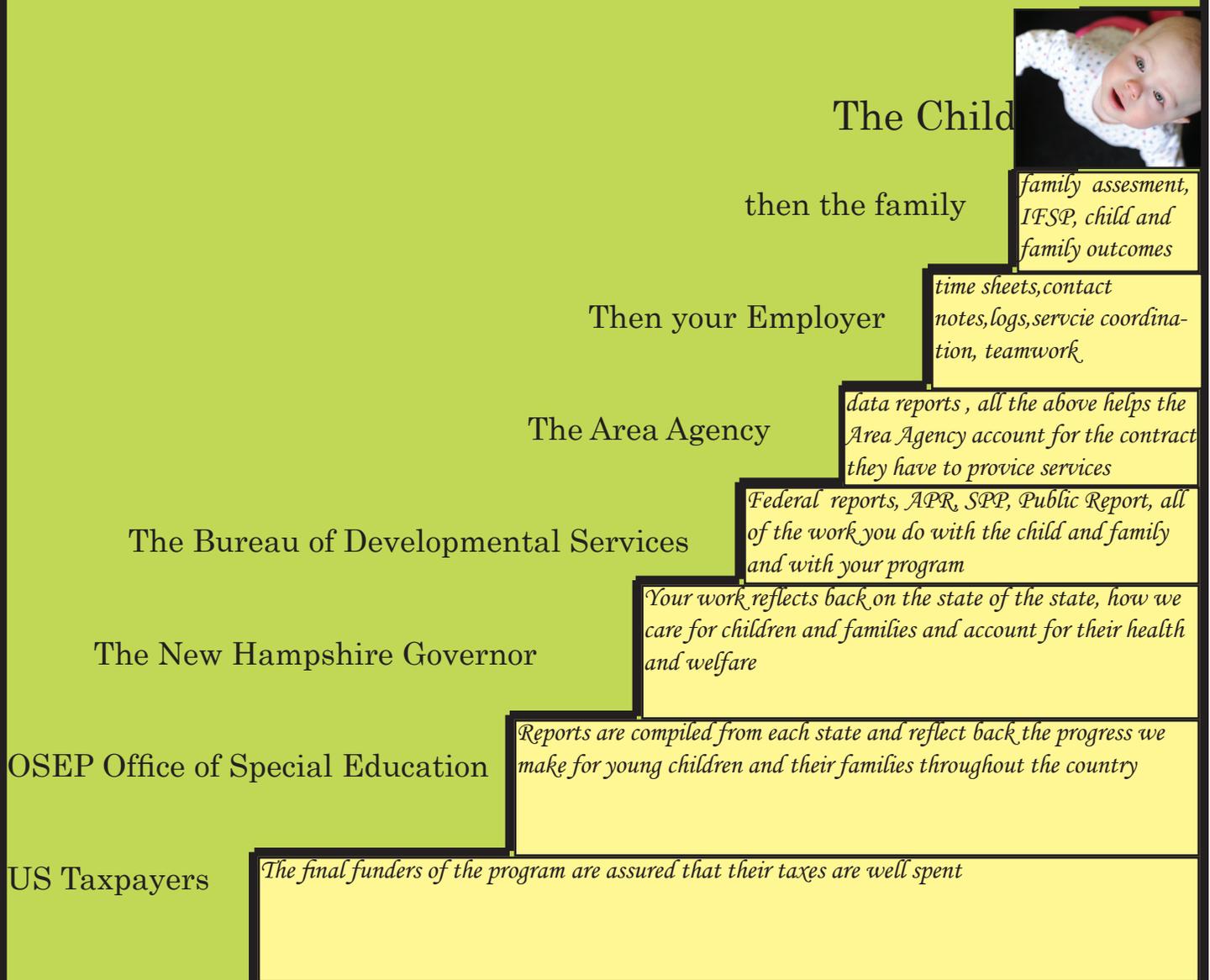


Accountability and Funding



You may be asking to whom are we accountable? The answer is an ascending chart.

We are accountable to



This sounds like a tall order and it is but there are ways we can account for the work we do.

First we have to understand Confidentiality: We maintain confidentiality through HIPA- the Health Insurance Portability Accountability Act and through FERPA, Family Educational Rights and Privacy Act. Both acts ensure an individual's protection over the sharing of their personally identifiable information. We ask parents for their permission when seeking or sharing information about their child or their family. This makes the Release of Information important both for you and for the families you work with.

Documentation: There is the old saying that without documentation, "it didn't happen." For some this is a labor and for others it provides an opportunity to reflect. Your contact notes provide a running record of your work with the child and the family. It is a resource to go back to. It helps inform next steps. It documents development. It also serves to demonstrate the work you do. We all need to document the work we do.

This also is the demonstration that services are being provided in accordance with the IFSP. When the State monitoring team comes, they gather information about your work from the written record. It shows how you have provided the services you are contracted to provide.

Through the written record, there will also be evidence of your work as a team. By writing that you have referred a child or family, have consulted or brought in expert advice, your teamwork and coordination is apparent.

You will eliminate duplicating your efforts and provide quality services to children and families.



Contact Notes: These are part of a legal record. It is important to remember that the records are the family's and the child's. Care in writing descriptions of interactions will help you process your work and keep the record objective. Contact notes must include a description of the service provided. It must include the child/family response. Let's say you spent some time working with the child's ability to share. Use clear language and definite descriptions. Recording how the child learned a strategy as well as the family's comments is important. Did the family ask for help? What service coordination activities did you do?

Most Contact notes come with a line for the date, location and duration of the visit. It is important to fill these in. It is amazing how quickly we can forget these details. A Medicaid reviewer will look at contact notes for these details.

Your full signature needs to be on your note.

Know Your Rights: Please read the handbook. You will need to sign off that you have read it. It contains essential information that you will need for yourself and to convey to families you work with. It is a resource for you. When in doubt, just say, let me check KYR or the rules HeM510. These are tools to help us work together.

Families rights are explained at intake, evaluation and at each IFSP. These times must be documented. The family will sign that their rights have been explained to them.

Data- We have many demands for the collection of data. Please consider how helpful it can be in the midst of taking time away from our face to face contacts. Data helps us understand funding, it helps us know who we are serving, statewide as well as locally, it helps us plan for new activities. It helps us account to ourselves and the state as well as federally. You might wonder: “What are we collecting?”

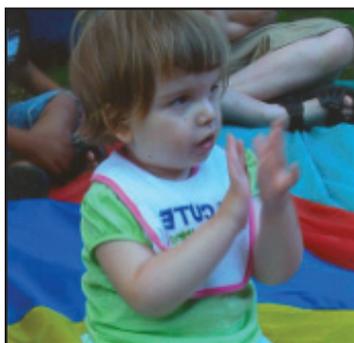
1. The Monthly Program Report- This important information shows how many children, in which region, and what services were provided. This generates data used to compute the contract figures for your Region in the next fiscal year.

2. NHLEADS-This data system collects information on individual children as well as the aggregate. Through this system we generate the monthly report. It enables the state to compile federal reports for federal indicators of program quality. These measure the degree to which the state as a whole and each individual program performs on the federal measures of quality. This also contains the billing to insurance information

Child Outcomes lend credibility to the work we do daily on a large scale with data that is collected on children in the program for 6 months..

To account for the positive effect of Family Centered Early Supports and Services, we assess each child in categories known as “Child Outcomes.” These are measureable criteria based on the child’s skill development. Provider interpretation and observation as well as parent input are used to arrive at the numbers that provide the data. It is a complex system but the indicators provide a sense that children are making developmental progress. These are the measures:

- Children have positive social relationships
- Children acquire and use knowledge and skills
- Children take appropriate action to meet their needs



We also ask families to take a survey e as “The Family Outcome Survey”once each year that shows how they have understood and responded to FCESS. Families who have been in the program are asked several questions related to their understanding of their development in the following areas.

- Know their rights and advocate for their child
- Effectively communicate their child’s needs
- Help their child develop and learn

From the answers we generate a score to measure their understanding of these issues.

The Family Outcomes survey has been designed to report on the support systems families have in place and how they are accessing their community resources. This helps programs understand how well they are helping their families.

Since Part C is a federal program, the state has the obligation to ensure that services are delivered as written and that programs meet timelines. We work with such small children for such a brief time, we all need to bear this short duration in mind. By agreeing to provide this program and accepting the federal grant, the state office provides the oversight or Monitoring necessary to assure the federal government that we are keeping our end of the bargain to children and families in New Hampshire.

The state office does an “Annual Record Review” which includes documentation of visits with dates and contact notes, evaluations with signatures and dates as well as results in all domains, IFSP with signatures, dates and a clear, well thought out plan related to the specific child, Know Your Rights documentation and credentials of staff including current licenses. As the state is required to review additional documents on these visits, they will be included. Programs are given time to organize and prepare these documents for review.

The records contribute each program’s data to the state report on the federal indicators in the yearly APR and public report. It also shows progress on the State Performance Plan.

All programs engage in looking at ways they can improve. The state uses the State Performance Plan to show Continuous Quality Improvement. We also partner with Early Childhood programs to launch initiatives that support all children and their families as well as respond to issues that are rising.

We use Area Agency Redesignation Reviews. These are reviews done by the Bureau of Developmental Services of the Area Agencies in the state to assess how they are doing on many criteria including services to adults, financial data and FCESS.

Your particular Child and Family Outcomes are a measure of your work and are taken into consideration in review. They can be a part of your discussion.

Sometimes, problems arise in the data or the work. A good aspect of the work is that we think as teams and provide regular reviews to ensure that no program gets too far off its targets.

We have solutions. First, a program may need Technical assistance. The state office draws on many resources including knowledge of other programs to assist with issues that arise. We will use a Corrective Action plan when an issue requires many levels of program adjustment. We support Mentorships through the Mentorship program which can help individuals understand an aspect of their work.

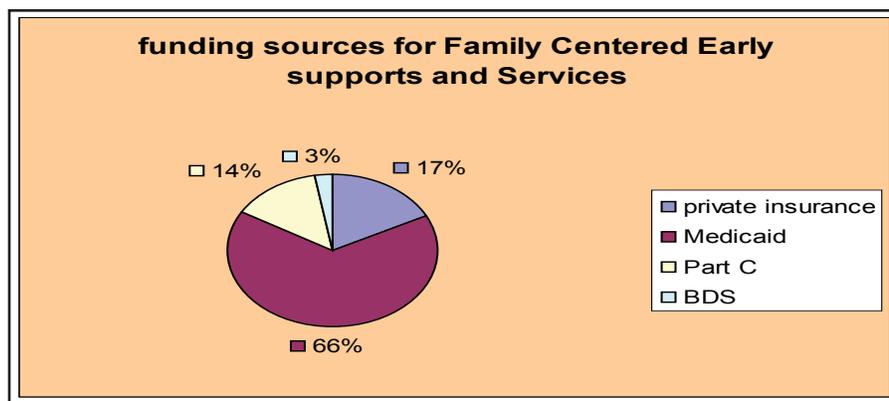


We all watch for Educational opportunities whether they be in a workshop offered through one of our affiliate programs or through conferences or classes. Current knowledge enriches our work and supports the children and families we work with.

Nothing works without the money to do it. Accountability results in funding. This exchange is the fulcrum on which we balance the needs of Regions and children with the resources of the state and the federal government and all taxpayers.

Funding As you recall the state is divided into 10 Regions. The federal grant, PartC ,is awarded to the state by contract to provide services and report on the work we do. Each Region then either provides FCESS through their own Area Agency and their array of therapists and educators or contracts with a local agency.

Here is a pie chart showing the revenue sources for FCESS:



Medicaid is a primary source for funding, as you can see. Medicaid is an eligibility health insurance for low income, elderly and people with disabilities. It is supported with federal matching funds to the state. Families may enroll in medicaid and may ask for your help in filing for it. To support the use of medicaid once a family has it, it requires a “state match” so Medicaid is actually a combination of state and federal dollars. The State budget dictates the amount of the match the federal government will produce.

Medicaid is billed to the state from the local level in three ways. It is billed as a “bundled service,” which are the regular therapies offered to a child, evaluations and as case management. Some children have Medicaid and Private Insurance. We do not collect from both sources. Medicaid is the payer of last resort. As you can imagine,we spend tax dollars last to cover the needs of children and families.

There is specific money that comes to the state for implementing PartC. These are federal dollars that are aligned with Part C (Infants and Toddlers) of the Individuals with Disabilities Education Act. This money is tied directly to compliance with the federal rules, as you have reviewed in the Accountability section here.

It is used for the administration of the program (Part C state staff), personnel development/ training, autism services and direct service. 86% of the federal grant goes to direct service.

Some families have Private Insurance which will cover FCESS. It has proven to be more complicated than Medicaid to be reimbursed. Four things must align- insurance coverage, diagnostic code, procedure codes, and provider credentials. With persistence, third party billing for OT, PT, Speech, and Social Work can be accomplished. At this writing, families are not responsible for co-pays, deductibles or “no pays.” Families have the right to restrict access to their private insurance. Programs must be enrolled licensed providers with the health care plan and providers must be enrolled in CAQH (universal credentialing database) and have NPI (National Provider Identification) numbers. Providers have on-going efforts to maximize private insurance revenues. This brings us back to the importance of all that documentation.

Programs also support their own initiatives through Community Fund-raising. Dedicated FCESS personnel have been successful with

- United Way
- County Incentive Funds for Prevention
- Fund-raising events, activities, drives
- Contributions- designated, undesignated

What is your role in revenues and program viability?

You have a role to play in this well balanced system. You help in these ways:

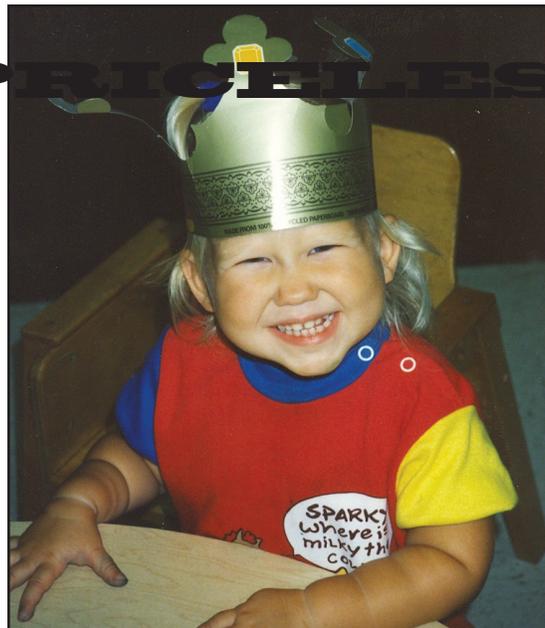
- By delivering services as indicated in the IFSP,
 - Maintaining a ratio of direct/indirect as indicated by your program,
 - Thorough and timely completion of daily progress notes,
 - Frequent periodic checks with families to see if their coverage has changed
 - Prompt responses to your billing person’s inquiries or requests for information
 - Helping uninsured families apply for Medicaid programs

Please remember that **You are an ambassador everyday through the quality of your work!**

Revenues fuel the program children and families continue to need Family Centered Early Supports and Services. Every one of us has the responsibility to utilize resources wisely.

The return on investment-

! PRICELESS !



Questions about Accountability and Funding:

- 1.What does HIPA stand for? What does it protect?
- 2.What does FERPA stand for?
- 3.Are contact notes available to families to read?
- 4.Name three ways data can help FCESS.
- 5.Where is KYR parent signature documented in a child's file in your program?
- 6.How close is the state to meeting its targets in the SPP?
- 7.How are the Child Outcomes important to your work?
- 8.What is important about the Family Outcome survey?
- 9.How do we account for the work we do?
10. What part do you play in making FCESS a success in the lives of children and families?