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SERVICE COORDINATORS

1. What steps should I follow to create a new IFSP?
Service Coordinators must create a new IFSP on BRIDGES for each Six Month Review, Annual Review or Change Review. Here are the steps:

1. Carefully review the current IFSP, being especially careful to ensure that the Meeting Date and Planned Services (including payor sources) are documented correctly. Once you prepopulate your new plan, you cannot make corrections to the previous ones!
2. Click the pink button labeled "Prepopulate Next Draft IFSP". Click "OK" on the popup message.
3. Enter the anticipated date of the meeting or administrative change and click SAVE DRAFT. DO NOT CHANGE THE IFSP TYPE! Leave it as "Pending" for now. As long as the IFSP type is "pending," providers cannot enter intervention service logs on this plan. They will still use the current (previous) plan until this one is completed and finalized.
4. Make any necessary edits to the IFSP, Planned Services or Outcome screens and Save Draft. When editing Planned Services, if the existing service will continue, edit it with the new start and end dates and any other changes such as frequency, intensity or payor source(s). If the existing service will not continue, delete it. When you are finished, the only services showing on this screen should be the ones associated with the NEW plan. (These old authorizations are still saved on previous plan(s) so don't be afraid to follow this step!)
5. Carefully review the entire IFSP, being especially careful to ensure that the Meeting Date and Planned Services are documented correctly. You may want to print a copy of the IFSP and review it again. Sometimes errors are more obvious on the printed version! If there are errors, return the screen where the data is entered and correct it.
6. Once you are satisfied that the IFSP is correct, CHANGE THE IFSP TYPE to the correct one and SAVE FINAL.
7. Print a final copy for the family.

Note: If you prepopulate a plan in error, contact Support to have it removed.

2. What is the difference between a Change Review and an Administrative Change Review?

A formal change review must be held if any of the following changes are made to a plan: payor source, outcome, planned service, or frequency, intensity, duration, method, or location of a planned service. All other changes are made through an administrative change review. BabyNet also recommends using the administrative change review to clean up planned services (correcting errors and making the plan in BRIDGES match what was decided at the meeting). See more information on administrative change reviews below.

3. When should Service Coordinators use an Administrative change review in BRIDGES?

Administrative Change Reviews apply only the following types of changes:
   ➢ Change in service coordinator and/or service coordination agency;
   ➢ Change in EIS Provider and/or agency
   ➢ Change in any information excluding the payor source, outcome, planned services, or service frequency, intensity, duration, method, or location.
The conditions of an Administrative Change Review are as follows:
   ➢ Does not require a meeting
   ➢ Does not require notice to the family prior to the change,
   ➢ Does require written notification to the family and communication with other team members that a team member and/or other information as listed above has changed. The family must receive this information in writing and all other team members must be notified that the current plan has changed.

4. When may Service Coordinators request the unlocking of an IFSP?

Occasionally a Service Coordinator will finalize the plan and later realize there is an error or omission on it. The Service Coordinator can ask to have this plan unlocked by their BabyNet Program Associate contact. This will only be done IF it is clear that this is to correct an error in order to make the IFSP say what the team intended at the meeting. If there is something that has changed since the IFSP meeting, the service Coordinator must conduct a formal change review.

Once the correction is made, the plan should be finalized again immediately and a new copy printed for the family. All other team members must be notified that the current plan has changed. Note: When editing Planned Services, BRIDGES will only allow a change if NO SERVICE LOGS have been entered on that authorization. If service logs exist on an authorization and it needs to be changed, this must be done by populating a new Change Review. This would be considered an "Administrative Change Review" with an explanation of the change in the IFSP Notes field, #8.

5. When do I exit/deactivate a child on BRIDGES?

Service Coordinators must complete the exit for a BabyNet child when they leave the program. Prior to completing this step, be sure that all assessments, IFPS's or other updates to the child record are completed. You may complete the exit the day after the last service is authorized. It is not necessary to wait until service logs and/or billing have been completed, as these can be done after exit. Complete the exit by entering the date and reason at the bottom of the Transition Screen and SAVE.

6. How can Service Coordinators make an inactive record active?

Typically used for transfers and specific errors. All other edits to a record can be made while record is still in inactive status.

Remember that this does not need to be done in all cases because even though a record is Inactive all team members still have access to the record for 60 days after the exit date. The record will not show up on your home page but all service providers/team members can access the record through Search Child feature/button on home page. Once the record comes up then they can access the record through the detail button and add or change information.

An Inactive record can be switched to Active by going to the Transition/Exit screen. Scroll down to the bottom of the page to the "Exit/Close Information" area. First, document #1 (the date) and #2 (the exit reason) under Exit/Close information notes section on the Transition/Exit screen. Next, remove #1 (the date) and #2 (the exit reason), then press SAVE. Repeat this step until you get a message that says the "updated information has been saved". After this process the record will say Active at top.

7. How can a Service Coordinator add an IFSP event that was skipped?

If an IFSP was not entered in BRIDGES and subsequent plan(s) have been entered since that date, it is not possible to enter a plan prior to the last plan. The only solution is to enter any missing data into the record now and explain in IFSP Note #8 section. If there is a service or outcome that must be added or edited, populate a new Change Review to enter the information and document reasoning/justification. Select Change Review as the IFSP Type and then go to IFSP Note #8 to label it as Administrative Change review.
> For example: "Administrative Change Review to add change review that was held prior to the current plan on 6/19/2015. Service coordinator held meeting with team, but failed to add the change review to BRIDGES. OT individual service and outcome #3 were added to match what was decided at the change review held on 6/19/2015."

8. Can Service Coordinators add services left off of the prior IFSP to the current plan?

➤ Are you wanting to add something that was discussed at the last IFSP meeting but did not get put on the current IFSP? Yes, add this information to current plan.
➤ Are you wanting to add something new/not discussed at last IFSP meeting? No, do not add to the current plan. Conduct a change review and add to BRIDGES.
➤ Does your addition meet the criteria for an administrative change review? See tip sheet for guidance.

Once the correction is made, the plan should be finalized again immediately and a new copy printed for the family. All other team members must be notified that the current plan has changed.

9. Which services should Service Coordinators always authorize Payor 1 as Part C?
Some services are only paid by Part C, regardless of whether or not the family has other financial supports (like Medicaid or Private Insurance). The following services should always be reflected on Planned Services with Payor 1 as the Payor Source:
- IFSP Team Meetings
- Interpreting and Translation
- Transportation
- Orientation and Mobility

10. How do Service Coordinators add therapy assistants to the Planned Services?

Therapy assistants have specific state licensure requirements concerning supervision by therapist. It is important that both the therapist and the assistant (i.e. OT&OTA; PT&PTA; etc.) be on the Planned Services. There are separate service codes for both with separate reimbursement rates. For example, the OT Eval services should be added initially then based on the evaluation results and team decisions, add OT individual service, OT IFSP meeting/consultation, OTA individual service and OTA meeting/consultation to the Planned Services (via formal change review). If the OTA will be primarily providing services, set the frequency to match what the team has agreed to and set the OT frequency to match regulations for supervision visions for OTs of OTAs based on SC Licensure. Work with the OT to determine if frequency would be 1 x monthly or more often based on the team's decision.

11. When should Service Coordinators finalize the IFSP?
Plans should be finalized in a timely manner. If there is a legitimate reason to unlock the record, it can be unlocked.

12. When should Service Coordinators pre-populate a new plan?
Plans should be pre-populated as close to the end date of the current IFSP as possible. Do not pre-populate a new plan immediately after finalizing a plan. This will create a "Pending" plan that limits service provider's ability to add service logs. There should be a clear reason for pre-populating such as the need for a change review or another type of plan. When the service coordinator does pre-populate a new plan, it should remain a "pending" plan until it is ready to be finalized and accept service logs from providers.

13. How do Service Coordinators authorize Interpreter Services on the Planned Services?

Interpreting services should be authorized to match the number of hours services are provided. It is recommended that Interpreters be authorized for 1 additional hour per week for service coordination activities and phone calls. Because some months have 5 weeks, service coordinators should calculate all months as 5 weeks to ensure interpreters are provided ample time. Part C should always be Payor 1 for Interpreter Services. See Tip Sheet.

14. How do Service Coordinators authorize Translation Services on the Planned Services?

Although BRIDGES includes the option for electronic translation, translation services must still be authorized on planned services for families who receive foreign language interpreting services. Qualified translators should use the electronic translation, make any necessary grammatical revisions, and return to the service coordinator. The service coordinator then provides the family with the revised translated plan. Translation services are authorized as 1x, semi-annually, for 6 hours. This allows for 6 hours of translation services per 6 months. Part C should always be the payer 1 for Translation Services. See Tip Sheet.

15. How does the Service Coordinator correct payor sources for a Planned Service for Interpreter and/or Translation?

To correct a Planned Service you must make the correction on either the current IFSP or a newly populated Change Review. It is not possible to correct Planned Services on previous IFSPs.
If the current IFSP is new and the interpreter has not yet entered a service log, have it unlocked and edit the planned services. Edit Planned Services by making payor one "Part C" and returning payor two to "Select Payor". When correct, only Part C as payor one should be displayed.

If there are already service logs entered you cannot edit the current plan. Prepopulate a Change Review, label it on the IFSP screen Meeting Note field (#8) as "Administrative Change Review to correct Translation/Interpreter payor source to Part C only." Edit these Planned Services by making payor one "Part C" and returning payor two to "Select Payor". When correct, only Part C as payor one should be displayed.

After making any change to the current IFSP (by unlocking, change review, or administrative change review), finalize the IFSP and give a corrected copy to the family, explaining that this is just a correction of an error and notify team members that a change was made to the plan.

16. What should a service coordinator do if a provider begins services without notifying the service coordinator or continues to provide services after the current plan has expired?

Service coordinators should report this practice by submitting a Help Desk ticket. The planned service is the same thing as the old BabyNet Payment Authorization. Services should not be delivered if services have not been authorized or if services have expired. It is the responsibility of all team members to monitor start and end dates on Planned Services.

17. How often should Service Coordinators assist teams with adding/updating transition outcomes?

All initial, 6 month reviews, and annual plans should have an active transition outcome. Transition outcomes must be individualized. However, just like any other outcome, a transition outcome may not be achieved at the next plan and may need to be continued. See transition outcome tip sheet for more information.

18. How should Service Coordinators authorize services for Non-Natural Environment Providers on Planned Services?

▶ Non-Natural Environment Providers should be selected when no other Natural Environment Providers are available. These services should be authorized using the following:
- Setting should selected as HOSPITAL/CLINIC.
- NOTE should be added in text box stating "Natural environment provider(s) not available"

▶ If Natural Environment providers are available, but the family chooses to receive services from a Non-Natural environment provider, BabyNet will no longer pay for the service. A change review should be held to end the service (remove it from planned services) and add it as an "other service." See Provider Availability Tip Sheet.

19. If an evaluation is on the IFSP with "no provider available," would an Administrative Change Review be acceptable for the evaluation to occur or should a formal Change Review be held?

For evaluations, because there is no change in frequency, duration, or location, "no provider available" can be changed to the actual provider by an administrative change review. Evaluations can also be authorized for 6 months. Service coordinators must document that they are searching at least monthly for available providers.

20. How do service coordinators document in BRIDGES that a service is provided in more than one location? For example, sometimes the provider sees the child in the natural environment and other times they are seen in the clinic.

List the service location as "home." The service provider will indicate the actual location when they enter their service log for each date of service.

21. Who should enter the MCHAT-R/F and/or STAT results on the screening page in BRIDGES?
▶ If a child enters the system at 18 or 24 months then the Initial Service Coordinator should conduct MCHAT-R/F and document the results received prior to the transfer of child to the Ongoing Service Coordinator.   However, if results are not received prior to the child's transfer from SPOE, then the Ongoing Service Coordinator should document results on the Screening page in BRIDGES once they are received. ALL MCHAT and STAT results should be entered into BRIDGES (even passing results). If an ongoing service coordinator receives a record with missing screening information, they should contact the initial service coordinator to determine if the information has been received. Once those results are received, the ongoing service coordinator should enter the screening results in BRIDGES.
▶ If a child is receiving services and turns 18 or 24 months or if there is parent/team concern, the Ongoing Service Coordinator should conduct the MCHAT-R/F and document the results within BRIDGES on the Screening page. See BabyNet FAQ: Autism Spectrum Disorder Guidelines for additional information regarding BabyNet policy and procedures.
*See the **BRIDGES Data Entry** (http://uscm.med.sc.edu/tecs/bridges.asp) TA document for guidance on how to document ASD services in BRIDGES

22. How is the M-CHAT-R/F scored and reported in BRIDGES?

The scoring algorithm for the M-CHAT-R/F is different from the original M-CHAT. For the M-CHAT-R/F all items except 2, 5, and 12, the response "NO" indicates ASD risk; for items 2, 5, and 12, "YES" indicates ASD risk. The following algorithm maximizes psychometric properties of the M-CHAT-R:

- LOW-RISK: Total Score is 0-2; if child is younger than 24 months, screen again after second birthday. No further action required unless surveillance indicates risk for ASD.
- MEDIUM-RISK: Total Score is 3-7; Administer the Follow-Up (second stage of M-CHAT-R/F) to get additional information about at-risk responses. If M-CHAT-R/F score remains at 2 or higher, the child has screened positive. Action required: refer child for diagnostic evaluation and eligibility evaluation for early intervention. If score on Follow-Up is 0-1, child has screened negative. No further action required unless surveillance indicates risk for ASD. Child should be rescreened at future well-child visits.
- HIGH-RISK: Total Score is 8-20; It is acceptable to bypass the Follow-Up and refer immediately for diagnostic evaluation and eligibility evaluation for early intervention.

23. Do you have examples of how to document in the service notes the administration of the M-CHAT-R/F?

DOCUMENTATION EXAMPLES:
- LOW-RISK: M-CHAT-R/F completed this date. Score was ___ which indicates no apparent signs of autism observed during screening. Milestone handouts and Autism Fact Sheet shared with family. Discussed ongoing monitoring of child's milestones. Recommended that family become aware of milestones and continue to observe child's developmental progress for potential delay.
- MEDIUM-RISK: M-CHAT-R/F completed this date. Score was ___ which suggests a referral be made to DDSN for M-CHAT-R/F follow-up interview per consent of family. Provided family Autism Fact Sheet and other resources for review. Will await results of screening and continue to follow child and family.
- HIGH-RISK (motor/sensory impaired children): M-CHAT-R/F completed this date. Score was ___ which suggests a referral be made to DDSN for M-CHAT-R/F follow-up interview per consent of family. Provided CDC Learn the Signs ACT Early resources and other materials for review. Will await results of screening and continue to follow child and family.

24. How should Intake Service Coordinators (SPOE) handle re-referrals?

- ➢ To re-activate a child, first use the Child feature to find the child and type in the child's name. Click on "detail" beside the child's name to open the record.
- ➢ First, go to the Referral screen and find the original referral date and remember it or write it down.
- ➢ Next, go to the Transition screen, scroll to the bottom to Exit/Close Information. Record the original referral date you just got from the Referral Screen, original discharge date and discharge reason from this screen in the Note box, then remove the exit date and reason from #1 and #2 on this section of the screen and SAVE. Example of information entered in Note box: "Original referral date was 02/12/2012. Discharged on 03/21/2012 due to Attempts to Contact Unsuccessful."
- ➢ Go to the Referral screen. Note the old referral date and then enter the new referral date in the Referral Date field, and proceed with the intake process as usual.
- ➢ In the Note section of this screen enter any needed explanation of the re- referral. Example of information entered in Note box: "Original referral date was 02/12/2012. Discharged on 03/21/2012 due to Attempts to Contact Unsuccessful."
- ➢ Create a new IFSP. There is not an option to enter a second initial IFSP for a child. The first IFSP is ALWAYS considered the Initial IFSP. If there was an IFSP in the child's record in the past, and the service coordinator has determined that a new one is needed, he or she must name the newly created plan an ANNUAL plan. If previous service coordinator failed to finalize the previous IFSP, the SPOE coordinator should finalize, then prepopulate an Annual. This will alert the system to the correct annual anniversary date. On the Meeting Note Section #8 of the IFSP Screen, enter a statement that "This is the first IFSP since Joseph's re-referral to BabyNet on 02/25/2014."

25. Why can't I as the Service Coordinator Agency Adm User not see all children on my staff's caseloads?

There are two primary reasons cases are not showing up under an Agency Adm logon:
- ➢ The service coordinator has not assigned themselves to the planned services. They have to assign their service and themselves to the planned services for "primary service coordination" and "special instruction". If they are not assigned to the child's Planned Services then the system does not know to connect them, your agency or their service to the specific child.
- ➢ The service coordinator has assigned themselves to the planned services as "primary service coordination" and "special instruction" but one or both of the service end dates has expired. If the date of service has expired the child will not show on the caseload list on your agency administrator logon. The system thinks that your agency and the provider are no longer connected so will not give you access to view the record.

Suggest that Agency Adm users work with each of their agency service coordinators to see the total number of children they each have on their individual dashboard verses the total number of children showing on the agency adm logon dashboard. This can help the Agency Adm and Service Coordinator better understand the training points mentioned above.

26. Why are there children showing on my service coordinator dashboard who have already closed to BabyNet?

This means you have not entered their exit/transition information on the Transition screen. It is very important that service coordinators check their caseload drop-down frequently to make sure they have not forgotten to exit children. Children left active in BRIDGES after they have closed can negatively affect your data. (Ex: A child exits BabyNet because they have met all outcomes and the team feels the child no longer needs services. If not exited, and the next plan comes due, the child will show as having a late IFSP, even though

SERVICE PROVIDERS

1. How can a Service Provider (OT, PT, Interpreter, etc.) access a closed/inactive record and add missed documentation?

The record does not need to be unlocked to add documentation within the child's record. Records of closed/inactive children can be accessed by IFSP team members for 60 days after child's closed/exited date. This 60 day timeframe is temporary to allow users to adjust to system but will change in the future.

Closed/inactive children will not show up on the service provider's home page/dashboard. In order for a service provider to access a closed/inactive child's record they will need to use the "Search Child" button on their home page. Once on the search page they will need to click search by "Workload" then enter the child id #. Click on "detail" and go into the child's record and add documentation under the appropriate screen.

2. Can Service Providers enter service logs on a Pending IFSP plan?

Only service logs for initial/primary service coordination, evaluations (and interpreting/translating prior to the initial IFSP meeting) can be added to a Pending IFSP status. The "pending" IFSP status does not allow service providers to input service logs for Individual Services or IFSP Team Meeting/ Consultation. Service Providers will need to contact the Service Coordinator to let them know that they are unable to input service logs due to #2 on the
IFSP screen (plan type). This needs to be updated to reflect the current plan status of Initial, Annual, or Six Month. After this is completed service providers should be able to input notes. If the plan is in pending status because the service coordinator accidentally prepopulated a new plan that was not necessary, the service coordinator should submit a help desk ticket and request that the pending plan be deleted.

3. What if a child shows up on my Service Provider dashboard but I am not providing services to the child?

This means that the service coordinator has added your service, agency and name to the child's planned services screen. Adding this to the planned services screen authorizes the service and allows the provider to access the record and provide services. You will need to contact your

service coordinator and let them know this child is showing up under your logon and is not supposed to be on your caseload. The service coordinator is the person who can fix this issue.

4. What does the "BTW Error Message" mean?

This means that the service you are trying to enter notes for has expired and the note that you are trying to input is not between start and end dates of the planned service. On the service log page, try selecting a different IFSP in the upper right corner. This may change the planned period and allow you to enter a log. First check to see if there is a different authorization that contains the date you need (either on this or a previous IFSP). If you are still not able to enter your note, contact the Service Coordinator to discuss whether a change must be made in your service authorization under the Planned Services.

5. What should Service Providers do when they go to document a visit and don't see their service in the drop down on the Service Log screen?

For example, you provided Occupational Therapy Individual Service but only see the service for Occupational Therapy Eval/Assessment or Occupational Therapy IFSP Team Meeting/Consultation in dropdown.

First, make sure you have selected the correct IFSP plan on the service log screen. If you still don't see your service, contact the Service Coordinator immediately and ask them to add the correct service to the Planned Services screen. This will authorize providers and make the correct services show up on the Service Log screen. Do not document under the wrong service as this will affect reimbursement.

6. What should Service Providers do when they go to document a visit and see their service listed multiple times in the drop down on the Service Log screen?

For example, you provided Occupational Therapy Individual Service and see this service listed three times in dropdown.

Click on one of the services and look over to the right at the Planned Period date range. Make sure the services you are documenting occurred within that date range. If not, click on a different duplicate service and check the Planned Period date range. Continue this until you find the correct range you need to document the service. Contact the Service Coordinator immediately and ask them to update (clean-up) the Planned Services screen of the child's record so that only the correct Planned Period date range option is available on the Service Log screen. The system will not allow you to document under the service code connected to the wrong Planned Period.

7. How can Service Providers check to see if their service has been authorized?

Service Providers should check the Planned Services screen for start and end dates of their service after IFSP meeting has occurred. You will need to note these dates and make sure you do not provide services outside of your authorization period. Paper authorizations should no longer be used by service providers. Your authorization or service id # is generated under the Planned

Services page in BRIDGES. Services may not be reimbursed if they do not occur within authorization timespans.

8. How can Interpreters/Translators be sure their service has been authorized correctly?

When you attend an IFSP meeting, always remind the Service Coordinator that Part C is the only payor for Interpreter or Translation services. See Authorizing Interpreter/Translation Tip Sheet. Do not enter a service log on a new plan until you have checked the IFSP to be sure that Part C is Payor One. If it is not, DO NOT PROCEED TO ENTER A SERVICE LOG until you've contacted the Service Coordinator and it is corrected on the Planned Service screen. (Once a service log is entered the Service Coordinator cannot change the authorization on the plan!) Assistance in correcting a previously submitted claim (one that is in Account Payable History) can be provided by Jasper.

9. How do I correct an error I made on a service log?

Services logs are not to be deleted as they are a part of the child's permanent record. You will need to go into the Service Log of the child's record. Then click Edit on the note entry with documentation error. Add a note under Correction/Addendum with the correction and click SAVE. In some cases you must take further steps to ensure correct claims for the visit. This note will show up under the Accounts Payable view for the person handling your agency billing and Jasper to see for correction. The following explains this further:

    a. **Wrong Child**
       If you entered a service log on the wrong child edit the service log in the wrong child's record. Enter "ERROR: Wrong Child Record. Please disregard and DO NOT PROCESS CLAIM." SAVE. Contact your agency administrator with this information so they can enter a claim of $0 for this child. If the claim has already been paid, the agency administrator must contact the payor source (Medicaid, Private Insurance, Jasper for BabyNet) and arrange for a reversal. Then enter the service log on the correct child's record and have the agency submit your claim as usual.

    b. **Wrong Service**
       If you entered a service log under the wrong service (for example you chose IFPS Team Meeting/Consultation and the visit was Therapy), edit the service log. Enter "ERROR: Incorrect service entered in error. Please disregard and DO NOT PROCESS CLAIM." SAVE. Contact your agency administrator with this information so they can enter a claim of $0 for this child. If the claim has already been paid, the agency administrator must contact the payor source (Medicaid, Private Insurance, Jasper for BabyNet) and arrange for a reversal. Then enter the service log under the correct service and have the agency submit your claim as usual.

    c. **Wrong Date**
       If you entered a service log with the wrong date (for example you entered 12/11/2014 and it should have been 12/21/2014) edit the service log. Enter "ERROR: Incorrect date entered in error. Correct date is XX/XX/XXXX." This will not affect payment.

    d. **Wrong Time**
       If you entered a service log with the wrong time but the amount of time is correct (for example you entered 10:00-11:00 but it should have been 09:00-10:00) edit the service log.

Enter "ERROR: Incorrect time entered in error. Correct time is XX:XX to XX:XX." This will not affect payment.

    e. **Wrong Amount of Time**

       If you entered a service log with the wrong time and amount of time is also incorrect (for example you entered 10:00-10:30 but it should be 10:00-10:45) edit the service log. Enter "ERROR: Incorrect time entered in error. Correct time is XX:XX to XX:XX. PLEASE ADJUST CLAIM." Contact your agency administrator with this information so they can enter a claim of for the corrected time for this child. If the claim has already been paid, the agency administrator must contact the payor source (Medicaid, Private Insurance, Jasper for BabyNet) and arrange for an adjustment.

10. How long do Service Provider users have to access a child's record?

All service providers have access to the record for 60 days from the date their service ends or the child exits BabyNet (whichever comes first).

During the 60 day period:
- The child's record will not show on a service provider's dashboard, but can be accessed by using the "search child" feature.
- All services logs should be entered prior to 60 days after date service ends or child exits.

After the 60 day period:
- Service providers will no longer be able to access the child's record.
- Service provider agency administrators will have to enter the log.

11. How do you handle missed visits due to extended family vacations or hospitalizations? EXAMPLE: I have a family who will be out of the country for 2 weeks. The speech therapist asked me if there is a way to alter the frequency/duration of speech therapy on BRIDGES through a change review to allow her to make up missed visits. This child currently receives speech therapy 2x/week/30 minutes and has private insurance. Is this possible?

Change review is not needed due to services authorized until 9/15/15, therefore, the Speech Therapist when she sees the family will need to enter under Service Notes the visit note and under the Correction/Addendum indicate this was a make-up visit and the reason for the missed visit (FAMILY OUT OF THE COUNTRY FOR TWO WEEKS).

12. Who is responsible for documenting the ABA line therapy hours in BRIDGES?

The ABA Lead Therapist is responsible for documenting all services within BRIDGES. Line Therapist do not have access to BRIDGES.

13. Why are Individual Service Provider Users' children on caseload not showing up on Service Provider Agency Admin Users' dashboard?

This could mean that the child's primary service coordinator has not added their services to the child's Planned Service screen. Adding the provider on the Planned Services screen authorizes the service and allows the provider and agency to access the in question and ask to be added to the

child's planned services. The service coordinator has to initially add the line of service for the Evaluation. After the Evaluation has been completed a change review should occur to add the Service and the IFSP meeting/consultation to the planned services.

On the most current IFSP, there may be up to three lines of service for each therapist. For example: 1) an OT Evaluation 2) OT individual services and 3) OT IFSP team meeting/ consultation may be included on the same plan. Each discipline must have every service they are providing listed, including assistants.

Another issue could be that the services listed on the planned services have expired end dates of service. The date range of each service must include the date of service the provider wishes to document in order for BRIDGES to accept the service log. If the date has expired, then the service provider will not be able to see the child listed on their active caseload.

Service providers should ask the primary service coordinator to check the start and end dates and update the plan as needed. For example OT may be on planned services with end date of 3/1/14 and the OT may be trying to input service log related to service on 4/11/14. Since the authorization has expired the system will not allow documentation of this date of service for the child. Providers are encouraged to carefully monitor the Planned Services page of the children served to make sure your service has not expired or is nearing expiration. It is encouraged that service providers make contact ahead of time with the service coordinator to ensure that your service is reauthorized prior to expiring.

BILLING/REIMBURSEMENT

1. **How do Individual Service Providers/Agency Admins submit claims to Jasper through BRIDGES?**

To submit claims to Jasper:
   - ➢ Click on the link on your Home Screen labeled "Services Logged Awaiting Payment"
   - ➢ Click on "Search" (no need to enter any other data)
   - ➢ A list of all children for whom you have entered service logs but not submitted your claims will appear.
   - ➢ Click "Detail" beside one of the children. BRIDGES will take you to that child's record, the Account Payable screen.
   - ➢ The AP Screen is divided into two major sections, the Pending Account Payable and Account Payable (AP History)

To submit claims, you must:
   - ➢ Click on "Show All Pending Account Payable" to be sure you are seeing them all, even if it's older than 60 days.
   - ➢ For each pending claim, type into the white "Billed Amount" box the amount you are claiming to Payor One. SAVE

If payors include Medicaid and/or Private Insurance, submit your claim to them as always. If you need to submit a claim for BabyNet funds after receiving your EOB's for submission and appeal from the other payers, send a copy of that documentation to Jasper using a cover sheet with the child ID# clearly marked. Jasper will review the documentation and process a payment from BabyNet funds if appropriate.

After saving, if your claim meets the criteria for approval the system automatically approves the payment and it drops down into the second section "Account Payable" (AP History). To see older claims click on "Show all Account Payable". If your claim is for a service that must always be reviewed (like an assessment), is too old (over 120 days) or is for more than the maximum allowed rate, Jasper will review the claim and make a payment decision. Once that is done the claim will drop down into AP History and show on your Agency Invoice report.

After you are finished with one child, click the "Service Logged Awaiting Payment" link at the top of the screen to return to that page and look for the next child. Click "Search" again and choose the next child. When you are finished with all pending claims, this list will be empty. Jasper pulls a file from BRIDGES based on "Approve Date". Currently they are creating a new file weekly.

Create an invoice report to match the next check from BabyNet. Click "Agency Invoice Report" on your Home Screen and enter the start and end date of the next payment cycle. (Currently Jasper is using weekly cycles from Sunday of one week to Saturday of the next week. For example, this week's cycle will include all claims with an approve date between 01/11/2015-01/17/2015).

Claims are processed by Jasper. If you require help in the future with a submitted claim, contact Jasper.

2. How long do Agency Admin users have to access a child's record to ensure all claims have been entered into BRIDGES?

Agency Administrators have access to the record of a child that has received services from their agency indefinitely. All persons with Agency Admin logons will continue to have access to the record after the Service Provider user 60 days from the date their service ends or the child exits BabyNet (whichever comes first). This allows for entering of any outstanding service logs in order to create billing events; however, BabyNet and reimbursement policies and procedures will be followed.

3. What happens if a service provider conducts a visit during a time frame that their service ended due to the IFSP not being updated by the Service Coordinator and team?

It is important to avoid gaps in services for children within BabyNet. However if there is a time when the IFSP team meeting has not occurred and visits are conducted, these visits will not be reimbursed by BabyNet. This is because the services were not authorized by the family and team or on an updated IFSP at the time the visits were conducted. Service Provider should always check the Planned Services screen to make sure service authorizations are current for your employees before conducting a visit. Unauthorized visits will not be reimbursed by BabyNet.

BRIDGES ACCESS

1. Do students working with therapist or other early interventionist need a BRIDGES logon?

No. BRIDGES logons are for agency employees who are fully licensed or certified. All student

documentation of visits should go under supervising therapist/early interventionist's logon. However, student involvement in visits should be documented in Service Log. Documentation should include student name and level of involvement in visit. It is the individual supervising therapist/early interventionist's responsibility to ensure that the rules, regulations and ethics of their discipline related to supervision of students are followed.

2. **Do Speech Language Pathologist employed within their Clinical Fellowship Year (CFY) need a BRIDGES logon?**

No. BRIDGES logons are for agency employees who are fully licensed or certified. The CFY's name should be listed within the notes section under the Planned Services authorizing the Supervising therapist/early interventionist. All CFY documentation of visits should be include under the Supervising therapist's logon. Documentation should include CFY name and level of involvement in visit. It is the individual supervising therapist/early interventionist's responsibility to ensure that the rules, regulations and ethics of their discipline related to CFY supervision is followed.

3. **Do ABA Line Therapist need a BRIDGES logon?**
No. The ABA Lead Therapist provides all necessary documentation in BRIDGES related to services.

4. **Who do I contact about BRIDGES access?**

If you are an existing user, first contact your Agency Administrator user (typically your supervisor) within your organization. This person is able to reset your password and updated your user profile.

If you are a new employee and are trying to become a BRIDGES user, first contact your Agency Administrator user (typically your supervisor) within your organization. This person has to submit a BRIDGES access request prior to you being issued a BRIDGES logon. This request should only be completed after all BRIDGES online training has been completed.

When I need help who do I contact within the BabyNet system?

BabyNet personnel are encouraged to use the TECS Helpdesk https://tecshelpdesk.zendesk.com/anonymous_requests/new to submit all questions. These request are answered or routed to the appropriate persons. This is the quickest way to get your concerned addressed. However, below are the contact names of persons who can help with urgent matters.

BRIDGES Access or Questions- Renee Sewell or Dr. Lesly James, TECS
Office: 803-935-5392   Renee.Sewell@uscmed.sc.edu   Office 803-935-5217
Lesly.James@uscmed.sc.edu

Part C Credential Enrollment Form Questions- Lisa Henry, TECS
Office: 803-935-5227 Lisa.Henry@uscmed.sc.edu

TECSBOOK Access or Questions- Lisa Henry, TECS
Office: 803-935-5227 Lisa.Henry@uscmed.sc.edu

BabyNet Contracted Provider Concerns- Robin Morris, BabyNet State Office
Office: 803-734-8077 Cell: 803-315-3662   rmorris@scfirststeps.org

Billing Concerns- Carol Shider, Jasper DSN Board
Office: 843-726-4499, X232 cchisolm-babynet@jcbdsn.com

Anderson/Spartanburg SPOE District Concerns- Shelia White, BabyNet State Office
Cell Only: 803-360-0712 sbwhite@scfirststeps.org

Richland/York SPOE District Concerns- Debra McCoy, BabyNet State Office
Office: 803-734-8060 Cell: 803-920-9381   dmccoy@scfirststeps.org

Horry SPOE District Concerns- Gail Shelly, BabyNet State Office
Cell Only: 803-360-0643   gshelley@scfirststeps.org

Charleston/Colleton SPOE District Concerns- Lenora Burke, BabyNet State Office
Cell Only: 803-360-3878   lburke@scfirststeps.org

BabyNet Eligibility/Intake Concerns- Christie Duke at BabyNet State Office
Office: 803-734-4713 Cell: 803-928-0500 cduke@scfirststeps.org

BABYNET STATEWIDE DISTRICT MAP

SPOE
District Codes

AN-Anderson
SP-Spartanburg
YO-York
RI-Richland
HO-Horry
CH-Charleston
CO-Colleton

● Local BabyNet Offices
● SPOE Supervisors