



Consulting Group, LLC

*Disability Program, Policy, Financing and Technology Consultant Services*

**CONSULTANT MEDICAID RECOMMENDATION SUMMARY  
November 8, 2007**

**Establish, through a State Plan Amendment (SPA), a new chapter of “Early Intervention Services” (EIS) under EPSDT – Early, Periodic Screening, Diagnosis and Treatment**

**Medicaid State Plan Amendment:** Through a State Plan Amendment (SPA), the State would create a new service entitled “Early Intervention Services” (EIS) as a new EPSDT service, for infants and young children referred for eligibility determination to The Infant and Toddler Connection of VA (IDEA/Part C) and who have an Individualized Family Service Plan (IFSP).

Access to these services would be through ITC, according to the Part C regulations, policies and procedures. This SPA would be framed around four (4) consolidated functional components within the ITC system:

**(1) Screening** A rate would be developed for the newborn and early childhood 0-5 comprehensive developmental screening using a state approved instrument, or individual domain screening to include:

- Comprehensive Health and Developmental History to include physical and mental health
- Developmental Assessment
  - Gross motor
  - Fine motor
  - Communication skills or language development
  - Self-help and self-care skills
  - Cognitive skills
- Assessment of Nutritional Status
- Complete physical examination
- Medical laboratory tests for lead screening, iron deficiency, cholesterol

**(2) Multidisciplinary Team Services including Evaluation and Assessment**

This category includes the multidisciplinary services rendered for the evaluation for eligibility, assessment for service/IFSP planning, and the team responsibilities for six month review and annual IFSP evaluation including the re-determination of child eligibility and family concerns, priorities and resources.

It is important to stress that this would be THE vehicle for Medicaid access for Part C services; no other chapters, waivers or current billing options would be permitted.

**(3) Early Intervention Services (EIS)** These services include but are not limited to the listing of Part C services, including Service Coordination. The majority of these services are already Medicaid covered services. The new service to be included is Developmental Therapy which includes direct child care, family training, education and counseling (anticipatory guidance).

- **Assistive Technology** (Durable Medical Equipment DME) would continue to be funded under EPSDT.

**(4) Service Coordination/case management:** Federal CMS does not generally permit reimbursement for blended models of service coordination. The reimbursement will be configured by reimbursement for face:face family or team activities which include consideration of preparation, documentation requirements, travel, telephone, etc. in the rate.

### **Administrative Claiming**

System infrastructure components (Child Find/outreach, Training/Technical Assistance, monitoring, data collection, etc.) will be an allowable cost center in rate development, as well as a consideration for practitioner time spent in direct services, teaming, consultation, documentation and an acknowledgement for reasonable planning and preparation. Administrative Claiming will be developed for both the state and local level participation.

### **KEY IMPLICATIONS:**

- Initiative includes all Part C services with the exception of Assistive Technology, which will be billed through EPSDT according to current procedures.
- All providers would enroll with DMAS.
  - A new class of providers – EI Specialists – would be created.
- Family choice of provider is a Federal requirement.
- Medicaid will reimburse for service coordination only when it is provided separately from service delivery.
- IFSP signed by the child's Medical Home Physician would serve as the Prior Authorization document for up to 12 months.
  - Schedule would provide up to 60 days to obtain signature with no disruption in covered services.
- Combined Part C and DMAS monitoring including local monitoring protocols on an ongoing basis will be developed (current Part C monitoring refinements).
- Potential exists for data transfers between Lead Agency and DMAS to verify child enrollment, verification of claims, billing and intergovernmental transfers.
- Common rates, utilizing the Medicaid rate as the "standard," are recommended for use in all Part C service reimbursement regardless of the source of funds.
  - A common rate for all functions would be established for all providers, which may range depending upon the provider qualifications (specialist, associate, assistant).

- This rate would include consideration of all related costs such as practitioner travel time and cost, preparation and report development.
- Reimbursement will be constructed using the 15 minute unit standard.
  - The rate should support the variety of individualized treatment model approaches to service delivery (including but not limited to the primary provider model) that are emphasized within the ITC system, ensuring the provision of appropriate services which the child and/or family needs.

ITC EIS are determined by the Multidisciplinary Team based upon the child's developmental status and unique needs, and upon the family's concerns, priorities and resources. Services are interdisciplinary in nature and focus on the family, and their designated caregivers, as the primary educator and support person for their very young child.

No service would be reimbursed by either the Part C system or Medicaid if it is not on the IFSP. All services in this SPA would be provided by qualified providers recognized as such by the Part C Lead Agency. Child transportation, as appropriate and necessary, would continue to be a Medicaid covered service.