

**Personnel Qualifications
Questions and Answers
February 27, 2009 – Updated 3/25/09**

1. Question: Why are changes being made to the requirements for personnel who provide early intervention services? Where can I learn more about the requirements?

Answer: Virginia's Comprehensive System of Personnel Development is being revised in order to meet not only the Office of Special Education (OSEP) requirements, but also the Department of Medical Assistance (DMAS) requirements for practitioners who provide/bill for early intervention services through Early Periodic Screening, Diagnosis and Treatment (EPSDT). All practitioners, except audiologists, physicians, and dietitians, who wish to provide early intervention services, including service coordination will be required to meet early intervention certification requirements. The following documents further clarify requirements and expectations:

- Infant & Toddler Connection of Virginia Core Competencies
- Practitioner Qualifications and Responsibilities Table
- Training/Competency Requirements for Early Intervention Certification

The Individuals with Disabilities Education Improvement Act 2004 specifies the following requirements for personnel development and personnel qualifications.

Sec. 635 REQUIREMENTS FOR STATEWIDE SYSTEM.

(8) A comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State that--

(A) shall include--

(i) implementing innovative strategies and activities for the recruitment and retention of early education service providers;

(ii) promoting the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services under this part; and

(iii) training personnel to coordinate transition services for infants and toddlers served under this part from a program providing early intervention services under this part and under part B (other than section 619), to a preschool program receiving funds under section 619, or another appropriate program; and

(B) may include--

(i) training personnel to work in rural and inner-city areas; and

(ii) training personnel in the emotional and social development of young children.

(9) Policies and procedures relating to the establishment and maintenance of qualifications to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including the establishment and maintenance of qualifications that are consistent with any State-approved or recognized certification, licensing, registration, or other comparable requirements that apply to the area in which such personnel are providing early intervention services, except that nothing in this part (including this paragraph) shall be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under this part to infants and toddlers with disabilities. <http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2C1%2CC%2C635%2C>.

2. Question: Did the Part C regulations change to include “developmental therapy”?

Answer: “Developmental Therapy” was the term initially identified by DMAS to differentiate early intervention services under EPSDT from services under outpatient rehabilitation. A decision was made in March 2009 to use the federal language, early intervention services rather than referring to these services as “developmental therapy”. Early intervention services to be reimbursed by DMAS through EPSDT include: Assessment to define developmental service needs for the IFSP;

- The design of activities and environments that promote the child’s acquisition of skills in a variety of developmental areas, including cognitive processes, social emotional development, language acquisition, movement and adaptive skills;
- Intervention planning, including the planned interaction of personnel, materials, and time and space that leads to achieving the identified outcomes in the IFSP for the child with a disability; and
- Consultation with the child’s family and other service providers to assess service needs, plan, coordinate, and evaluate services to ensure that services reflect the unique needs of the child and family within the context of the child’s development in all domains.
- Providing families with information, training, and support related to enhancing the skill development of the child; and
- Working with the child with a disability to enhance the child’s development in one or more developmental domains.
- Fabricating, customizing, fitting assistive devices designed to promote the child’s development, and instructing families and other caregivers in use, care and maintenance of assistive devices. Please note that the actual assistive technology device is not considered “Developmental Therapy” and will continue to be provided through DME.

3. Question: Will using the term “developmental therapy” prevent people from distinguishing between specific therapies? Will families and referral sources be informed about the discipline and qualifications of the individual who is providing the services?

Answer: The term “developmental therapy” will not be used. The IFSP team will determine the expertise and qualifications, including the discipline that is necessary to provide the services to meet the IFSP outcomes for each child. The name of the specific services, such as physical therapy, occupational therapy, etc. will be listed on the IFSP. What is currently listed as “special instruction” will be listed on the IFSP as “developmental services”. Please refer to the questions and answers about choice of providers for specific information about the family’s role in selection of providers.

4. Question: Can practitioners provide early intervention services prior to completion of the certification requirements (training modules and passing test with at least 80% accuracy)?

Answer: No, once the certification system is in place, certification requirements must be met prior to provision of early intervention services including service coordination.

5. Question: Do the early intervention certification requirements apply for provision of early intervention services to children who do not have Medicaid coverage?

Answer: The early intervention certification requirements apply to all practitioners, except physicians, dietitians and audiologists who wish to provide early intervention

services or service coordination for any Part C eligible child regardless of the child's payment source.

6. Question: Will all practitioners who are certified be considered “developmental therapists”? How will parents and referral sources distinguish between personnel who have minimal training (passing competency tests for online modules) and therapists with extensive education and training?

Answer: Practitioners will not be referred to as “developmental therapists”.

7. Question: Why is this additional certification required for personnel who already have licenses?

Answer: The early intervention certification requirements ensure that personnel providing early intervention services are qualified not only in their discipline but also in the competencies required to provide early intervention services. Two recent articles provide further support for the importance of specific training for provision of early intervention services. As reported in “Preparing Therapists as Effective Practitioners in Early Intervention” (Infants & Young Children, Vol. 22, No. 1. pp. 21-31), “educational programs preparing each of these disciplines (OT, PT, SLP) offer little information in preprofessional programs about early intervention, and therapists working in early intervention self-report low levels of competence.” Camille Catlett and Pam Winton report in “Statewide Efforts to Enhance Early Childhood Personnel Preparation Programs to Support Inclusion (Infants & Young Children, Vol. 22, No. 1, pp. 63-70) that “early childhood personnel preparation programs are doing an inadequate job of providing instruction related to teaching and caring for young children with disabilities”

8. Question: Will there be any option for experienced practitioners to be “grandfathered” in? Can practitioners go right to the test rather than spending hours on the modules if they are already knowledgeable about the topics?

Answer: Practitioners who wish to provide early intervention services or service coordination will be required to be certified under the new system. While it is highly recommended that all practitioners invest the time to go through the modules, it will be possible to go straight to the tests.

9. Question: How do I submit my license when I apply to be certified as an early intervention professional or early intervention specialist?

Answer: Practitioners will include their license name and license number on the certification application. DMHMRSAS will verify the applicant's license information through the Virginia Department of Health Professions License Look Up Webpage.

10. Question: How long will the certification process take?

Answer: It is anticipated that the process to review and approve an application that includes all of the required elements could be completed within two to three weeks. Incomplete applications and those with responses that require further investigation will take longer.

11. Question: Can we stop requiring that providers new to our local system take/pass the Orientation to Part C Module since these new requirements are being developed and will be implemented July 1, 2009?

Answer: New practitioners should continue to take/pass the Orientation to Part C Module until notification is sent from the Infant & Toddler Connection of Virginia that the new modules are available.

12. Question: Will the current early intervention assistants' EIA certificate still be valid? Will they be grandfathered in regarding the new requirements?

Answer: The new certification requirements and certificates will replace the current Early Intervention Assistant certificates/certification. With the exception of audiologists, physicians, and dietitians, practitioners who wish to provide early intervention services will be required to be certified under the new system.

13. Question: Given the number of practitioners who must take/pass the training modules, submit applications to the State Lead Agency and have these applications reviewed and approved, is it possible to delay the requirement for certification for service coordinators (who will not be billing for developmental therapy)?

Answer: The Part C Office recognizes the volume of work that will be required to process applications for all practitioners in Virginia's early intervention system and may need to prioritize processing the applications. However, the timeline for completing training and submitting applications for certification will not be delayed for service coordinators because of the pivotal role they play in early intervention services.

14. Question: Who is monitoring training for all of the independent practitioners as well as the therapy agency staff to ensure continued compliance?

Answer: Monitoring of training will occur through the certification process (through the State Part C Office) for each individual practitioner.

15. Question: Is certification as an outpatient rehabilitation facility required in order to bill Medicaid for early intervention services?

Answer: Certification as an outpatient rehabilitation facility will not be required for a certified early intervention professional or certified early intervention specialist to bill for early intervention services. Practitioners must enroll with DMAS as an EI provider even if they are already enrolled with DMAS as a rehab provider in order to bill for early intervention services.

Personnel Qualifications:

16. Question: Can a service coordinator be a developmental therapist?

Answer: The classifications for practitioners in Virginia's early intervention system include: early intervention professionals, early intervention specialists and early intervention service coordinators. Early intervention professionals and early intervention specialists can provide early intervention services. In order for a service coordinator to

provide early intervention services, he/she would need to be certified as an early intervention professional or an early intervention specialist in addition to being certified as an early intervention service coordinator.

17. Question: Are “regular” educators and special educators considered two different disciplines for the purpose of meeting the multidisciplinary team requirements for determination of eligibility and for assessments?

Answer: “Regular” educators and “special” educators fall in the category of educators; they are NOT considered different disciplines.

18. Question: Have state regulations changed to allow school system speech language pathologists to provide speech therapy services outside of the public schools?

Answer: In order to work in early intervention, speech language pathologists must have a license from the Virginia Board of Audiology and Speech-Language Pathology. The list of early intervention practitioners has been revised.

Training Requirements:

19. Question: Will the initial early intervention certification requirements replace Kaleidoscope I? Will Kaleidoscope II continue to be provided and will it continue in its current format?

Answer: Service Coordinators are required to complete the four training modules: Child Development, Family Centered Practices, Service Pathway and Practitioner Requirements for their initial Early Intervention Service Coordination Certification.

20. Question: How many hours will each college credit hour count?

Answer: The Part C Office is researching this question.

21. Question: How many hours will be required for the 18 month recertification?

Answer: The 18 month recertification requirement has been eliminated.

22. Question: Will there be assistance and or a resource list to help achieve the 30 hours required for the 3 year re-certification? Will these courses be provided free of cost to practitioners? Also, can these hours count towards a therapist’s licensure?

Answer: The Part C Office will continue to provide information to local systems about available training opportunities that have been made known to the Part C office, which include a mix of trainings that are free and those that require a fee. It is expected that practitioners will also investigate additional available training opportunities. Most, if not all of the training required will meet either Type I or Type II continuing education requirements for PT, OT and SLP.

23. Question: What is the motivation behind requiring a personal development plan?

Answer: The requirement for a personal development plan recognizes the individualized nature of the training and experience of individuals providing early

intervention services and provides a mechanism for individuals to customize their continuing education to meet their specific needs.

24. Question: Can the state be a CEU provider so that training that is taken to meet the early intervention certification requirements can also count to meet the PT, OT or SLP continuing education licensure requirements?

Answer: Trainings provided by state, local or federal government agencies or by colleges and universities meet the requirements for Type I continuing education for PT and SLP. OT regulations require that the continuing education be provided by “a sponsor or organization recognized by the profession”. The Part C Office contacted the Board of Medicine to ask if government agencies or colleges and universities would meet the requirement of sponsor or organizations recognized by the profession. The response from the State Board of Medicine indicated that this was the purview of the Occupational Therapy Association. A representative of AOTA indicated that AOTA could not make a statement about whether these agencies met the criteria. The AOTA representative directed the Part C Office to the National Board for Certification in Occupational Therapy (NBCOT) and indicated that the Certification Renewal Handbook lists continuing education that is approved by the profession in NBCOT’s list of accepted activities for certification renewal. NBCOT lists attending employer-provided workplace continuing education as well as workshops, seminars, lectures and professional conferences approved by regionally accredited colleges or universities, State regulatory board for licensure renewal, continuing education providers and third-party entities are among the accepted activities.

25. Question: Why are more hours of training/continuing education required than the discipline specific regulations require?

Answer: The number of hours required is less than what is required by state regulations for PTs and SLPs and the same number of hours that are required for OTs. Virginia regulations for physical therapists and speech-language pathologists require 30 hours of continuing education over two years (average of 15 hours/year); OT regulations require 20 hours over 2 years (average 10/year).

26. Question: Why is the certification period only for three years, when it is 5 years for education?

Answer: The certification period meets basic credentialing standards established by the National Committee on Quality Assurance (NCQA). While it is shorter than the requirements for Education, it is longer than licensure renewal requirements for OT, PT and SLP.

27. Question: Will students who provide early intervention services under the supervision of faculty members be required to be certified? Will the certification requirements apply to the faculty members?

Answer: Neither students nor faculty members will be required to be certified. The early intervention professional supervising the student must be certified and must have successfully completed the early intervention supervision training.

28. Question: How do we handle practitioners who only see one or two kids? This is a lot of time for them to spend without getting paid. Is there recognition that the certification requirements may limit the number of practitioners who are currently providing early intervention services only a few hours a week because it will not be cost effective for provider agencies to pay for 8-10 hours of training for those practitioners?

Answer: Federal regulations require a comprehensive system of personnel development that includes the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services. Adequate preparation and training is especially important for those individuals who provide a limited number of hours of early intervention services, because they are less likely than full time practitioners to have access to on-going teaming, information, communication and on-the job continuing education opportunities. One reason for choosing online modules as the mechanism for provision of training necessary to meet the Part C Certification is the fact that these can be taken at home at the practitioner's convenience. For most practitioners, these trainings can meet the individual's license renewal continuing education requirements. Training time was one of the elements factored into the calculations for determining the cost of providing an hour of early intervention service. The increased reimbursement rate is built on the assumption that providers will spend time in training, among other factors.

Supervision Requirements

29. Question: Why is supervision training being required by the Part C Office? Is it a part of the Certification process? If we already have had extensive supervision training, will it still be required? Who is responsible for monitoring completion of the supervision training requirements?

Answer: Supervision is an essential component of the comprehensive system of personnel development. Individual practitioners throughout the state have different levels of training, experience and expertise. A system of supervision by qualified personnel is necessary to ensure that appropriate, high quality services are provided whatever the experience level of the practitioner providing the services. Supervision will not be an early intervention certification category. This requirement will be included in the Local Contract for Continuing Participation in Part C and will be implemented by the local lead agencies. It is recognized that many individuals currently providing supervision have had extensive training and experience. However, in order to provide a consistent level of expectations and training for early intervention supervision, the early intervention supervision training will be required for all supervisors.

30. Question: Who can provide supervision for certified early intervention assistants?

Answer: Certified early intervention specialist (formerly referred to as certified early intervention assistants) must be supervised by a certified early intervention professional who has completed and passed the supervision training module.

31. Question: Is the supervision module/certification required for a physical therapist who is providing supervision of a physical therapy assistant in accordance with state physical therapy regulations?

Answer: If the physical therapist is supervising a physical therapy assistant who is providing early intervention services, the physical therapist is required to take/pass the Early Intervention Supervision module. The early intervention supervision requirements are different from discipline specific supervision requirements.

Service Delivery

32. Question: How do we list developmental therapy on the IFSP?

Answer: Developmental therapy will not be listed on the IFSP. The specific service needed will be listed, e.g. physical therapy, occupational therapy, etc. The service currently called “special instruction” will be called “developmental services”.

33. Question: Can a service coordinator who is certified as an early intervention professional or an early intervention specialist provide early intervention services to the same child for whom they are providing service coordination?

Answer: There are pros and cons for the same individual who provides early intervention services serving as the service coordinator. This is not allowed for children who are receiving Mental Retardation Targeted Case Management. It is not prohibited otherwise. If the service coordinator also provides another Part C service (assuming the service coordinator meets the provider qualifications for both roles), then there will only be reimbursement for one service – either the service coordination or the other Part C service – not both. This is true regardless of the reimbursement source (e.g., Medicaid, private insurance, Part C funds).

34. Question: Will it still be permissible for more than one discipline to provide services for a child?

Answer: There never has been and will not be a requirement that only one discipline provide services for a child. Services must be determined based on the IFSP outcomes and child and family needs related to the outcomes. In many or most cases, one primary service provider working in partnership with the family is appropriate to address the IFSP outcomes. The use of a coordinated, integrated approach to services, with one primary service provider, supports the focus on the natural flow of the family’s life within everyday routines, activities, and places and also recognizes that natural learning opportunities and activity settings belong to the child and family rather than to any one discipline. Other team members support the primary provider and the child and family by providing consultation to the primary provider, participating in joint visits with the primary provider to the child and family, and/or suggesting strategies and techniques to enhance progress toward outcomes.

35. Question: How will we assure that practitioners are abiding by the regulations and requirements if they are practicing independently and billing on their own? How will we ensure that independent therapy providers comply with the early intervention philosophy and practices?

Answer: Through the application for certification process, practitioners will be required to sign an assurance that they know and will comply with Part C regulations and Virginia practices. The application to be an early intervention provider for Medicaid will include a

requirement that they be affiliated with a local system. Local Systems will need to build into their contracts or letters of agreement, a mechanism(s) for oversight and quality management. In addition, compliance will be monitored through the utilization/quality reviews that will be conducted by the State Part C Office.

36. Question: How can local systems limit services from providers who, though they meet the EI Certification requirements, are not practicing in accordance with the evidence-based early intervention approach?

Answer: Please see answer to previous question.

37. Question: How will practitioners not affiliated with a local lead agency be monitored to ensure that they have appropriate malpractice insurance and the capacity to bill all insurance companies?

Answer: Practitioners will need to have an affiliation with a local system; either a contract or a letter or memorandum of agreement.

Free Choice of Providers

38. Question: What is the basis for the requirement for free choice of provider? Does choice of providers apply just for children who have Medicaid coverage or does it apply for all children in Part C?

Answer: Free choice of providers is already a requirement for children who have Medicaid. Citations for this requirement are found in the Centers for Medicaid and Medicare Services (CMS) state Medicaid manual and in the Code of Virginia: 12VAC30-10-490: Free choice of providers. The Part C System provides supports and services in a manner that is consistent for all children and families, regardless of payor source. Thus the requirement applies for all children/families.

39. Question: How will provider choice work? Can a family select any provider they want? Does choice of provider refer to choice of the individual practitioner or choice of the provider agency?

Answer: In order to meet the freedom of choice requirement, families must have the opportunity to select from among the provider agencies (which can include solo practitioners) who are qualified to provide the service and who are in their payor network (including Medicaid/FAMIS and Commercial MCOs) and who practice in the area where the child/family lives. It also means that if a family requests that a practitioner who is not affiliated with the local system, but who meets the early intervention requirements and is in the family's payor network provide their services, the local system must offer to affiliate (through contract or memorandum of agreement) with that practitioner. There must be documentation, including parent signature, that the family was offered a choice of providers. Choice of provider also means that families can request a change in providers.

40. Question: Are families expected to call providers to make their selection and arrange for their therapy services?

Answer: No, families are not expected to call providers to arrange for services. This remains the role of the service coordinator.

41. Question: What if a family chooses a provider who is out of their payor network?

Answer: Early Intervention service coordinators must clarify to families that in order for Part C to meet the payor of last resort requirement, Part C services must be provided by qualified practitioners who are in the family's payor network. If a family chooses to receive a service(s) outside of the Part C system by selecting a provider who is not in their network when there are providers available within their network, then the service would be listed under "Other Services" on the IFSP and Part C funds could not be used to pay for this service(s).

42. Question: What if a family chooses a provider who is not certified as an early intervention professional or early intervention specialist?

Answer: Early Intervention service coordinators must clarify to families that Part C services must be provided by practitioners who meet the Part C Certification requirements. If a family chooses to receive a service(s) outside of the Part C system by selecting a provider who is not a certified early intervention professional or certified early intervention specialist when there are certified early intervention providers available within their network, then the service would be listed under "Other Services" on the IFSP and neither Part C funds or Medicaid EPSDT funds could be used to pay for this service(s). The Local Lead Agency should inform any practitioners who are interested in providing early intervention services of the process to become EI Certified.

43. Question: What if the provider the family chooses is not available (full caseload)?

Answer: Service Coordinators must explain to families their options, which in this case could mean starting services with an available provider right away or waiting for their "chosen" provider to become available. The service coordinator must document this discussion. If the family chooses to wait, the service coordinator must document this decision and the delay in start of services will be considered "family scheduling preference" for monitoring purposes.

44. Question: Are families given a choice of providers within the local system or providers in the region?

Answer: Families must be informed of the practitioners who are affiliated with the local system. However, if families would like to receive services from a practitioner who is not affiliated with the local system but who meets the Early Intervention Certification Requirements and who is within the family's payor network, the local system should make arrangements with that practitioner to become affiliated with the local system.

45. Question: How can local systems meet the requirement of "contracting" with any qualified (EI Certified) provider and at the same time meet the contracting requirements (which can require bids, etc) of their own agency?

Answer: The Part C Office will work with Local Lead Agencies to address this question.

46. Question: How can systems manage caseloads if families consistently choose particular providers and not others?

Answer: Consistent choice of particular practitioners can be viewed as a flag to explore differences in how the practitioners are relating to families and/or providing supports and services. This can be used as an opportunity to explore and implement opportunities for improvement in provision of supports and services by all practitioners in the system. Regarding management of the caseloads, careful explanation must be provided to families about their option to begin services now with a practitioner who is available or to wait until their selected practitioner is available. They may opt to start immediately with a practitioner other than their first choice, with a request to switch to the practitioner they'd prefer when that practitioner's caseload opens up.

47. Question: Will a provider be required to be connected to or affiliated with the local early intervention system in order to provide early intervention services?

Answer: Practitioners will be expected to affiliate (contract, memorandum of agreement, etc.) with a local system in order to provide Part C early intervention services for children and families within that local system.

48. Question: Can families "opt out" of free choice of provider?

Answer: It is possible that some families may not have a preference for a specific practitioner or provider agency. In those situations, the local system should have a mechanism in place for assignment of providers. There must be documentation, including parent signature, that the parent was offered a choice of providers.

49. Question: What if the provider chosen by the family is one with whom the local system has concerns regarding quality of services provided, etc.?

Answer: In order for a practitioner to provide Part C early intervention services, she/he must meet the certification requirements, agree to abide by Part C regulations, and affiliate with a local system. If a local system has concerns that a practitioner is not providing services in accordance with the contract or memorandum of agreement with the local system, then the local lead agency must address these concerns with the practitioner.

50. Question: What will be posted on the web? What if a practitioner doesn't want their information posted on the web?

Answer: The practitioner's name, discipline, licensure and certification information, contact information (which can be the name and contact information of the agency with which the practitioner is employed), locations served and the general work hours including days of the week and AM, early PM or evening will be listed.

51. Question: Some therapists have raised concerns regarding their own privacy. Will there be an opportunity to understand and discuss this further?

Answer: Practitioners already have their name and license posted or accessible on the web by the Virginia Department of Health Professions, the Virginia Department of

Education or other accrediting/licensure/certification organizations, as well as on Payor Network websites

Reimbursement

52. Question: What services/functions will be reimbursed by Medicaid through this Medicaid Early Intervention Initiative?

Answer: The following services will be reimbursed by Medicaid through Early Periodic Screening, Diagnosis and Treatment (EPSDT) as early intervention services:

- Assessment to define developmental service needs for the IFSP;
- The design of activities and environments that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes, social emotional development, language acquisition, movement and adaptive skills;
- Intervention planning, including the planned interaction of personnel, materials, and time and space that leads to achieving the identified outcomes in the IFSP for the child with a disability; and
- Consultation with the child's family and other service providers to assess service needs, plan, coordinate, and evaluate services to ensure that services reflect the unique needs of the child and family within the context of the child's development in all domains.
- Providing families with information, training, and support related to enhancing the skill development of the child; and
- Working with the child with a disability to enhance the child's development in one or more developmental domains.
- Fabricating, customizing, fitting assistive devices designed to promote the child's development, and instructing families and other caregivers in use, care and maintenance of assistive devices. Assistive Technology Devices are reimbursed through DME as is currently the case.

53. Question: Do the "standard" reimbursement rates (\$150/hour for services provided by disciplines in Reimbursement Group I, \$110 for services provided by disciplines in Reimbursement Group II) apply regardless of the reimbursement source?

Answer: These rates will be paid under Medicaid Fee for Service (FFS). In the past, there were no Medicaid fee-based rates established. With the changes under the new structure, DMAS will have established fee-based rates for early intervention services. Medicaid/FAMIS contracted MCOs generally use the Medicaid fee schedule when developing rates. It is recognized that most private insurance companies do not reimburse providers at these rates. Guidance will be forthcoming regarding mechanisms for "charging" the Part C system to cover the costs of those components of early intervention services that are not currently reimbursed by private payors.

54. Question: What if services last longer – or shorter than one hour?

Answer: The reimbursement codes will be for 15 minute units.

55. Question: Who receives the \$150 reimbursement, the individual providing the service or the agency employing the individual? What if another agency is providing training and supervision and is doing the billing?

Answer: The \$150 or \$110 reimbursement is intended to cover all the costs associated with providing an hour of service including the practitioner's salary and benefits, documentation, travel, supervision, training, support, rent, and billing. Guidance will be forthcoming for local systems that contract with individuals to provide part, but not all of those components associated with provision of early intervention services.

56. Question: If a physical therapist and a physical therapy assistant see a child together (to fulfill the state licensure requirements for supervision of PTAs), will both be reimbursed for the session?

Answer: When two professionals see a child together in order to meet state licensure requirements regarding supervision, only one of the providers may bill for the service.

57. Question: Are there any anticipated concerns/issues about implementing these changes in personnel requirements and reimbursement with private insurers?

Answer: We do not anticipate specific concerns.

58. Question: How will "cherry picking" be avoided? We are concerned that providers may opt to provide services only for children with Medicaid because the rate is higher than private insurance reimbursement rates.

Answer: It is recognized that most private insurance companies do not reimburse providers at these rates. Guidance will be forthcoming regarding mechanisms for "charging" the Part C system for what is now referred to as "associated costs" to cover the costs of those components of early intervention services that are not currently reimbursed by private payors.