplated after the three month period, it should be requested no later than four weeks prior to a review. It is appropriate to include the request (with clinical justification) at the same time as submitting the progress report for reviews. This is in order to have time to complete the requested assessment and receive the results prior to the review meeting.

7. A separate form should be used for each assessment request, even when it is included with the progress report form. One form should not include requests for two different new services.
8. A therapist should not wait until the IFSP review to request an assessment. The discussion with the parent and other team members about the child's needs should occur at the time the therapist submits the progress report.
 - a. The request is submitted is by filling out the "IFSP Service Change Request Form," available from the TA office or on our website.
9. Therapists should complete pages 1, 2 and 5, recording the parent's consent, and agreement (or lack thereof) of each team member.
10. Practitioner submitting the SCRF must contact all other team members for their feedback prior to submitting the form to TA, with such feedback documented on page 5 of the form, and any disagreements with the request recorded on the form or relayed to TA's administrator.
11. The contents on the form should contain the therapist's own clinical observations and judgment. Language should be objective and not reference any negative judgments about the family or other practitioners.
12. It is not sufficient to document a medical professional's concerns absent documentation of the practitioner's observations of the child's functioning.
13. Therapist should indicate when she discussed this need with the parent and whether the parent agreed to it on page 5 of the form.
14. If a parent is asking for the assessment and therapist disagrees with the necessity of the request, the parent can make the request herself; if the parent asks the therapist to make the request for her, therapist may do so but s/he must be clear that she is doing it on behalf of the parent. Therapist should indicate what her clinical opinion is on the form subsequent to the documentation of parent's concerns.
15. Upon submission of the SCRF to the TA office, the Administrator and Clinical Director will review the request and decide whether to forward to request to the service coordinator. In the event that there is disagreement with the therapist as to the propriety of requesting the assessment, the administrator or clinical director will discuss the request prior to making a final decision. Sometimes a decision will be made to forward the request with a record of the disagreement.
16. If a request is approved by the service coordinator, it will go to the Targeted Evaluation Team ("TET") to perform the assessment. Team members and the TET evaluator need to discuss the results at a review

meeting to determine whether and how much intervention is needed and to compose appropriate goals.

17. If the TET recommends an additional service, TA practitioners are not allowed to recommend a specific practitioner to the family. If a practitioner has a recommendation it should be made to the TA office only. This is to eliminate the possibility of a family being "disappointed" if the named practitioner is not assigned or available to that family.

IV. Planning for Transition

1. The EI system provides services for children with developmental delays from birth to age three. After the child turns three the local school district is the source for special education services.
2. The goal of transition planning is to provide information to the parents about the process of obtaining evaluations for eligibility for special services in preschool, to discuss alternatives to obtaining special education services through the District, and to explain to them their rights and responsibilities within the system. In addition, transition planning entails helping a parent plan the practical aspects of leaving the EI system where therapists come to the home, versus having to pursue therapeutic and social needs outside the home in the future. Good transition planning will help the family anticipate and address the different processes for life after EI based on the family's choices and needs.
3. A page of each child's IFSP documents both the choices available to the parent as well as those taken at each review meeting pertaining to transition planning.
4. At the first IFSP review meeting held after the child turns two years of age, the practitioner should compose one or more transition outcomes for the IFSP. These can address planning placement in a preschool, planning how the child will cope in his or her new surrounding and develop the requisite skills for the new placement, and/or planning how the family will pursue supportive services after turning three.
5. During the course of service provision subsequent to a child turning two, the practitioner should be addressing and advising the family about these transition outcomes on an ongoing basis.
6. Approximately 6 months before the child's third birthday, a transition planning conference ("TPC") should be held by the service coordinator. The

purpose of this meeting is to alert the School District to the existence of the family with a child with special needs, to submit the required requests for evaluations, and to ensure smooth transitioning between the EI system and the local school district. This meeting should be attended by the EI providers as well as the service coordinator.

7. If a TPC has not been scheduled by the SC, therapist should encourage the parent to request one directly to the service coordinator, and therapist can also contact the SC to request a meeting.
8. If a parent is not interested in pursuing child study team services, a transition planning conference should still be offered to discuss transitioning the family out of EI in other ways. A parent may opt not to attend a TPC.
9. All therapists should document when the TPC was held, if s/he attended, and if no meeting was held, s/he should document the efforts made to schedule one.
10. Two months prior to a child's third birthday practitioner should complete and forward to the Agency office a "Status Report for Transition," available on our website and from the office. This form should include final age levels determined at ongoing assessment, as well as recommendations for future activities. Recommendations for services should not be included.

V. Documentation

A. Documentation in the TA Office:

Therapy Associates maintains complete documentation on each child/family to assure quality services are delivered.

- Each child has three files in the TA office:
 1. A computer software file. This file contains the following:
 - a. Service Coordination information
 - b. Child's birth and IFSP dates
 - c. All contact information for family (address, phone #s, etc)
 - d. Records of conversations, transmittal of documents, emails, and follow up activities

- e. IFSP/Periodic Review Meetings scheduled/taken place
 - f. Whether Extensions have been applied for or granted
 - g. Services and therapists (and translators where applicable) assigned to each child, including duration & frequency of services
 - h. Date services started/ended
2. A scanned file in which is stored all written documentation pertaining to case management, such as IFSP/service pages, fax cover sheets, letters, assessments, etc. This file is stored on TA's secure computer network.
 3. A hard file in which is stored written billing documentation including verification logs, progress notes, authorization and billing material.
- Each therapist has two files in the TA office:
 1. A computer software file. This file contains the following:
 - a. Contact information - address, email info and home and cell phone #s;
 - b. Current availability for new cases and geographic region preferred.
 - c. Languages spoken and special skills or training
 - d. Enrollment status
 - e. Documentation of relevant conversations/communications between therapist and TA.
 - f. Responses to family survey calls about the quality of the services the practitioner provides to the families in his or her caseload
 - g. If concerns are presented about a therapist by a client family or other member of the EI system, it is recorded, as well as any activities done to remedy the situation. Follow up activities are scheduled.
 - h. EI Training status
 - i. Agency supervision documentation
 2. A scanned file in which is stored the therapist's application, resume, insurance coverage, license and other qualifications, signed contract, enrollment information, background check results, certificates of completion of EI training courses, Confidentiality page, Past Liability Statement, Universal Precautions and Fraud Waste and Abuse signature

page, Reference Form, and any letters or faxes written to or about therapist. This file is stored on TA's secure computer network.

B. Documentation by Practitioners:

Practitioners must provide the following documentation:

1. Parent Contact Form.
 - a. When a practitioner receives contact information for a new case, he/she must record all contacts and attempted contacts (e.g. phone calls, texts, emails etc.), with the date and time of the contact, and the result of the contact (e.g., spoke with parent, left message).
 - b. The form should include the date that has been scheduled for the first session, and the date that was the actual first session. If these two dates differ, the reason for the change must be given.
 - c. The Parent Contact Form needs to be forwarded to the TA office after the first session or with the next month's billing.
 - d. If it has not been possible to schedule a first session, the practitioner must notify the TA office immediately and immediately send in the Parent Contact Form to the TA office.

2. Progress notes for each service provision
 - a. Therapist must write progress notes for each session in the child's home/daycare during the time allotted for service provision. Time spent on note-taking done outside of the scheduled service provision is not compensable.
 - b. Prior to writing the note, practitioner should hand over responsibility for watching the child to the parent or babysitter and ensure that the child is properly supervised.
 - c. Therapist must also document all missed sessions, which includes the date of missed session, reason for the cancellation, and who cancelled.
 - d. The note must be drafted in language understandable to a lay person. It should not contain terms of art, professional terms, abbreviations or symbols a normal parent would not understand.
 - e. All notes must be completely legible.

- f. Notes must be written in an objective manner that accurately documents what is seen, observed and heard or any actions the writer performed. Notes should be written in a non judgmental manner that avoids making conclusions or assumptions about the motivation or reason for the behavior of others. An exception to this is in the case of notes describing a desired or undesired change in a child's behavior that reflect on what the practitioner believes might be the reason for the change in the child's behavior. These reflections should be described as practitioner's thoughts or reflections and not labeled as factual information.
- g. Notes should be written on Agency Family Notes triplicate forms.
- h. The therapist should review the note with the parent at the conclusion of the service provision and the parent should sign the note after reading it. The pink copy of the triplicate form should be left with the parent.
- i. For bilingual practitioners, it is preferable, although not required, to transcribe the note in both English and the second language. At a minimum the practitioner must review the content of the note to the parent in a language parent can understand and document this review as well.
- j. If the child is in the care of a babysitter or daycare, the therapist should not show the note to the caregiver, and no parent signature is required. Arrangements should be made with the parent to send them the notes.
- k. Notes should contain, at a minimum:
 - a. Name of child
 - b. Name of practitioner
 - A detailed record of the activities done with the child (should conform to the recommendations on the IFSP) and the child's performance
 - Presentation of the child and/or progress noticed
 - Recommended activities for families to utilize to encourage the development of their child
 - Date of activity
 - Signature of the parent, if present, documenting the fact that the parent has reviewed the note.

3. Service Encounter Verification Form

- a. Therapist should use one verification form per child per month of service.
- b. Verification form should include date, type of service, place of service, start and end times, total hours, signature of caregiver and signature of practitioner.
- c. The SEVF is to be signed only at the end of the documented session. It may not be signed at a later time.
 - If it is signed at a later time, it may be construed as fraudulent.
- d. If practitioner forgets to bring paperwork to the session, practitioner should have parent sign a piece of paper with all the foregoing information contemporaneous with the session, and that information may then be drafted onto the SEVF during the next session and signed by caretaker at the next session. Both pieces of paper need to be submitted to the Agency.
- e. Verification forms are a legal document and the Agency must have the original signatures of parent/guardian and therapist in order for Agency to process payment to therapist.
- f. Practitioner must keep copies of verification forms in case the original is lost.
- g. All therapists should be aware that Developmental Intervention ("DI") is a generalized category, not a professional specialty. Therefore, depending on the needs of the child as outlined in the IFSP, a PT, OT, SLP, Child Development Specialist, Special Ed teacher, or ABA practitioner can be assigned to do DI. Practitioners bill at their regular hourly rate even if they are assigned a DI service page; however the service code entered on the Verification Form should say "DI."

4. Team Page for IFSP meetings.

All therapists who attend any IFSP meetings must sign the Team Page and make sure that the 'minutes' section is complete in order to get paid for their time.

Families may review and challenge the content of all documents in their child's early intervention file. At the parents' request early intervention files may be shared with other professionals and agencies. Parents must sign a standard

release form to permit this sharing. Accuracy and objectivity are essential to maintaining meaningful early intervention records.

5. Progress Report for Reviews

- a. A progress report for each child must be submitted 45 days prior to the end date of every service page.
- b. The form is available from the TA office and on our website.
- c. The form may be faxed, emailed or mailed to the Agency office.
- d. Each outcome in the child's current IFSP should be documented, and the progress made toward completion of that outcome should be indicated.
- e. If new outcomes are warranted, practitioner should include them on the form where indicated.
- f. Practitioner should write a narrative of child's progress, status and any new concerns in the space provided. Practitioners can type in as much as is necessary, using additional pages if warranted.
- g. In order to complete scoring required on the form, ongoing assessment using a standardized or criterion-referenced tool must be done prior to filling out the form.
- h. Ongoing assessment is not necessary for reports submitted for 3-month reviews.
- i. For progress reports completed prior to a child's annual review, a narrative speaking to a child's continuing eligibility, if applicable, must be included in addition to the ongoing assessment.
- j. For children aged 2.0 and older, transition outcomes must be provided to be included in the upcoming IFSP.
- k. If an additional assessment is being requested, that should be indicated on the form and a SCRF should be submitted in conjunction with the progress report.

6. Status Report for Transition

- a. This form must be completed two months prior to a child turning three or whenever a child leaves EI.

- b. Practitioner should include a narrative of the progress the child made while in EI.
- c. A final objective test of developmental levels should be done as ongoing assessment, using a tool, and the results documented on the form.
- d. Practitioner should document what transition planning was completed for the child, including outcomes in the IFSP, whether a transition planning meeting was held, and any other conversations or planning were done with the family.
- e. Recommendations for the child's future development should be included, but should not include recommendations for services. Rather this section should include activities, environments, and/or steps a parent can take to further their child's goals.

VI. Payment to Therapists

A. General Provisions

1. TA pays its therapists once a month.
2. All bills with family notes and verification logs must be received at TA offices by the first Friday of the month for sessions done the previous month (see details below).
3. Upon the timely receipt of therapist documentation, paychecks are cut on or around the 25th of each month for services provided the previous month.
4. The checks are mailed by the US Postal Service unless other arrangements are made.
5. It is the therapist's responsibility to notify the Agency if the amount on a paycheck is incorrect.
6. It is the therapist's responsibility to notify TA if a check is not received by the 5th of the following month. TA can issue a new check to the therapist provided it has been verified that the check has not been cashed.

B. Procedure for Submitting Documentation to Agency - Billing

Therapists must submit the following to the Agency by the first Friday of each month:

1. The white copy of all family notes done for each child during the past month
2. The verification form for each child for the past month, signed by the therapist at the bottom and signed by the caregiver for each date of services given
3. An Independent Contractor Invoice, outlining all service sessions and team meetings attended for each child, the rate charged and the total owed for the past month

C. Timely Submission of Documentation

Late submission of documentation is discouraged and will result in late reimbursement of fees. Agency is not required to and will not reimburse for services rendered at all if:

1. Invoices are not accompanied by a matching signed verification log (original signature) and clinical notes for each session billed, or
2. Invoices are submitted more than 60 days after services were performed.

Should there be extenuating circumstances causing billing to be sent to TA late (e.g. an emergency or theft) TA must be apprised of the situation so it can take necessary measures to obtain the billing documentation in a timely fashion.

D. Billing Requirements

1. The Service Encounter Verification Form (SEVF) must document every scheduled session.
2. All signatures must be obtained at the conclusion of the session.
3. The date, start time and end time must be filled in PRIOR to asking a parent to sign at the end of the session.
4. If a session was cancelled, the line should indicate the date and time of the scheduled session, and on the signature line there should be a note indicating "family cancellation" or "therapist cancellation."
5. The next time a session is provided after a family cancellation, therapist should ask the parent to sign on the line that indicated "family cancellation."

6. If a makeup session was done the line on the SEVF should indicate "makeup session" and the date it was a makeup for.
7. If a mistake is made when writing up the SEVF, it should be crossed out by pen. White out should not be used.
8. All changes on the SEVF need to be initialed by the parent.
9. All sessions billed for must be accompanied by a progress note dated the same day.
10. Start time and end time must be exact, not approximate.
11. Length of service session must match the duration on the service page. If an individual session is longer or shorter than the IFSP duration, an explanation must accompany it. If explanation is lengthy it may appear on the progress note instead of the SEVF.
12. Makeups should be done as separate, complete sessions if at all possible.
13. Therapist is referred to TA's "Fraud Waste & Abuse" Policy for further details.

E. Authorization Limits

1 - Rounding Errors

- a. The state authorizes a child for a certain number of hours of service over the course of each six month period based on the dates of each child's service page and on a certain formula.
- b. If no sessions are missed between the beginning and end date of the service page, it is possible that the authorized hours may be exceeded. These excess hours are called "rounding errors."
- c. Practitioners will not be reimbursed for services provided for those increments of time that exceed the number of hours allotted to the authorization.

2 - Avoiding Rounding Errors

There are three possible ways to avoid rounding errors, while ensuring that all children receive the services to which they are entitled. Practitioners can choose any of the three options in order to avoid the possibility of providing services that cannot be reimbursed.

- a. If a practitioner misses a week's worth of sessions (for example, one session for 1 x 60, two sessions for 2 x 60) during an authorization due to parent or practitioner cancellation, there is no potential for rounding errors. In this case, practitioner can safely assume that TA can bill for all of the sessions that s/he provided, as long as s/he does not do the makeups for those missed sessions (there is no obligation to do makeups in this situation).
- b. Practitioners who have not missed any sessions in an authorization can call Therapy Associates two or three weeks prior to the end of the authorization to determine how many sessions can be provided until the end of the authorization. If you tell us how many sessions you have done since you last billed, we can calculate how many sessions remain.
- c. Practitioners can access a website which will allow them to view all of their authorizations and the number of hours remaining for the children they service. This will allow practitioners to access their authorization information themselves. If you wish to use this option, please contact our office for instructions. It will then be your responsibility to ensure that you do not exceed the hours allotted per authorization.

VII. Providing Written Notice to Parents

- A. When authorization for new services is issued, the Agency provides written notice to the family that EI services have been approved, that TA is the Agency chosen to provide services, which therapist(s) will be providing those services, and the date that the services will begin. It also includes the Agency calendar listing its excused holidays. This letter is mailed via the US Postal System and contains the Agency address and phone number and advises the family to contact the Agency with any problems or concerns.
- B. The Agency additionally sends a Communication Binder to each new family we service. Contained in this binder is:
 - contact information for the SC, therapist(s) on the case, and the TA office
 - Documentation of Family's Rights and Responsibilities in EI
 - A copy of NJEIS-14, Missed Services Policy
 - the child's IFSP
 - a section for the family to keep therapist notes

- a section for team intra-communication.

C. Whenever Agency finds it necessary to contemplate cessation of services, written notice goes out to the family by US Postal Service documenting the problem, the reason for the possible cessation of services, and a date by which action is necessary in order to continue services. The required action necessary for continued servicing is included in the letter. A copy of this letter is sent to the family's service coordinator.

VIII. Ensuring Fully Informed Consent

- A. The EI system is a voluntary one, which means that parents have the right to choose which interventions, if any, they want from those determined by the Team to be appropriate for their child. They are never required to receive services, and if they choose to reject one or more services offered, it is without prejudice to their receipt of other services.
- B. Therefore, parents must consent to all services given to their child prior to the first service provision. This consent shall be given after being fully apprised of their rights and options ("fully informed consent.") If a parent does not understand English, this consent should be obtained in his or her native language.
- C. Fully informed consent to the receipt of therapy is documented in the IFSP before the Agency assigns a therapist to a case.
- D. If Agency receives a request for evaluations from Agency personnel prior to the development of the IFSP, each evaluating therapist must obtain a separate consent.
- E. If additional assessments are requested subsequent to the development of the IFSP, the therapist must similarly obtain the parents' consent prior to the assessment. This consent form outlines the parents' rights, the Agency's responsibilities, and the procedures outlined by the State for obtaining assessments and IFSP development. * Please see Appendix A for a copy of the Fully Informed Consent form.
- F. If during the course of treatment the parent or caregiver decides not to continue any particular therapy, he or she must alert either the Agency or SC of this fact. TA will then notify the therapist to stop seeing the child. In

addition, if a practitioner recommends additional therapies and the parent disagrees, no additional therapies will be provided.

- G. It is never appropriate for a parent to just stop showing up for services if s/he decides not to continue services. Notification to the Agency must be made.

IX. Ensuring Confidentiality

A. All children and their families enrolled in the Early Intervention system have a right to privacy and to have their personal information kept strictly confidential, according to federal and state law and professional ethics. The Agency has instituted the following policies to ensure that this privacy is maintained.

- The following policies and procedures apply to all full time and part-time therapists, translators, and paraprofessionals and all office staff employed by the Agency.
- All staff, ancillary employees, families and other interested parties are directed to the website www.hhs.gov/ocr/hipaa/www.hhs.gov/ocr/hipaa/ (of the US Department of Health and Human Services) for complete information regarding the federal law on medical privacy rights and obligations.

B. Office Staff:

- All office staff are contractually obligated to maintain strict confidentiality of clients' information. They may not divulge the identities of any child/family who are receiving services through the Agency or discuss their cases except to: all therapists on the child's team, anyone in Service Coordination, anyone in the Agency office, and anyone at the REIC or the State EI supervisor.
- Disposal of Paperwork: Current paperwork is kept in file cabinets in a locked office. The files of aged-out children are kept in storage in a locked room. Unused paperwork with children's names is shredded.
- Access to Agency email is accessible by password, which is told only to office staff.

- Information about a child's file can be disclosed to a third party only if the parent signs a "Standard Release Form." These forms are available at the Agency office.
- Children's paperwork does not leave the Agency office except in sealed envelopes in the mail or personal hand-delivery. Children's/families' names are never on the outside of the envelopes.

C. Therapists/Translators/Paraprofessionals ("Therapists"):

- i. All therapists are contractually obligated to maintain strict confidentiality with respect to all current and past cases.
- ii. All therapists are trained prior to accepting work as to the details of confidentiality rules pertaining to EI work, such as not speaking to third parties (e.g.: friends, day care/babysitting personnel, non-EI therapists, other government agencies or physicians) about details of a child's progress or condition without a parent's prior written consent.
- iii. Therapist may not give copies of progress notes to any third parties (e.g., day care personnel, babysitter) without a parent's written consent. A therapist who is seeing a child in a day care/child care setting may leave the note addressed to the parent in a sealed envelope with the child care worker or in the child's knapsack, or may mail the note to the parent's home. Other arrangements may be made with the parent.
- iv. A therapist may not discuss their cases with other governmental agencies, such as Immigration officials or DYFS case workers. If such worker contacts a therapist, he or she should be directed to speak to Agency Administrator without divulging any information.
- v. An exception to the above rule is when a therapist deems it necessary to make a report of neglect or abuse to DYFS (see section on reporting to DYFS below). In this case names and addresses may be furnished in order to protect the safety and well being of the child.
- vi. Therapists must not keep open files or closed files with names visible in their car or around their home.
- vii. Therapists must ensure that any faxed or emailed communications are not accessible to others.
- viii. Therapists may not discuss their cases with therapists who are not part of the Early Intervention team (e.g. private practitioners) unless written consent is obtained from the parent.

- ix. Therapists *MAY* speak freely about their cases to the following persons: anyone in the Agency office, anyone in service coordination, anyone from the REIC.

D. Referrals:

- i. When TA receives a referral from SCHS, it contacts various therapists for placement. Until the Agency verifies that the practitioner has availability and willingness to take the case, only the first name and last initial are used to refer to the prospective client.
- ii. Similarly, no exact street address will be given until the therapist accepts the case.

X. Therapist Behavior

- A. Therapists represent the Agency and the New Jersey Early Intervention System to their client families. Therefore it is of utmost importance that therapists conduct themselves professionally at all times.
- B. The Early Intervention model in New Jersey is a family teaching model. Services are to be provided to families in ways that enable and encourage families to become active participants in helping children achieve their goals. Parents and caregivers should be taught how to work with their children to promote the goals outlined in the Individual Family Service Plan ("IFSP"). Therapists should recognize that parents are integral members of the EI team and their input and participation is of great value.
- C. Additionally, New Jersey EI supports therapy done in a child's natural environment. Therapy that is done within the context of a child's normal activities and routines is encouraged.
- D. Therapists should recognize that parents of a child in early intervention are often dealing with issues relating to a new diagnosis or new information about their child's development and/or special needs. These issues are often in addition to other family obligations and challenges. Therapists should always be sensitive to the extra challenges that parents of children with special needs may be facing. This sensitivity should be reflected in the way in which therapists speak to and interact with family members.

- E. All therapists are expected to speak professionally. Language should be objective, culturally sensitive, non-judgmental and positive.
- F. If a therapist is addressed by a client family in a hostile or aggressive manner, the therapist should not take it personally and should not respond in kind. Rather, the therapist should listen to their concerns and answer a question in as simple and courteous a manner as possible. The therapist should inform the Agency administrator if a parent or family member addresses him or her discourteously.
- G. All problems or concerns about the progress of a child's therapy or other issues should be communicated to TA as soon as possible. TA is dedicated to supporting a family's needs and preferences. TA can help resolve concerns only when it knows about them! In addition, TA is legally responsible for the therapy provided, so if a therapist or a parent is dissatisfied for any reason, we need to know in order to rectify the situation.
- H. Therapists should make a regular schedule with parents for providing services.
- I. Therapists should make it a priority to stick to their regular schedule whenever possible and arrive promptly on time. Some parents may not have the ability to be "flexible" about starting services late and may become upset if a therapist is regularly late. If a therapist faces challenges in this area for a particular client or clients, please inform the agency office.
- J. All therapists should dress professionally. Ripped, torn or overly faded clothing, sloppy T shirts, and revealing clothing should not be worn.
- K. All techniques and documentation of therapy used should be consistent with professional standards within the therapist's discipline.
- L. In general, a therapist should not treat his or her own child, or the child of a friend, neighbor, or relative. If a therapist is assigned a case and has a relationship to the family, therapist must apprise TA of this fact. TA will determine the appropriateness of the assignment.
- M. If a therapist is assigned a case and is acquainted with the family but is not a friend of either parent, this should be reported to the TA administrator and a decision will be made regarding the appropriateness of servicing that family.
- N. Therapists should work together with all Team members to collaboratively make appropriate recommendations regarding IFSP development. This includes Team members who are employed by a different agency.
- O. When therapists differ about treatment of a client with a service coordinator or other Team member, therapists should professionally discuss the issue with other members of the Team to come to an agreed Team decision. Team members should always endeavor to communicate as a Team with family

members. Therapist should inform the Agency administrator if agreement cannot be reached and the agency will endeavor to assist the Team in reaching recommendations.

- P. Therapists should not denigrate the performance of another member of the Team to or with a parent, or express dissatisfaction with IFSP development in front of a parent. A therapist should direct any concerns s/he may have to TA and TA will endeavor to reach an agreement between the parties.
- Q. Should a therapist be told by a parent that the parent is dissatisfied with another member of the Team, that therapist should inform TA of the dissatisfaction. It is often possible for TA to resolve the issue to the parent's satisfaction, or replace the therapist when appropriate. Bringing issues of this nature to TA's attention will most often be beneficial to families as well as therapists.
- R. Should a therapist or translator observe behavior by another TA therapist that is a cause for concern, please direct such observations to the Agency administrator. When possible, the administrator will attempt to keep all such concerns confidential and follow up on the concern without reference to the reporting therapist.
- S. Should an incident occur during a session involving an injury to the child, the therapist should call the following people for help or consultation in this order, taking into consideration the severity of the injury:
 - i. Emergency services by dialing 911, if warranted
 - i. The parent
 - ii. The child's physician
 - iii. Therapy Associates should be notified of the incident immediately after the situation is stabilized. A formal written incident report must be submitted to TA within 24 hours of the situation's stabilization.

XI. Safety and Hygiene of Home Environment

- A. The environment where services are provided must be safe. A therapist may never stay in a place or situation in which s/he deems is unsafe and may not return to the premises unless or until safety provisions are made.
- B. In circumstances where the safety of the practitioner is an issue, practitioner should alert the administrator immediately and work with the administrator and/or service coordinator and/or REIC to remediate the perceived safety issue.

- C. Where appropriate, the administrator will proceed with one or more of the following options to remediate a situation of perceived compromised safety:
 - I- Communicate with family members to arrange a situation where practitioner feels safer in the home environment, such as having parent meet the practitioner at her car, etc.
 - II- replace the therapist with one who is not threatened by the surroundings;
 - III- send the therapist with an escort after approval by the REIC;
 - IV- determine an alternative natural environment in which to conduct services that is safer and arrange for services to be conducted there.
- D. If all attempts at remediation with the assistance of service coordination and/or the REIC are unsuccessful then Agency reserves the right to discontinue services and notify service coordination of such.
- E. Therapists are not obligated to work in an extremely unclean environment or one in which s/he risks self-contamination (as in insect infestation).
- F. Where such uncleanliness or contamination exists, practitioner must immediately notify the administrator, and work with the administrator and/or service coordinator and/or REIC to remediate the perceived cleanliness/contamination issue.
- G. Where appropriate, the administrator will proceed with one or more of the following options to remediate a situation of perceived compromised hygiene:
 - I- Communicate with family members to arrange an improvement in the home environment, such as having the house exterminated or having the floor cleaned, prior to the next service session;
 - II- Arrange that a social worker, if not already present, be sent into the home to support the family to help alleviate the problem in the environment.
 - III- Replace the therapist with one who is not threatened by the environment;
 - IV- Determine an alternative natural environment in which to conduct services and arrange for services to be conducted there.
- H. If all attempts at remediation with the assistance of service coordination and the REIC are unsuccessful then Agency reserves the right to discontinue services and notify service coordination of such.
- I. A therapist is not obligated to service a child where s/he has information that the child or another home member may be harboring a contagion on his or her person such as lice or nits or bedbugs. The parent is responsible for informing the practitioner if there is or has been in the past week a contagion in the home.

In this situation in order to resume services a letter of medical clearance from the child's physician will be required.

- J. A therapist is not obligated to service the child if the child or another resident of the house has a contagious illness. The parent is responsible for informing the practitioner if there is a contagious illness in the home. Depending on the nature of the illness, Agency may require a letter of medical clearance signed by a physician before allowing the practitioner to resume services.
- K. A therapist may not be allowed to service a child if the child has experienced a serious illness or trauma, such as a broken bone. This will depend on the nature of the illness/injury and the nature of the therapy in question. A decision as to whether to cease services is left to the discretion of the therapist in consultation with the Agency Administrator. A letter of medical clearance may be required in order to resume therapy in the cases where the therapist and the agency administrator deemed it prudent to stop services.
- L. A practitioner should report the incidence of a serious contagious illness or contagion in a client's home to the Agency office. Agency will then contact other practitioners in the home.
- M. A practitioner should not service any child when practitioner is harboring a contagious illness.
- N. Services may never be provided in a therapist's home or in a place other than outlined on the service page.
- O. Therapist may never transport a client in his or her car.
- P. Therapist may never be left alone with a student and/or his siblings. There must always be another adult in the home at all times during the time the therapist is in a student's home.
- Q. When there is one adult male in the home, Agency recommends that female therapists request that the front door to the home remain ajar for the duration of the therapy session; similarly, a male therapist should work with an open door to the home when there is only a female adult present in the home.
- R. Practitioner should never bring his/her own child or another person to a therapy session. Under rare conditions, if practitioner has a strong reason to bring another child to the therapy session, Agency and parent should be contacted for prior permission.
- S. If another practitioner asks to observe a session, this must be pre-approved with the Agency office and with the parent.
- T. If a parent/caregiver wants a third party to observe and/or record a session by an Agency practitioner, this must be pre-approved with the Agency office and the practitioner.

- U. Agency retains the right at all times to have one of its supervisors observe the practitioner as a way of ensuring quality services. Such observation is not dependent on parent's approval.
- V. Should an incident occur during a session involving an injury to the child, the therapist should call the following people for help or consultation in this order, taking into consideration the severity of the injury:
 - i. Emergency services by dialing 911
 - iv. The parent
 - v. The child's physician
 - vi. Therapy Associates should be notified of the incident immediately after the situation is stabilized.

XII. Ensuring Quality of Staff

- A. All professional staff hired by TA are required to undergo criminal background checks according to State rules. These checks will be periodically updated.
- B. Hiring and Licensing

All professional staff hired or contracted by the Agency are licensed or certified to practice in New Jersey, and are approved by the State to practice in the EI system. In addition, the Agency has its own standards for hiring therapists, which is based on a combination of education, experience working with the young pediatric population, and professionalism. These factors are evaluated by review of a therapist's resume, transcript, personal interview and calling references. All hired professionals are contractually obligated to maintain their licenses according to their respective field requirements. Para-professionals and translators are determined through an interview process to be competent in their fields and are subject to State approval as well.

- C. Training

- 1.1. In accordance with state rules and regulations, the Agency contractually requires its therapists to undergo EI training. This training consists of a full day of training in Procedural Safeguards, a full day training in IFSP Development and a Transition training. Registration for the Procedural Safeguards and IFSP Development courses is done online at www.njeis.org. The training in Transition is undergoing revision and when offered anew, practitioners will be notified by TA.
2. Therapists are required to complete these trainings within six months of hire. At some point in the future, The State of New Jersey plans to make these trainings a prerequisite for working in the EI system, such that if they are not complete therapists will be barred from the system. Therapists are therefore urged to complete them as soon as possible.
3. Upon hiring, TA conducts its initial training interview, outlining fundamental policies and procedures of the EI system and the Agency.
4. From time to time TA provides staff training in particular areas. Notification of these meetings is made to relevant staff via email.
5. Therapists are contractually obligated to maintain continuing education credits according to their professional requirements.

D. Ongoing Monitoring of Practitioner Performance

1. Observation

Service providers are periodically observed by Agency personnel within different settings such as service provision, review meetings, IFSP meetings, and Transition Planning Conferences. Practitioners will have notice of such observations, but do not have the option of rejecting this observation. If a practitioner makes it difficult to conduct an observation for any reason, s/he risks losing his or her caseload with TA.

2. Parent Calls

Every parent is surveyed by telephone every three months about his or her satisfaction with the services conducted by Agency personnel. Responses are documented and concerns are addressed.

2. Clinical Note Reviews

Every month random inspection of several practitioners' clinical notes is conducted. Where notes are lacking in either content or form, suggestions for improvement are given to the practitioner, and a follow up review is conducted the next month.

E. EI Self-Assessment Participation

In addition to the above self-monitoring, TA participates in the State-developed annual self-assessment reviews, including practitioner observation and file reviews. TA has designated a quality-control officer to oversee this self-assessment.

F. Addressing Concerns

1. If the Agency receives a complaint or a concern about a therapist from any source, be it from an Agency observation, the parent, another service provider, a service coordinator, or a member of the REIC, the Agency will immediately contact the therapist and discuss the issues of concern and give appropriate recommendations. In addition, if the situation warrants, the Agency will schedule an observation of this therapist. These observations include: a determination of whether the therapist works to further the IFSP goals, whether the therapist behaves and speaks in a professionally appropriate fashion, whether he/she communicates with the family about the child's progress and gives advice for the parents to further developmental goals, whether the therapist arrives on time and stays the full session, and whether the therapist maintains appropriate documentation.

If the concern relates to the professional competence of the therapist or the therapy provision, TA will send an experienced professional of the same discipline to observe the therapist and make recommendations. Factors observed include whether the therapist uses accepted therapy techniques and whether the techniques are age-appropriate. Depending on the nature

of the concern, an Agency representative may also review the practitioner's past progress notes and verification forms. Recommendations for improvement are given as necessary.

In such cases, TA takes the additional precaution of contacting other families receiving services from the therapist and asking them if they are satisfied with the services they are receiving. The Agency then documents the parental response for use in determining the therapist's overall competence and the areas that need improvement.

If, following discussion with the practitioner and with other parents, and after observation of the professional, the Agency becomes concerned that a provider may not meet the highest Agency standards in all respects, he or she will not be contacted for any future cases until such time as the professional improves significantly in the area of deficit. If the Agency determines that the professional is competent to continue on current cases, he or she will be given detailed guidelines for future service provision. Follow-up observations may be scheduled if the situation warrants.

2. When determined to be appropriate, the Agency may choose to remove a therapist from all current cases altogether. This measure is taken when TA determines that a therapist cannot or will not improve his or her performance, or when his or her professionalism in any area is not completely satisfactory. In these situations, TA will notify the Service Coordination Unit and the REIC of its determinations.
3. In any situation where TA determines that a therapist is doing harm to a child, he/she will immediately be removed from all current cases.
4. TA encourages families to contact the Agency at any time with any concerns as well as with positive feedback about Agency providers. If a parent/caregiver is dissatisfied with the therapist the Agency has assigned to them, s/he may request a change in provider. This can be done by contacting the Agency directly or by making the request to the service coordinator. It is helpful if the parents can give a reason for their dissatisfaction in order for the Agency to attempt to improve the service provision of that professional. If TA determines that a therapist should not continue on any particular case even if parent does not directly ask for a

switch, TA will remove the practitioner and attempt to replace him or her with another professional.

f. Ensuring Development of Staff

A. Every practitioner's overall performance will be reviewed once a year.

Performance management activities may include:

1. Observation
2. Attendance at staff meetings
3. Completion of required trainings
4. Review of documentation: verification logs, progress notes
5. Monitoring continuing education
6. Monitoring continuing licensure requirements
7. Family contacts/surveys

B. Required Trainings

At a minimum, every provider on staff is required to take all EI trainings which consist of the online provider competency course, Orientation to EI, and Procedural Safeguards, as listed above. Agency personnel track whether these trainings have been fulfilled on a database developed for this purpose on Agency software. If a provider is missing a required training, he or she will be called and given future dates and asked to attend. Providers who have not completed these trainings within a few months are not given new cases until they fulfill the training requirements. Therapists who are new to the Agency are also given three months to complete the training requirements.

C. Professional Development Trainings

1. TA Provided Trainings

From time to time the Agency will provide various staff training sessions, and will notify Agency providers via email when these are scheduled. If these sessions qualify for continuing education credits providers are notified of such. In addition,

when other Agencies or organizations within the EI system sponsor seminars or trainings, we will notify our providers of these sessions via email.

At present, the Agency does not require its providers to attend these professional development seminars, as it finds that most providers are eager to attend these sessions when their scheduling allows.

2. TA Stipends

After a practitioner has worked for TA for two years, TA provides a stipend toward continuing education. TA will pay up to \$500 per year for professional development seminars relating to Early Intervention if the practitioner is carrying at least 5 hours in his or her caseload, and \$750 per year if his or her caseload is 10 hours or more. Practitioners must present TA with a receipt or a certificate of participation and TA will then reimburse the practitioner for the cost of the classes up to the amount of the stipend.

g. Ensuring Accessibility and Safety Regulations are Met

A. Definitions

1. **Escort** - Two individuals instead of one, an unarmed escort, or an armed escort; Agency-endorsed individuals who, for safety purposes, accompany practitioners working in the community.
2. **Escort areas** - locations where there is a potential for safety risks as determined by the agency based upon history, police intervention and the practitioner's assessment.
3. **Unsafe place** - A therapist may deem an area or situation unsafe if the therapist feels that s/he is at physical risk. Examples include:
 - Situations where intimidating or inappropriate comments are directed to therapist personally (even if someone else would feel safe under the same circumstances)
 - Rooms with exposed wiring, no heat in winter, or which are extremely dirty and unhygienic
 - Witnessing what practitioner believes is illegal drugs present in the home

- Geographic areas where therapist believes illicit activity or crime is likely to occur.

Practitioners may call the Agency office to discuss problematic circumstances.

B. Responsibilities

1. The practitioner is responsible for assessing each location and informing the Agency of potential safety concerns or unsafe issues within the home and outside the home (including potential life threatening situations, medical emergencies within the home, DYFS issues, weather conditions, etc.).
2. The Agency will not assume responsibility for the safety of personnel, but will offer reasonable accommodations in an attempt to ensure their safety.
3. If a client family is located in an area deemed unsafe by either the practitioner or the service coordinator, Agency will offer the services of a professional escort to the practitioner.
4. If practitioner declines the services of an escort, TA will document this refusal, and Agency will not be responsible for refusing to provide the escort.
5. Agency is not responsible for theft or damage to personal items.
6. The family is responsible for immediately notifying the Agency/practitioner of any concerns that may result in unsafe conditions for the family and practitioner during the early intervention session.

C. Procedure

1. The Agency's primary policy is that the safety of all personnel is paramount.
2. Therapist must never stay in a place or situation which s/he deems is unsafe and should not return to the premises unless, or until, safety provisions are made. Therapist must immediately leave an unsafe place.
3. When it is established that a neighborhood is high risk, a safety plan will be developed for each family home or other community site where

services are to be provided (Examples of this could be: the family meets the therapist at the car, the services are provided in places within the community other than the home, more than one practitioner can go to the home together, the practitioner can go to the home with an armed or unarmed escort.)

4. Practitioners must request agency support, such as an escort, if they determine someone in the home is acting violently or if the area around the home does not appear safe. The practitioner must first leave the area immediately and then phone the agency so that other staff or agencies can be notified of the unsafe situation.
5. When there are one or more male adults in the home, female therapists should request that the front door to the home remain ajar for the duration of the therapy session; similarly, a male therapist should work with an open door to the home when there is only a female adult present in the home.
6. Services should never be provided in therapist's home or in a place other than that outlined on the service page.
7. Therapist should never transport client in his or her car.
8. Practitioner should never bring his/her own child or another person to a therapy session. Under rare conditions if practitioner has a strong reason to bring another child to the therapy session, Agency should be contacted for prior permission. If another practitioner asks to observe a session, this must be pre-approved with the Agency office and with the parents. However, Agency retains the right at all times to have one of its supervisors observe the practitioner as a way of ensuring quality services.

h. Ensuring Procedural Safeguards

Families are given written notice about their rights and responsibilities within the EI system at the commencement of their relationship with the SCHS by SCHS personnel. (Please see Appendix B for a copy of this document). All of TA's policies and procedures as outlined herein are in consonance with these family rights. If a parent has a complaint about TA services, he or she may call the Administrator of TA or the service coordinator. TA will either attempt to rectify the concerns or give up the case to another agency depending on the nature of the problem. If a parent disagrees with the service provision decided on by the Team

or with other decisions, s/he is entitled to appeal within the EI Procedural Safeguards system by contacting the REIC.

Therapists employed by the Agency must attend the full-day EI Procedural Safeguards training session as part as their contractual obligations with the Agency. In addition, the program administrator of the Agency is trained in Procedural Safeguards, as are the service coordinators at SCHS.

i. **Ensuring Staff Health Standards are Maintained**

- A. Therapists employed by the Agency are trained in universal precautions at their initial training interview after hire, and are given training updates annually.
- B. Therapists employed by the Agency are contractually obligated to review and employ the Universal Precautions policy produced by the New Jersey EI system. (Please see Appendix C for a copy of this document). They are further encouraged to read the guide "Universal Precautions: An Educational Training For Child Care Providers" which outlines professional standards for health care precautions for those working with children. This guide is accessed online at: <http://www.cdphe.state.co.us/ps/hcc/univprecautions.pdf> . A copy of this guide is also maintained in Agency files and any practitioner with questions can ask for a copy the document. These policies are discussed with the practitioner upon hiring and are reviewed as needed.
- C. Therapists may not service a child when they are harboring a contagious disease. If the illness is projected to last longer than two weeks, practitioner should alert TA and TA will call the therapist's client families to offer to place a substitute or replacement practitioner.
- D. Sensitivity toward medically fragile children should be maintained, since exposure to minor forms of illness may be dangerous to these children. Therapist should discuss health issues with each client family with a medically fragile child.

j. **Suspected Child Abuse/Neglect**

Any employee or contractor who has reasonable cause to believe that a child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of

child abuse, neglect or exploitation by any adult is required by State Law to report the concern immediately to the **Division of Youth and Family Services (DYFS) Office of Child Abuse Control 24 hour hotline (English & Spanish) 1-877-NJABUSE** or to any county DYFS District Office.

The above applies to all clinicians (special educators, occupational therapists, speech therapists, physical therapists, nurses, paraprofessionals, etc) and ancillary staff; any person having reasonable cause to believe that a child has been abused or neglected shall report it immediately to DYFS (N.J. S.A. 9:6-8.10).

New Jersey law states that any practitioner making a report in good faith of child abuse and neglect shall have immunity from any civil or criminal liability. (N.J. S.A. 9:6-8.13)

A. Definitions

- i. **Child abuse** - Physical, psychological, or sexual abuse, neglect or abandonment of a child from birth to 18 years of age (N.J. S. A. 9:6-1, N.J. S. A. 9:6-3.2, 9:6-8.9d and f, and 9-6-8.21).
- ii. **Neglect** - A dependent individual (child, elder or a disabled person) whose physical, mental or emotional condition has been impaired or is in danger of being impaired as the result of the failure of the caretaker to exercise a minimum degree of care (1) to supply adequate food, clothing, shelter, education or medical care or (2) to supply adequate supervision for the dependent individual.
- iii. **Physical abuse** - Infliction of physical injury by other than accidental means such as slapping, choking, burning, punching, kicking, pushing or the use of objects as weapons.
- iv. **Psychological abuse** - Includes verbal and other forms of harassment such as threatening bodily harm, humiliation, and shaming, denigrating or physical isolation.
- v. **Sexual abuse** - Committing a sexual act with an individual who is unable to give consent or against the wishes of a competent adult.
- vi. **Abandonment** - Willful abandonment of a dependent individual by a caretaker.
- vii. **Parent or guardian** - Any natural parent, adoptive parent, foster parent, stepparent, or any person who has assumed responsibility for the care,

custody or control of a child or upon whom there is a legal duty for such care (e.g. school teachers, institutional staff, etc).

- viii. **Domestic violence** - Occurrence of physical, psychological, verbal or sexual abuse between an individual and another person who is a present or former household member or is related by blood. This is regardless of gender or sexual orientation.

B. Procedure

1. Any practitioner having reasonable cause to believe a child has been abused or neglected must immediately contact DYFS by telephone at **1-877-NJABUSE** through its referral screening division.
2. Any practitioner having reasonable cause to believe that there is immediate and present risk to a child should remain with the child and contact DYFS. In the event the practitioner needs to leave the premises, s/he may also call 911 for a police officer to remain with the child in the place of the practitioner until a DYFS representative arrives.
3. If it is not a situation of immediate danger, the practitioner may contact the Agency administrator prior to contacting DYFS, although it is not required, for discussion regarding the referral.
4. The practitioner must inform the TA administrator immediately after contacting DYFS regarding the referral.
5. If the therapist believes that reporting to DYFS will place him or her in danger from retribution, then s/he may make an anonymous report to DYFS. However, TA needs to know the full facts regarding the report to DYFS, including the name of the reporting practitioner.
6. The practitioner will document in a progress note the following:
 - The therapist's observations and evaluation of the situation;
 - Why therapist suspected abuse and/or neglect;
 - The therapist's actions taken with the family, if any, prior to making the report and after making the report;
 - How and when the therapist reported the incident including the contact number called;
 - A summary of the DYFS and/or 911 response;
 - All actions that occurred up to and including the time that the therapist left the scene;
 - A list of all persons present up to and including the time that the therapist left the scene.

7. Practitioner or the Agency administrator will contact family regarding ongoing Early Intervention services.
8. With family's written consent, TA will work with the DYFS caseworker and family.
9. Annual review of reporting of child abuse/neglect will also include a discussion regarding issues that may be unique to children with disabilities, e.g. - a child with cerebral palsy may have more bruises on their legs due to falls than the typical 2 year old.

Appendix A Fully Informed Consent

I give permission for my child _____, to receive an Evaluation and Assessment through New Jersey's Early Intervention Program. I understand that the purpose of this Evaluation and Assessment is to:

- Obtain important information about our child and family from us and other family members I choose.
- Provide our family with additional information about our child's development.
- Help identify the unique strengths and needs of our child and the services which may be appropriate to meet those needs.
- Help determine eligibility for our child to receive services in accordance with New Jersey's Early Intervention Program, and if eligible,
- With our permission and participation, help develop a written plan for providing "services." This plan is called an Individualized Family Service Plan, or "IFSP."

I also understand that:

1. This Evaluation and Assessment will be provided at no cost to us and that we will not receive a bill.
2. The Evaluation and Assessment includes reviewing, with our permission, any important records about our child's current health, development and medical history.
3. The Evaluation and Assessment may include, with our permission, a description by our family of our concerns, priorities and resources as they relate to helping our child's development.
4. This permission is voluntary and that our family can choose not to have our child evaluated at anytime even after signing this form, but understand that if I choose not to have my child evaluated that my child and family can not receive services through New Jersey's Early Intervention Program.
5. I can review and receive a copy of any Evaluation and Assessment reports developed.
6. No information about the Evaluation or Assessment will be shared with anyone or any agency outside the New Jersey Intervention system unless I provide written permission.
7. I need to sign this form in order for the Evaluation and Assessment to occur.
8. My child is entitled to receive this evaluation within 45 days of my request unless I report that it occur at another time and
9. All Evaluation and Assessment procedures will be non- discriminatory and in accordance to New Jersey's guidelines and standards.

APPENDIX B
Family Rights in the EI System

- 1) **A RIGHT TO** give voluntary, informed written permission for services that will be provided.
- 2) **A RIGHT TO** refuse or withdraw consent for specific services without putting other services at risk.
- 3) **A RIGHT TO** have services provided consistent with the Individualized Family Service Plan (IFSP).
- 4) **A RIGHT TO** have written prior notice before services are changed.
- 5) **A RIGHT TO** request mediation, an impartial hearing or a systems complaint investigation if you disagree with the early intervention services being provided.
- 6) **A RIGHT TO** continue to receive services during mediation or impartial hearing proceedings unless both sides agree not to continue services. You also have the option to receive other agreed upon services or withdraw your child and family from early intervention services at any time. These are called pendency placement rights.

APPENDIX C

Universal Precautions

1. **Purpose:** The purpose of this policy is to provide information and procedures that will promote the health and safety of employees and clients and reduce the possibility of disease transmission during the delivery of early intervention services. This is good basic hygiene.
2. **Persons Affected:** This policy applies to EIP direct service staff (consultants), service coordinators and contractual staff. Any or all persons directly in contact with EIP children and family members.
3. **Policy:** All staff will implement UP to prevent the spread of communicable disease between clients and employees, between clients, and between employees. The UP is implemented in a manner that respects the privacy of employees and clients. Practitioners are not expected to change diapers or to clean up bodily fluids. This is the expectation of the parent/guardian.
4. **Definitions:** The definition from the Center for Disease Control states the following: "A simple set of effective practices designed to protect health workers and patients from infection with a range of pathogens including blood borne viruses. These practices are used when caring for all patients regardless of diagnosis."
 - a. You may have a child in your caseload that has an infectious disease. You may not know or have been informed of a diagnosis. The body fluids of all persons should be considered to contain potentially infectious agents (germs). The term body fluids includes: blood, semen, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions (e.g. nasal drainage) and saliva. Contact with body fluids presents a risk of infection with a variety of germs. In general, however, the risk is very low and dependent on the type of contact made with it. Universal precautions are an infection control method which requires employees to assume that all human blood and body fluids are infectious. Universal precautions are any chemical or functional barrier which prevents the spread of the infectious process. I.E. hand washing, gloves, mask, and disinfecting solutions (bleach).
5. **Responsibility:** Program administrators are responsible for ensuring compliance with this policy. All intervention providers are expected to implement the Universal Precautions policy.
6. **Policy:**
 - a. All new direct line staff will be instructed during interview period in universal precautions (documentation in employee file)
 - b. All practitioners are responsible to obtain all appropriate supplies (gloves, masks, hand sanitizers) and will use them as per their training when appropriate.
 - c. Disposal of supplies will be as clinically appropriate
 - d. Clean up of body fluids (1:10 bleach solution)

- e. Mechanism for reporting exposure - the practitioner should notify the Agency office if she has contracted an infectious disease, if she has been exposed to an infectious disease, or if her client has/been exposed to an infectious disease. Procedures following this notification will be determined as medically indicated.
- f. Upon learning that a child or adult in client's home has a communicable disease, the practitioner should leave the home if he/she will have any contact whatsoever with the ill person. If they will not have contact with the ill person, it is the practitioner's discretion whether or not to stay in the home to conduct a therapy session.
- g. Practitioners are urged to use caution if they have a contagious illness, including a cold, since young children are easily infected. Prudent practice is to call the parent to report the situation and follow parent's preference.
- h. Agency encourages its staff to educate families about their responsibilities and how to help prevent exposure to illness and communicable diseases.

A. Practitioner will:

- I. inform provider agency and Service Coordinator of known illness or communicable disease in a family's home immediately. Depending on the type of illness the practitioner will follow guidelines.
- II. immediately inform agency and family when they have a communicable disease.
- III. upon first visit to the family's home will provide family with the agencies communicable disease policy, discuss and document conversation in progress notes.
- IV. provide family with his/her phone number(s) and agency number(s) so the family can contact him/her as soon as they know of an illness or communicable disease in the home.

B. Families will:

- I. understand that they have a responsibility to inform all members of the IFSP team of communicable diseases so as not to spread illness to other children in EI
- II. contact the practitioner as soon as they know of an illness or communicable disease in the home
- III. keep siblings and other members of the family from participating in EI sessions if they are ill
- IV. support the practitioner by handling the child during an EI session when the child has outward sign of congestion and other similar illnesses

Attachment A: Hand washing techniques - will be performed to prevent cross-contamination between clients and EIP personnel.

- Hands and other skin surfaces should be washed with soap and warm water immediately and thoroughly before and after client contact, if contaminated with body substances, before and after gloves are worn, and before preparing or eating food.
- Use soap, warm water and friction for hand washing. Lather and scrub for 15-30 seconds. Rinse well, beginning with fingertips, or dirty water runs off at the wrists. Dry hands on a paper towel. Use paper towels to turn off faucets.

- Use a waterless hand washing product for immediate use if hand washing facilities are not available in the home (i.e. Purell or some type of antibacterial solutions). Hand washing facilities should be located as soon as possible after leaving the home.

Attachment B: Utilization of Gloves (when appropriate - *family needs to be informed of why you are utilizing precautions): the use of gloves (intact latex or vinyl) is important where the practitioner has cuts, abraded skin, chapped hands, dermatitis, etc., when examining abrasions or when client has the same.

- Gloves are to be worn by the practitioner when direct contact with any body substance is anticipated (blood, urine, pus, feces, saliva, drainage of any kind)
- Gloves are to be worn when contact with non intact skin is anticipated
- Remove gloves by pulling down over hands so that the soiled surface is inside and dispose of immediately.
- Gloves should not be washed or disinfected for reuse.

Attachment C: Toy washing procedure

- The use of toys/equipment found within the home environment should always be the first priority. The practitioner should always ask "why am I bringing toys into the home?"
- If it is determined clinically necessary to bring toys into the home environment, they should be left at the home until the child has mastered the skill being introduced.
- Use of dishwasher is recommended.
- Submerging toys in 1:10 bleach solution and rinse thoroughly under running water and **air dry**.
- Separate clean from soiled toys during transport

Refer to the following websites for further information:

Center for Disease Control
Occupational Safety and Health Administration

Communicable Diseases

APPENDIX D
Therapy Associates LLC
Fraud, Waste, & Abuse Policy
April 2012

I. Purpose

To identify, remediate, and avoid circumstances under which fraud, waste, and abuse occur within the New Jersey Early Intervention System (NJEIS), consistent with federal and state laws, regulations, and procedures, including NJEIS.

II. Scope

This policy applies to all employees and independent consultants working for Therapy Associates LLC (TA). The effective date of this policy is February 1, 2011 and the person responsible for its revisions and administration is the Administrator of TA.

III. Definitions

- a- **“Fraud”** means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person.
- b- **“Abuse”** means activities by any party, including a recipient of NJEIS services, that are inconsistent with sound fiscal, business or educational practices, which result in unnecessary costs to the NJEIS, or in reimbursement of services that are not necessary or that fail to meet professionally recognized standards for developmental/education services. Services deemed abusive are those that are not adequately justified by professionals or have non-measurable outcomes.
- c- **“Waste”** means activities involving payment or the attempt to obtain reimbursement for items or services where there was no intent to deceive or misrepresent but the outcome or poor or inefficient claiming or inappropriate IFSP development causes unnecessary costs to the NJEIS – waste includes any action or inaction that does not rise to the level of fraud or abuse, but results in overpayments or misspent funds.
- d- “Fraud” has the highest level of intent to obtain funds from the NJEIS unnecessarily; “Abuse” has a lesser level of intent, and “waste” has the lowest level.
- e- Practitioners are referred to Policy NJEIS-15 dated March 2007 which can be found at <http://www.nj.gov/health/fhs/documents/njeis-15.pdf> for full definitions of other terms, such as “knowing,” “claim,” and “participant.”

IV. Conformance with Relevant Laws

- a- Therapy Associates LLC (“Agency” or “TA”) will not take retaliatory action against any employee who reports of a possible illegal, fraudulent or criminal action or inaction by the Agency or one of its employees, provides such information to a public investigatory

- agency, or refuses to participate in any practice which he or she believes is illegal, fraudulent or incompatible with public policy. (NJSA 34:19-1 et seq; 42 USC 1396h).
- b- No agency employee or individual contracting with the Agency shall solicit or receive anything of value in return for referring or arranging for EI services for anyone else, which services are partially paid for through federal funding. (31 USC 3729-33 (Federal Anti-Kickback Statute)).
 - c- Agency employees and contracting individuals are prohibited from making any false statements or representations. (NJSA 30:4D-17(a)-(d)).
 - d- Agency and all individuals working for it are prohibited from the unlawful use or “any unconscionable commercial practice, deception, fraud, false pretense, false promise, misrepresentation, or the knowing concealment, suppression, or omission of any material fact” with the intent that others rely upon it, in connection with the sale, rental or distribution of any product or service by the provider agency or its employees, or with the subsequent performance of that provider agency or its employees.” (NJSA 56:8-2, 56:8-3.1, 56:8-13, 56:8-14, and 56:8-15).
 - e- TA follows Federal and State law with respect to civil and criminal penalties for making false claims and statements, and whistleblower protections under such laws. (42 USC Sec. 1396h)
 - f- Practitioners are referred to Policy NJEIS-15 dated March 2007 which can be found at <http://www.nj.gov/health/fhs/documents/njeis-15.pdf> for full definitions of the Criminal and Civil statutes involved in the prevention of Fraud, Waste, or Abuse (“FWA”).

V. Dissemination of FWA Information and Ongoing Training

- a- Prior to beginning work with TA, all practitioners (therapeutic consultants, contractors, supervisors and employees) and staff (administrative employees) receive one-on-one training in FWA. Policies are explained and examples of FWA in the context of EI are given during this training, such as falsifying or altering verification logs, agreeing to increase services (or refrain from reducing services) when it is not clinically justifiable or in return for a kickback, or having individuals sign verification logs prior to performing a service. Practitioners and employees are also given a copy of TA’s FWA policies.
- b- TA has a continual posting of its FWA procedures on its website which is regularly used and viewed by its administrative and practitioner staff.
- c- All practitioners and employees are required to complete ongoing training in FWA each year which includes:
 1. Viewing a training video on the prevention and detection of FWA in accordance with NJEIS-15;
 2. Completing a test on FWA policies and procedures.
- d- This training is tracked by TA staff to assure completion and competency in FWA by all practitioners and employees.

VI. Policy

- a- All practitioners working for the Agency are prohibited from practices or statements (verbal or written) that can be categorized as fraud, waste or abuse.
- b- All practitioners are instructed to report to the TA administrator any evidence of FWA that he or she suspects is being perpetrated by another member of the EI Team or part of the EI system.
- c- Anyone who has encountered an incident of suspected FWA by anyone in the EI system, is required to report it to TA administrator. The administrator tries to preserve the anonymity of the staff member if it is at all possible, given the requirements of a thorough investigation.
- d- When TA learns of a situation that may be an incident of FWA that involves someone in the system not employed or contracted by TA, TA will submit a written report of the allegation to the REIC which will include the basis of the suspicion.
- e- When TA learns of a situation that may be an incident of FWA that involves TA, the administrator will conduct an internal investigation to determine all the facts and circumstances surrounding the alleged FWA and will notify the NJEIS:
 - 1. Within 2 business days that an allegation is received;
 - 2. The basis of suspicions;
 - 3. The status of any investigation;
 - 4. The anticipated timeline (not to exceed 45 days from date the allegation was received) for determining whether FWA occurred.
- f- Depending on the nature of the allegation, the internal investigation may consist of one or more of the following steps:
 - 1. Questioning the person making the allegation for a full explanation of the facts as the person understands them;
 - 2. Speaking with the alleged perpetrator, if an employee or contractor with TA, for an explanation about the alleged event, practice or statement;
 - 3. Examining particular verification logs;
 - 4. Speaking with the family involved in the circumstance;
 - 5. Speaking with other families the practitioner services;
 - 6. Speaking with other people who might shed light on the circumstance;
 - 7. Examining the practitioner's verification logs submitted in other months or for other children ;
 - 8. Comparing the signatures on the practitioner's verification logs with those of others servicing the same family;
 - 9. Comparing the signatures on verification logs against those from the initial IFSP.
- g- After completing the investigation into the allegation of FWA, TA will complete a written investigative report which will include at a minimum the:
 - 1. Date of the allegation;
 - 2. Parties involved;
 - 3. Steps taken to investigate the allegation;
 - 4. Sources and bases for the allegations;
 - 5. Names of individuals interviewed regarding the allegations;
 - 6. Any findings related to the investigation;
 - 7. Agency remedial action taken as a result of the findings.

8. Any disciplinary actions imposed upon employees or contractors as a result of findings.
- h- Any actions taken by TA, based on allegations or findings of FWA will be articulated in writing and forwarded to the accused parties and copied to the NJEIS and any other relevant parties, strictly on a need-to-know basis.
- i- Should the NJEIS determine that it intends to investigate a case of alleged FWA that is brought to its attention, TA staff will completely cooperate with the NJEIS in its investigation to ensure that the merits of any allegation are thoroughly and accurately explored. TA has instructed its practitioners also to cooperate with the NJEIS during a pending investigation.
- j- Any evidence of suspected fraud, as a criminal activity, may result in suspension of services to a child whose parents committed fraud, or disqualification of a practitioner who has been found to have committed FWA. Evidence of fraud may be referred by the NJEIS to the Medicaid Fraud Section, Office of Insurance Fraud Prosecutor, NJ Division of Criminal Justice, for criminal prosecution.

VII. Procedures to Ensure Accurate Processing of Authorizations, Claims and Service Encounter Verification Logs

- a- All authorizations that are processed for TA are checked to ensure they accurately reflect the service page which generated them. If an error is found, TA has procedures to ensure that the incorrect authorization is cancelled and a new one is issued.
- b- Prior to submitting claims for services rendered, TA staff scrutinizes all verification logs to ensure accuracy and that:
 1. All necessary boxes are filled in completely, and coding and rounding are done properly.
 2. A parent/caregiver signature is included;
 3. Any changes made on the verification log, even when the result of a mistake, must be initialed by the parent/caregiver to avoid even the appearance of altering records; if they are not initialed the claim will not be billed by TA.
 4. Dates are consistent with the child's service page;
 5. Frequency & Duration are consistent with the child's service page;
 6. The authorization entered by the REIC is consistent with the service page;
 7. There is no duplicate authorization for the same service. If there is a duplicate authorization, the REIC is contacted to cancel one of them.
- c- TA does not bill for any service that does not include a caregiver signature on the verification form.
- d- All verification logs should be signed on the day and time the service provision occurred. The start time may be entered at the beginning of the session; however the end time may not be entered prior to the end of the service session and signatures may not be requested until the end of the session.
- e- If a practitioner forgets to bring a service verification log to a session, he/she should have the parent/caregiver sign another piece of paper containing all of the relevant

information (including date, setting, beginning and end time). The practitioner can then bring the verification log to the next session and transfer the information to the log and have the parent sign the log. The original signed paper should be turned into the office with the rest of the practitioner's billing.

- f- TA does not bill for any service that does not include a clinical note to correspond to the session.
- g- In addition to requiring a parent signature on the verification log, TA policy is that practitioners should obtain a parent's signature on each day's clinical note when it is possible to do so. This is to ensure that the parent was given records of the child's session.
- h- TA bills for services only for the child and practitioner specified on the authorization used, except when a substitute is used pursuant to NJEIS-03.
- i- In order to preclude inaccurate billing due to inadvertent or clerical errors, TA maintains internal records of claims submitted and payments received separate from the statement which appears on the State billing website.
- j- TA records for each claim submitted including: information on the child serviced, name of practitioner, month of service, date billed, authorization number and claim number.
- k- When the State pays a claim, TA marks the claim as paid on the internal records.
- l- If a notice of payment is received for a previously paid claim, an internal investigation is conducted to determine the cause. If warranted, money received in error is returned to the State.
- m- If TA receives a payment in excess of what our records determine is correct, an internal investigation is conducted to determine the cause. If warranted, money received in excess is returned to the State.

VIII. Other TA Procedures to Combat FWA

- a- Agency calls references from previous employers of practitioners prior to agreeing to hire a new employee or contracting with a new consultant.
- b- Agency conducts background checks of all practitioners in accordance with NJAC 8:17-15.2 prior to agreeing to contract with a new consultant.
- c- TA instructs its therapists to transition and/or discharge children when their delays no longer meet the threshold for qualifying for EI services and/or they meet their final IFSP goals.
- d- TA instructs its therapists to appropriately reduce services when a child's functioning improves.
- e- Where a parent disagrees with the implementation of procedures (c) or (d) practitioner is instructed to fill out a Service Change Request Form with clinical detail justifying the proposed reduction in service and TA forwards the form to the Service Coordinator to either convene a team meeting and/or have an impartial member of the TET make the determination of eligibility and appropriate frequency of service.
- f- TA requests discontinuation service pages from service coordinators to close any outstanding authorizations that are not being used for whatever reason.

- g- TA keeps documentation of when a parent requests a stoppage in service from the Agency, either temporarily or permanently, so as to keep track of sessions owed under the Missed Services Policy (NJEIS-14).
- h- Similarly, TA instructs its practitioners to document sessions that are cancelled by a parent so as to keep track of sessions owed under the Missed Services Policy.
- i- When TA stops servicing a child, it sends a discontinuation SPOE to the REIC to cancel the authorization.
- j- All requests for assessments after IFSP must be justified clinically, based on a family training (not medical) model, in order to obtain administrator's approval, with the exception of those discussed and agreed upon at a team meeting.
- k- All requests for increases in services must be justified clinically, based on a family training (not medical) model, in order to obtain administrator's approval.
- l- Any evidence of a "kickback" or gift requested or received by a practitioner for agreeing to an assessment after IFSP or increase in services is a basis for triggering the FWA procedures and is strictly forbidden.
- m- Threats received by a practitioner from a parent or caregiver for not agreeing to a potential increase in services/assessment will be reported to the REIC.
- n- Practitioner must alert TA staff if he or she encounters a mistake by a TA staff member or a service coordinator which would lead to over-service of a child; for example when a service page is drafted in excess of what was agreed upon in a review meeting.
- o- Parents are called regularly to determine if the services they are receiving from TA practitioners are satisfactory. They are asked if services are being provided according to the IFSP goals and treatment plans, whether the therapist comes regularly and punctually, and are asked if they have any other concerns. Responses are documented. This procedure, besides being a good quality control procedure, is also used to alert TA to any possible FWA by a practitioner.
- p- If a call to a parent reveals a concern that might involve possible FWA, the procedures above are triggered, including reporting to the REIC and doing an internal investigation.

APPENDIX E

Missed Services Policy, NJEIS-14

POLICIES AND PROCEDURES NEW JERSEY EARLY INTERVENTION SYSTEM

No.:

NJEIS-14

Subject:

Early Intervention Missed Services Policy

Effective Date:

Immediately

Category:

Special Child Health Services/Provider Agencies

Review Date:

June 2007

Responsible Party:

Procedural Safeguards Coordinator

I. Purpose

To identify circumstances under which missed IFSP services for eligible children and families will be

made up by the New Jersey Early Intervention System (NJEIS).

II. Policy

1. Consistent with the provisions of the Individuals with Disabilities Education Act (IDEA), Part C at 34 CFR, Part 303, the NJEIS will provide missed IFSP services under specific circumstance for eligible children and their families served by the NJEIS.

2. Every effort should be made to locate an NJEIS practitioner to meet the needs of children/families

served by the NJEIS as soon as possible.

3. If a practitioner cannot be identified within 30 calendar days of the signing of the Individualized Family Service Plan (IFSP), the family will be eligible for missed services in accordance with the provisions herein.

4. If a family cancels or refuses services from an assigned NJEIS agency and/or practitioner, the family is not entitled to make-up services that result from missed services due to this action.

5. If a scheduled service falls on a state, federal or religious holiday, as listed by the provider agency and provided to the family, there is no entitlement to make-up services that result from the missed services.

6. If an EIP Agency or practitioner cancels or fails to provide services in accordance with a current IFSP, the provider agency must offer the family the opportunity to receive make-up services following the second consecutive week of missed service. Make-up services must be provided within the authorization effective dates whenever possible.

7. If a child ages out of the NJEIS and missed services have occurred, the family or the service coordinator is responsible for contacting the Procedural Safeguards Office.

III. Procedure

A child/family's eligibility for missed services shall be determined in accordance with the following procedures:

Date: June 2006

1. The service coordinator, through the SCU Coordinator, shall notify the Procedural Safeguards Office that families have services pending practitioner assignment greater than 30 calendar days.
 - a. The Procedural Safeguards Office sends the family a letter with next steps, pending identification of a participating provider agency/practitioner.
 - b. In the event that families access services through a provider/practitioner not enrolled with NJEIS, on an interim basis pending assignment of an NJEIS practitioner:
 - i. A provider/practitioner not enrolled with NJEIS must meet, at a minimum, personnel standards as appropriate to his/her discipline requirements.
 - ii. The NJEIS will only reimburse at the state's rate.
 - iii. Families that submit reimbursements for services provided by a provider/practitioner not enrolled with the NJEIS will have any outstanding Family Cost Share deducted from their reimbursement.
 - iv. Reimbursement requests that are pre-approved must include copies of invoices; and proof of payment, such as a copy of cancelled check.
 - v. Invoices must include: (1) the name of the practitioner; (2) practitioner's New Jersey License number, if relevant; (3) the type and duration of service; (4) the amount billed for services; (5) the amount paid for services; and (6) the source(s) of payment, including private insurance.
 - vi. In lieu of providing make-up services, the family may be reimbursed for out of pocket expenses in excess of the NJEIS rate and consistent with the Family Cost Participation Policy and Procedures.
2. When an EIP Agency or practitioner cancels or fails to provide services in accordance with a current IFSP, the provider agency must offer the family the opportunity to receive make-up services following the second consecutive week of missed service.
 - a. The make-up services must be provided within the authorization effective dates and allowable hours (bucket).
 - b. If the services can be made up within the timeframe covering the specific IFSP services missed, then no additional document is needed.
 - c. If the services cannot be made-up in the IFSP period, then the Service Coordinator needs to make a written request (including E-Mail) to the NJEIS for approval to provide compensatory services.
 - d. If the child has aged out or is close to aging out, the service coordinator needs to contact the NJEIS Office of Procedural Safeguards and investigation will be done to determine if compensatory services are warranted. Permission for a compensatory IFSP must be given by the Part C Coordinator.
3. Compensatory services determinations will be made pursuant to the provisions herein, and each written determination is final.

