Dec., 2021-Jan., 2022

**Topic-Inequities in referral process**

OT provider

I wrote a **complaint to the Govenor's Inspector General's Office** regarding the inequities in the referral process in CFC 6 and stated that I heard that there were problems in other CFCs (I heard grumblings from other therapists at the Saturday morning OT CEU classes I went to prior to the pandemic) since there isn't an office at DHS. I haven't heard back. I will let you know, if I hear back from them.

The **referral process in general is different for each CFC** which is something that needs to be worked on! I think using our association could be an asset for many different issues

Response from OT provider

I think it would be great to get our association involved. I've heard from multiple therapists that they are concerned to bring up issues on their own for fear of not getting referrals. And not just OT! I would love to hear what others think about using our association?

**Topic- wait list**

OT provider

Thanks for getting back to me. The SC (CFC 4) asked me about the consult and made it quite clear that they have done it in the past.  In my opinion, it would be best that IOTA go to the manager of CFC 4 and discuss the issue. This is not coming from a DT. If I go to the manager, it might end my referrals.  Maybe my experience in CFC 6 has colored what I think I can do and continue to receive referrals.  The competition for referrals is quite high in the East Area of CFC6 and **independent therapists** are fearful of making waves.  If you want more information on CFC6 I would be happy to explain in detail the inequities of how the referrals are given out.

Thanks for the information.  I have not heard back from the SC in CFC4. The waiting list last week **was 40 and growing**. She might be able to fill it though she had doubts with the time constraints.

Can you share who you contacted? We typically send emails to Jenni Grissom and she responds for the most part!

I would be afraid to go to Jenni Grissom since I would be afraid that the complaint would have my name attached.  I actually wrote DHS and asked how I could file an anonymous complaint and they gave me three options. The Executive Office of Inspection seemed the most appropriate.  At the same time, I filed a second complaint that CFC6 was not making all their SCs use DocuSign and the paperwork was taking too long to complete. I got a letter back in October stating they had sent it on to DHS to deal with.

I agree with the town hall. I think there are alot of issues out there and many of them are also effect ST and PT.  I don't think they are being treated any differently.

I typically see kids in CFC6 and a few in CFC2. I am credentialled as an evaluator and ongoing. I have been seeing kids in CFC4 via  
Video. Their waiting list is now for about 40 for in-person. This

morning they asked if I could do a consult with the DT and then later  
was told that the consult would be monthly with the team.  The SC said  
that they have been doing OT consults for years.  I agreed only  
because if I didn't do it, she would find someone else.  Here is my

concern, as per usual, OT is giving away our practice. This week I  
watched a DT over video (another kid in CFC4) that the DT was just  
playing with him. There was no therapeutic value from what I could  
tell. When I asked the sitter to work on in/out play and told her how,  
the DT then picked up on it.  
Here is my question, are these "consults" typical for Downstate since  
they are short therapists? I have never heard of them being done in  
the North Suburbs but there always seems to be an over-supply of OTs  
since many from the city will work up here as well as the agency  
therapists are required to see 30 kids for benefits. So the SCs refer  
to the agencies first (one stop shopping).  
Thanks,

OT provider

I had this experience as well in CFC 15. A DT asked me to do consult and I told her no. She was not happy with me and said "**we do this all the time**". I just educated her on the **reasons I do not**..."I cannot adequately support a child and family on consult", "I cannot adjust the plan of care appropriately", "I cannot recommend sensory recommendations if I cannot formally assess the child". I think we need to do more education on this as a whole. I know it's not great not having OT available for children but consultation isn't the answer in my opinion. I don't feel that it is very ethical for us to do. Mostly my opinion, but let me know if you want to chat more, happy to!

Recommendations-

I would love for us to have an OT "**town hall"** through the association so members and EI OT providers can express their concerns and what they want advocated for! Hopefully we can do this in the new year coming up! This would be such a great topic for discussion

I think a townhall-type session would be a good idea. We can discuss at the EI SIS meeting. Now that ILOTA has the LMS, it is much easier to set up virtual sessions to bring people together!

**Topic- OTA supervision in EI**

A PT I know was asking me how much supervision a COTA is required  
to have generally and for EI.

COTA supervision- I reviewed the supervision of COTAs via EI and our licensing act.

There is a big discrepancy with the EI system requiring much more supervision of COTAs than needed for practice via licensing. The excessive amount of supervision impacts how many children can be seen by a COTA and also requires additional time for an OTR/L

to be seeing the entire caseload of the COTA with the COTA once a month. If we are concerned about increasing the availability of OT practitioners in EI this degree of supervision of assistants is of concern. I suggest you review the OT licensing act, the EI system act, and the EI handbook. There is a resource list within the EI SIS resources that contains links to all those documents. You can also upload any of those documents by a google search.  The EI handbook has the requirements for COTA supervision. The EI system act has the fact that each state develop their own policies and procedures which Illinois has in their EI manual for providers, easily available on line.

**Topic IICEI Council member concerns(Amy Zimmerman- public comment on EI procedures and handbook, and E signatures**

Amy Zimmerman from the council also sent me, Brenda and Maureen an email about electronic signatures. Also during the meeting about codifying that we had with JD Amy indicated that she was wanting to know whether the associations had any interaction in regards to public comment on the EI handbook being updated.

EI supervision

Here is how someone found me:  
  
I found you on the Provider Connections website in provider search.  
The trainers for the online training mentioned this is a good way to  
find OTs in our area for mentorship.  
  
And this is the site for supervision:  
  
<http://www.wiu.edu/coehs/provider_connections/qanda/consultative_experience.php>

 If the DTs even want to try to attempt to be professional, they  
should be required to take an ethics course and a sexual harrassment  
course which all licensed OT, PT, and ST are required to take every 2  
years.  Because they are not licensed, they don't have to take it.  
There is some irony in the fact that they don't have boards or  
licensing and have the control of who sees these kids.  
  
Also, I really think that in order to be credentialed that everyone  
should have to take a course on being a mandated reporter.  It has  
been a long standing issue. (I have a close pediatrician friend who  
works in abuse and neglect and complains about the EI therapists and  
not reporting). Alot of the problem is that if you report and the  
family figures it who reported, then they kick you off the case. From  
a pediatrician's point of view, they need you to keep going into the  
home to see if there is improvement or not. I once discussed this with  
the manager of CFC6 and she said that the parents have the right to  
request a new therapist. In this case, the therapist should remain  
until DCFS closes the case.

HI,  
The following is a list of concerns:  
1 Referrals: One way to equitably distribute within a CFC would be to  
have a running list and the SCs have to ask the next therapist on the  
list. They have the right to decline.  
    a. Evaluations: If they are going to insist on standing teams, the  
OT add should be given to the Independent providers who are  
credentialed and the OT team person not be given the OT add.  
    b. Who is getting all the NICU referrals.. I never get any nor any  
of my friends. The EI Coalition has received inquiries from Lurie Children’s as to why are the NICU referrals not being picked up.  
    c. Agency: It is my understanding that the agency therapists who  
want to get benefits are required to see 30 patients a week. If you  
figure out productivity as compared to a hospital therapist, that is  
ridiculous once you add in drive times.  Years ago they had talked  
about limiting it to like 20 clients per caseload (that number might  
be off). There was an outcry that would increase wait lists. My  
opinion is that the agencies then can't make money.  
   d. We are supposed to be treating kids for 60 min. The agency  
therapists write their notes during that 60 min. The independents go  
home and write it on their computers for the most part. Thus spend  
more time.  
2. Forms: They all need to be redone by a practicing therapist. They  
are just too repetitive.  
3. Audits: They are auditing the SCs and not the therapists. If you  
don't get some piece of paper from a SC you then get penalized.  
Therapists should only show proof of Script, Auth. and notes. The  
rest is State paperwork.  
4. Evaluations: BC/BS does not pay that much for an assessment, so why  
is the State of Illinois paying that kind of money. And I know your  
take on it but then you would have to just adjust it or consider it a  
loser.  
  
I know they are looking into how to keep more therapists. I think that  
if you cut the number the agency therapists could see, that would make  
it more palatable. Also, one of the managers said to me that there are  
places people won't drive to because they don't want to drive an hour  
(not unusual downstate). More money would be nice but I don't think  
thats all of it. The average therapist doesn't see the problems that goes  
on that independents put up with.  I think if they didn't have to  
drive around in circles 5 days a week to hit their quota, it might be  
more palatable. I think you would have to ask the agency therapist who  
work full-time for benefits to figure it out.  Also, during the  
pandemic, a couple of the therapists were getting harrassed by their  
agencies to see more kids because they couldn't see their quota. No one  
was gettting referrals at that point and I guess the agencies were  
feeling

Sample CFC 4 referrals and wait list

Attached is a PDF listing of all current ongoing needs by discipline. Currently, CFC 4 sends out our needs for PT, ST, and OT. Please only respond directly to this email for ongoing openings. Your response is not an acceptance of a referral, but a possibility. The response will be distributed to the SC for whom the need corresponds, and they will contact you. Please note that at times there are multiple responses per child/need so if you don’t hear back, it could be for a variety of reasons.

Thank you!

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PLEASE NOTE: We primarily have needs for in-person services at this time. Many of the children on the list are already receiving LVV services and are seeking to switch to in-person services (hence why so many needs are listed as “In-Person”). However, please continue to reply if you are only available for LVV. I will match your responses to all applicable needs. The SC will review all possibilities with the family and will contact you if the family wishes to begin services with you.

In your response, please indicate if:

a) Your response is for LVV only; or

b) You are potentially available for in-person visitation (or a hybrid of LVV and in-person visitation).

If you choose option b, please include which towns/ areas you are available to service.

This will help the SCs to communicate clear information to families when discussing options for ongoing services.

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