

Indiana Family and Social Services Administration

**Division of Family and Children
Bureau of Child Development**

SFY' 98

SERVICE DEFINITIONS



First Steps

INTRODUCTION TO EARLY INTERVENTION SERVICES

The major focus of early intervention should be on the family unit and on supporting adaptation and development in accordance with family preferences. Early intervention services are designed to meet the individual developmental needs of the child, and the needs of the family related to enhancing the child's development. These services, provided in the natural setting of the eligible child, utilize a family-centered service delivery approach and are designed to maximize the family's involvement and abilities related to their child and to promote independence.

Early Intervention services, defined in 34 CFR 303. 12, include:

Assistive Technology Services
Audiology
Developmental Therapy (special instruction)
Evaluation/Assessment
Family Training, Counseling and Home Visits
Health Services
Medical Services (For Diagnostic or Evaluation Purposes)
Nursing Services
Nutrition Services
Occupational Therapy
Physical Therapy
Psychological Services
Service Coordination (case management/care coordination)
Social Work Services
Speech-Language Pathology
Transportation
Vision Services

The Family and Social Services Administration (FSSA) will purchase or reimburse for units of service from local providers who have signed a provider agreement with the State of Indiana under the general supervision and monitoring of the early intervention service system known as First Steps, located in the Division of Family and Children, Indiana Family and Social Service Administration. Providers receiving funds to provide early intervention services shall comply with the terms and conditions set forth in the agreement between the state and the service provider.

Services are to be provided according to the Outcome(s) developed in the Individualized Family Service Plan (IFSP). Early intervention services shall be provided in the child's natural setting, and incorporate the family members and other primary caregivers as active participants. For the purposes of terminology in this document, "Parent/caregiver" involvement includes the parent, a guardian or other adult acting in a parental role associated with the child, including surrogate parents as applicable.

Family Training and Support Services

Family training and support intended to assist the family of a child eligible for Part H in understanding the special needs of the child and to participate actively in enhancing their child's development is reimbursable and may be provided under each of the individual service types. In developing each IFSP, the particular strategies and activities for service delivery should be discussed and may include family training and support instead of, or in addition to, direct child services.

Eligibility Determination/Child Find Responsibilities

Throughout the document, there is a discussion regarding assessment and evaluation services within each service descriptor that establishes a maximum of 7 ½ hours per twelve month period per discipline for clarifying evaluation, assessment and IFSP development activities per child. The annual maximums begin following activities that result in eligibility determination. These annual maximums do not include activities conducted prior to eligibility determination. Local System Points of Entry should develop procedures to ensure adequate follow-up opportunities for families if their child is not determined eligible for Part H services subsequent to appropriate assessment and team evaluation activities. Families may utilize their procedural safeguards if they disagree with the determination of the team, or other follow-up measures may be developed to ensure that the family knows how to contact the early intervention services system to reactivate the referral of their child at a later date if their concerns continue.

These annual maximums start with those activities performed to determine frequency and intensity of services and should be tracked by the Service Coordinator regularly. Re-assessments performed in a specialty area within a six month period will not be reimbursed. The Service Coordinator should verify the authorizations for assessments to ensure that activities are not planned or conducted that cannot be authorized for reimbursement. It is important for practitioners to track actual assessment time since service coordinators can only track what was authorized, not what was billed.

Implementation Schedule/Significant Changes

This document is produced for implementation statewide effective September 1, 1997. There are two key changes reflected in these service descriptors. They are:

1. Reorganization of reimbursement for service coordination to recognize reimbursement for IFSP development and financial case management activities. Reimbursement for these activities is in addition to the two, three, or four monthly contacts currently reimbursed.
2. Revision of the transportation rate for providers to more closely align with our collaborative funding sources. The rate for reimbursement for families has also been increased to match the state reimbursement rate.

A variety of documents are available under separate cover that will assist service providers to implement these service descriptors. These documents include:

1. **Prior Authorization Document:** A handbook has been developed to guide providers in the development of Prior Authorization requests.
2. **Financial Case Management:** This document, focusing on Financial Case Management, is designed to assist Intake Coordinators/Specialists and Service Coordinators as they work with families to identify the options available from their private insurance coverage and to determine if there is any cost potential to the family that may result from the use of their private coverage. Additionally, training is provided to local System Point of Entry personnel and Service Coordinators in the administration of Financial Case Management activities as local counties complete their activities for SPOE implementation and conversion to the Central Reimbursement Office.
3. **Provider Billing Instructions:** A manual has been developed to provide instructions related to billing activity for the Central Reimbursement Office
4. **Documentation for the Development of a Provider's Usual and Customary Rate:** A

document with optional methodologies for the establishment of a provider's usual and customary rate.

FAMILY AND SOCIAL SERVICES ADMINISTRATION
FY'98: EARLY INTERVENTION SERVICES

I. SERVICE DEFINITION

The services are for children from birth to age three in accordance with the existing state eligibility policy or any amendments. In order for a child under the age of three years to be eligible to receive services, the child must be determined to be at risk of developmental disability. Children under three years of age shall be determined at risk of a developmental disability if they: 1) are experiencing developmental delays; 2) have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay, or 3) are at risk for developmental delay due to biological risk factors which are documented by a physician in writing.

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III. SERVICE DELIVERY

The Family and Social Services Administration will purchase units of service from the enrolled and credentialed service providers who have signed provider agreements on file with the Division of Family and Children Services. Service providers who participate in the Part H system to provide early intervention services shall comply with the terms and conditions set forth in the provider agreement between the FSSA, CSHCS and the service provider.

IV. STATEMENT OF GOAL

Service funding is directed to support the goals of Early Intervention as stated in the Individuals With Disabilities Education Act, Part C:

- Goal 1. To enhance the development of infants and toddlers with disabilities and to minimize their potential for developmental delay.
- Goal II. To reduce the educational costs to our society, including our nation's schools, by minimizing the need for special education and related services after infants and toddlers with disabilities reach school age.
- Goal III. To minimize the likelihood of institutionalization of individuals with disabilities and maximize the potential for their independent living in society, and
- Goal IV. To enhance the capacity of families to meet the special needs of their infants and toddlers with disabilities.
- Goal V. To enhance the capacity of State and local service providers to identify, evaluate, and meet the needs of historically under-represented populations, particularly minority, low-income, inner-city, and rural population.

V. UNIT RATE STRUCTURE

Service providers will be reimbursed up to a maximum unit rate established by the Family and Social Services Administration. For all services except Assistive Technology and Other Early Intervention Services (.OEIS), maximum rates have been established. In some instances, prior authorization will be required before reimbursement is authorized. The need for prior authorization is identified within the specific service descriptor. Claims for reimbursement of services requiring prior authorization shall not be honored unless the proper procedures have been implemented before services are initiated.

VI. REQUIREMENTS AND RESTRICTIONS

- A. Documentation of eligibility and a need for the services must be in the child's early intervention (EI) record.
- B. Written informed, parent consent shall be obtained from eligible recipients to claim private insurance for those early intervention services covered in whole or in part through private, third party health insurance.
- C. Services excluded from reimbursement include: 1) services that are medical in nature; 2) services that are considered experimental; and 3) services or devices that have not received Food and Drug Administration approval.

- D. Off site rate reimbursement is restricted to those services provided in the eligible child's natural environment. All other service delivery settings are considered on-site.
- E. Co-treatment: When two or more early intervention therapists work directly with a child and/or family together, they should each bill for one-half ($\frac{1}{2}$) of the total session time at their rate of reimbursement, taking into consideration the differential for off- versus on-site service delivery. This policy is consistent with the ' reimbursement policy of the Indiana Medicaid Program, and is consistent with the historical billing practices under the grants/contracts system for First Steps services.

SERVICE COMPONENT CODE: Assistive Technology Devices and Services

1. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Assistive technology is defined in various pieces of federal legislation as "any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve functional capabilities of individuals with disabilities." In general, assistive technology (AT) is anything that helps to improve a person's ability to function. Examples vary across a very wide range including specially adapted toothbrushes, eating utensils, canes, wheelchairs, robotics and augmentative communication aids. Because of this diversity, the cost of AT is expected to vary as well. All Prior Authorization requests for AT equipment devices over \$500 must be accompanied by two bids submitted in writing by potential vendors.
- B. The need for assistive technology must be documented in the IFSP, and relate to a specific Outcome(s) in the IFSP. Documentation must be available in the child's EI record that discusses the need for assistive technology, and what steps or procedures have been implemented to determine this. For example, this would include a comprehensive assessment that addresses how the assistive technology device will address the need(s) of the eligible child in relationship to the child's disability.
- C. Assistive technology cannot be viewed as something separate from traditional therapeutic interventions. AT and its related services are another form of treatment that clinicians must consider in the course of administering any type of therapy including physical, occupational or speech/language/audiological services.

The need for AT and related services will vary with the child's degree of developmental delay and level of functioning. There is no "standard" for early intervention services for eligible children. For example, two different children with the very same clinical diagnosis may undergo similar assessments which will determine very different degrees (and even types) of functional limitations. In such instances, different types and levels of therapeutic interventions (which may or may not include AT) would be indicated.

Similarly, the frequency and duration of these treatments can also vary with the severity of each child's disability, the prognosis/response to therapy, the treatment modalities of choice, and the priority of the family.

Therefore, it is not possible to pinpoint "typical" choices with regard to AT interventions. The ability to identify functional or cognitive delays often depends upon the child's age. Intervention approaches will also vary with age, and there is considerable variability even in the short span of years from birth to three.

- D. Example of Covered Services - For seating, positioning and mobility:
- 1) prosthetics, orthotics and modular orthopedically designed seating devices for the infant/toddler age group. Such devices may include, but, are not limited to sip and puff controls, amplifiers, switches.

Assistive Technology Devices and Services (continued)

- 2) mobility devices may be indicated, dependent upon other abilities of the child in addition to mobility.
 - 3) specially designed equipment for the purposes of increasing, maintaining or improving the functional capabilities of the child.
- E. Examples of Covered Services - for speech, communication, cognition, and sensory development,
- 1) AT interventions, language boards, and other devices that can be manipulated manually and are designed to increase a child's cognition, discrimination, and responsiveness,
 - 2) specially adapted eating utensils,
 - 3) devices which have been specifically designed to enable persons with disabilities to perform activities of daily living, including to effectively communicate,
 - 4) hearing aids and FM devices, augmentative/alternative communication devices, specialized software designed to enhance communication and cognitive skills or enlarge images for children with visual impairments.
 - 5) adapted switches which provide alternative access to toys and computers.
- F. Non-covered Services - Any device(s) that has not been specifically designed/modified to meet the needs of the disability (including regular toys, utensils, dishes, diapers or equipment).

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the IFSP.
- C. A comprehensive assessment of need should be determined according to a set of indicators which should be determined by:
 - 1) changing developmental skills of a child in this age group;
 - 2) transient and short term nature of a child's AT use in this age group;
 - 3) the critical nature of AT application at certain development stages;
 - 4) adult training needed to use a particular group of AT devices interactively within various settings and the environment of setting in which the AT is applied; and

Assistive Technology Devices and Services (continued)

- 5) utilization of different standards because AT is a tool by which a child develops skills and the standards of other assessments should not be applied to it.

- D. An assistive technology team should be established as part of the assessment and intervention plan for the child. With an ongoing team model, AT decisions will be made in a logical consistent manner, with emphasis on ensuring transitional changes without a break in services. The team design should consider the following:
- 1) the assistive technology team should be long term in nature;
 - 2) the team should help to establish next steps and critical questions regarding AT when arranging typical assessments within this age group (i.e., language assessments, medical assessments, developmental assessments);
 - 3) family members should be the manager of the child's technology team and primary coordinator of information; and
 - 4) team members need to be selected from a set of critical caregivers in the child's life, including the child's parent(s), as well as the appropriate disciplines or professionals as specifically relates to the device being considered.
- E. The IFSP must include a specific Outcome that is directly related to one of the developmental domains, resulting in the identification of an assistive technology device as one of the strategies to meet that Outcome for the eligible child.
- F. The purchase, rental or repair of equipment or materials should be billed and reimbursed under Assistive Technology; assistive technology services such as fitting, adjusting, etc. should be billed under the specialty service component. Fitting for an AT device is considered an assessment activity and must be documented in the IFSP to avoid an audit exception. If there is no documented assessment for services, there may be an audit finding for any fund source. Any request for AT equipment or material that exceeds \$500 must be accompanied by two bids . Bids must be in writing from the vendors.
- G. The acquisition through purchase, rental or loan of computer equipment to an eligible child must be documented as related to the child's development in one or more of the five developmental domains and must be confirmed through an assistive technology assessment by an appropriately recognized facility or physician in conjunction with a credentialed/licensed specialist. This equipment must be reflected as a strategy related to an Outcome in the child's IFSP. Documentation must be present in the EI record that describes what other alternatives were considered or tried before computer equipment was recommended, and must be included in the request for prior authorization of such equipment.

Assistive Technology Devices and Services (continued)

- H. The purchase or rental of a wheelchair for an eligible child must follow the same prescribed procedures. Items such as an adaptive feeding chair, stroller, or car seat are allowable supported activities as long as:
 - 1) all prescribed procedures for identification, confirmation, and application of the device are reflected in the IFSP and in the child's EI record (e.g., assessment), and
 - 2) a reasonable accommodation has been determined with the family to reflect the portion of the device that reflects the normal and routine needs of the child without consideration of the disability (e.g., payment for adaptation of the equipment, not the equipment itself such as in the example of a car seat).
- I. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.

III. DEFINITION OF BILLABLE UNIT

All assistive technology devices will be identified with HCPCS codes and will be priced accordingly unless an exception is granted by FSSA.

This service definition only includes the device itself, rental and repair charges. The cost of all AT devices must be documented in writing. Pricing should be in accordance with the HCPCS codes. A maximum amount of \$499.99 per child over a twelve month period for the acquisition of assistive technology has been established. Prior Authorizabon is required for equipment that exceeds this maximum amount, which may occur for the purchase of one device or may be required when prior purchases together with the anticipated purchase price of additional assistive technology devices total \$500 or more. In the latter instance, the Prior Authorization (PA) would be developed for the most recent piece of equipment that resulted in an overall total expenditure in this service category of \$500 or more, In the former example, a PA must be completed and submitted for the entire device and all components. Requests for AT equipment or materials that exceed \$500 must be accompanied by two bids, in writing, from potential vendors.

IV. OWNERSHIP AND TRANSFER OF ASSISTIVE TECHNOLOGY DEVICES

- A. All AT devices purchased for eligible children are the property of FSSA with the exception of those devices that are normally expendable, such as eating utensils, adaptive bath chairs, orthotics, etc. During the transition planning, arranging for the return of AT devices must be discussed and documented. If families choose to retain possession of an AT device past transition, a buyout methodology has been established by FSSA.

Assistive Technology Devices and Services (continued)

V. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Audiological Services

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Audiological services include:
- 1) referral for medical and other services necessary for the habilitation of children with auditory impairment;
 - 2) provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and other services;
 - 3) provision of services for prevention of hearing loss;
 - 4) determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices; and
 - 5) provide families with information, skills and support related to enhancing their child's development.
- B. The selection, design, and fabrication of assistive and orthotic devices related to the provision of audiological services designed to facilitate development and promote the acquisition of functional skills should follow the procedures and guidelines set forth in the section entitled "Assistive Technology."

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the IFSP.
- C. The provider of audiological services shall meet those requirements as established in the Eady Intervention Personnel Guide.
- D. An audiology aide means an individual who meets minimum qualifications which the board may establish for audiology aides, and who works under the direct supervision of a licensed audiologist as referenced in IC 25-35.6 and 880 IAC 1-1.
- E. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities is included in the rate per unit of direct services.
- F. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category per child. Assessment and evaluation reimbursement

Audiological Services (continued)

includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minute increments of face-to-face contact.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate of reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. AUDIOLOGICAL SCREENING AND TESTING PROTOCOLS

- A. Referral for audiological assessments must contain documentation of:
 - 1) results of hearing screening(s) conducted.
 - 2) family history of hearing loss or dysfunction,
 - 3) child's history including birth, accident, behavior and developmental functioning that would contribute to or suggest a hearing disorder,
 - 4) other strategies that have been employed to determine if the child's hearing is normal and within range. If a hearing assessment has been performed within a six month period and is non-conclusive, significant documentation (as previously discussed) must be present to warrant re-testing and would require prior authorization.

V. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural Setting is defined as services provided in the environment where the eligible child naturally is , such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Developmental Therapy Service

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Developmental therapy service includes activities conducted with the child and/or family, that:
- 1) focus on the design of learning environments and activities that promote a child's skill development in a variety of development areas;
 - 2) include curriculum planning, that addresses the planned interaction of personnel, materials, time and space that leads to meeting the Outcomes in the IFSP;
 - 3) provide families with information, skills and support related to enhancing their child's development; and
 - 4) include the direct activities with the child designed to enhance the child's development in one or more developmental domains including cognitive development, adaptive development, social/emotional development, motor development, and communication development.
- B. Developmental therapy services should be provided in the natural setting of the eligible child and family, and may include one-to-one child interventions, group activities, family training and support, or consultation/training services to programs and services where the child and/or family participates.
- C. This service focuses on incorporating parent/caregiver involvement in order to encourage follow-through and integration of the development skills in all aspects of the young child's daily life. Individuals will provide family training and education to assist the family in understanding the special needs of the child and enhancing the child's development in a face-to-face meeting at a mutually agreed upon setting with the parents or persons filling the role of parents (i.e. grandparent, foster parent, guardian), and the early intervention specialist or appropriately trained and supervised agency staff members.

The early intervention specialist is responsible for providing support and consultation to community child care staff when the location for delivering developmental therapy to the child is in a community child care setting (child care center, child care home, preschool). Caregiver consultation and in-service training to staff of the community setting is required and must be documented. Caregivers working with eligible children should be visited regularly by the early intervention specialist unless otherwise indicated on the IFSP with supporting documentation provided. Individuals may support a caregiver in a community setting with information, skills and support related to enhancing the skill development of the child and understanding the special needs of the child in a face-to-face meeting with staff and other individuals providing service to a child enrolled in early intervention.

Developmental Therapy Service (continued)

D. Examples of Covered Services -

Developmental therapy may be delivered to child at home or in another setting where the child commonly spends his/her day. If a child attends a child care program, the costs directly attributable to the disability may be covered. This includes:

- 1) documented consultation and training to the child care providers in the administration of strategies and activities in the IFSP;
- 2) the provision of developmental therapy to eligible children while they attend the child care center;
- 3) documented technical assistance to the child care program to provide safe and appropriate environmental modifications for the eligible child; and
- 4) specifically designed activities developed to meet the developmental Outcomes of eligible children.

E. Developmental therapy means a specific set of strategies that are developed for the individual child. These are targeted and focused interventions and are not considered "incidental" learning. Developmental therapy focuses upon the identified developmental needs of the eligible child due to the disability or developmental delay, and does not include the type of early childhood experiences that occur normally in the routine course of development. Rather, developmental therapy builds upon this natural base of experiences and environments with planned, strategic and individualized activities related to the child's disability or developmental delay.

Example: A child may participate in a peer group program or service (such as nursery school, child care, etc.) as a result of the parents preference or need. Certain activities conducted with the child within the context of this program may be initiated as a result of the Outcome(s) on the IFSP. These planned, focused and documented activities would constitute reimbursable units of service under early intervention services; the remainder of the child's participation is not a reimbursable early intervention service.

If an Outcome on the IFSP states that the child will develop more appropriate social skills with peers (and there are no other regularly occurring opportunities for this to happen in the child's natural environment), specific activities may be implemented in the context of the child's attendance at child care or other natural settings (YMCA programs, library story hours etc.) for young children and would be reflected in the IFSP. These activities constitute those covered services and, therefore, the period of time could be covered under early intervention services funds; the other costs for normal care and services for this child beyond the specified early intervention Outcome(s) would not be covered. Decisions regarding the appropriate settings are made by the IFSP team based upon the information that is available in the natural environments section of the IFSP.

Developmental Therapy Service (continued)

F. Non-covered Services -

Routine and regular child care is not a covered service, whether offered in a centerbased program or individually at the child's home or at another location. Participation in an infant/toddler playgroup, toddler 'gym/swim' program, nursery school or other community program that is not related to any developmental Outcomes in the IFSP is not covered as an EI service.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of service provided to infants and toddlers and their families must be documented by IFSP meetings and shall be reflected in the IFSP.
- C. The early intervention specialist who provides developmental therapy to the child/family must meet the personnel standards as identified in the Early Intervention Personnel Guide. This service may be provided by an early intervention assistant or early intervention associate under the supervision of an early intervention specialist.

For the purposes of this section, "supervision" for a developmental associate, is defined to mean the routine and episodic consultation, monitoring, direct clinical observation, record review and coaching provided to the associate by the early intervention specialist. The early intervention specialist is responsible for ensuring that the accuracy of the clinical plan, the delivery of services and proper documentation meet state and federal standards under this program. Individuals providing developmental therapy services who meet the standard for an assistant shall receive direct supervision by the early intervention specialist. Developmental Therapy Assistants must be supervised by a Developmental Therapy Specialist. The supervision for an assistant needs to be a visually centered supervision, where the specialist works side by side with the assistant, supervising them on an ongoing basis. Assistants should not provide developmental therapy unassisted or be physically unsupervised while providing early intervention services. The Specialist is responsible for consulting with the assistant regarding personnel needs including training.

- D. The eligible child or child/parent-to-staff ratio shall not exceed 4:1. The maximum number of children per staff member and the maximum number of children in one room shall not exceed the minimum standards for licensed child care settings of the Division of Family and Children Services (470 IAC 3).
- E. When developmental therapy is provided to one or more parents in a group setting for the purpose of providing information and skills related to enhancing the skill development of the child, the ratio shall not exceed one staff to four families receiving family training. The billable unit is based on the time spent on behalf of the eligible child rather than the number in the family attending.

Developmental Therapy, Service (continued)

- F. Center-based services may occur in sites other than the early intervention agency, e.g. integrated child care settings, infant/toddler playgroups, and nursery school settings. These sites will be identified through the IFSP process as the "natural setting" of the child, or otherwise, where the child would normally be. Services provided to children in these settings will be considered "off-site" for reimbursement purpose.

When provided in center-based locations, developmental therapy may be provided to an eligible child individually within the context of the setting or to the child as part of a group of children receiving similar services. The frequency and intensity of these interventions must be based upon the Outcome in the IFSP and not upon the normal operational hours of the center-based program.

- G. Other early intervention services such as therapy services, nursing services, health services should not be billed under this service.
- H. Billable time is a face-to-face meeting of the child, the child's caregiver, or both with the early intervention specialist.
- I. General coordination, preparation, report development and documentation activities provided are not billable time, but rather the cost of these activities are included in the rate per unit of direct service for developmental therapy provided to the child/family.
- J. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minute increments of face-to-face contact.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate for reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the month. The service provider must round down to the nearest complete unit when billing.

Developmental Therapy Service (continued)

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting refers to services provided in the environment where the child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Evaluation and Assessment

I. SERVICE DEFINITION AND ALLOWABLE ACTIVITIES

- A. This service provides for the evaluation and/or assessment of children from birth to age three to be considered developmentally delayed or at risk of delay that is necessary to obtain data to:
- 1) determine eligibility under this program and/or
 - 2) determine the unique needs of the child and family upon which an appropriate Individualized Family Service Plan (IFSP) can be developed. This service includes the performance of a timely, comprehensive, multi-disciplinary evaluation of each child, birth through age two, referred for evaluation, including assessment activities related to the child and the child's family.
- B. "Evaluation" means the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility for services in accordance with the existing state eligibility policy or any amendments.
- C. "Assessment" means the use of ongoing procedures throughout the period of a child's eligibility to identify a child's unique strengths and needs, the family's resources, concerns, and priorities related to the development of the child, and the nature and extent of services needed by the child and the family to enhance the family's capacity to meet the developmental needs of their infant or toddler.
- D. "Multidisciplinary Team" means the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment activities related to eligibility determination, service planning, and IFSP development. The multidisciplinary team (MDT) includes the family, professionals representing two or more disciplines and the Service Coordinator.
- E. "Service Coordinator" includes the Intake Specialist/Coordinator as well as the ongoing Service Coordinator assigned as the initial IFSP is developed.
- F. Evaluation and assessment are two different activities, performed at various times or occasions during the early period subsequent to referral, or at various points of review and evaluation of the IFSP. Federal and state regulations require that the IFSP is evaluated at least annually; not the eligible child.
- G. Upon referral to First Steps, it is imperative that the existing documentation be obtained and reviewed in coordination with the family interview and initial intake as well as with any developmental screening that may have been completed during the initial contact with the child and family. Federal and State regulations governing the provision of early intervention service recognize that standardized instruments are not often available or appropriate for this age population, and encourage the use of observation, parent report, and clinical perspective to determine both eligibility as well as the need for on-going services as set forth in the IFSP.

Evaluation and Assessment (continued)

H. All activities conducted under family and child evaluation and assessment shall be unbiased, non-judgmental, comprehensive and individualized according to the presenting needs of the child and family and their individual cultural and ethnic environment.

I. EVALUATION ACTIVITIES

- 1) **"Evaluation means the procedures used by appropriate personnel to determine a child's initial and continuing eligibility for services in accordance with the existing state eligibility policy or any amendments.**

The term "evaluation" means the multidisciplinary team assembled, composed of at least two different disciplines, the family and the Service Coordinator to determine eligibility for early intervention services. If the multidisciplinary evaluation of presenting materials was insufficient to determine eligibility, the necessary screening and/or assessments must be performed (including the multidisciplinary team assessment) in order to ascertain eligibility.

- 2) Evaluation shall include the following:
 - a) a review of pertinent records related to the child's health status and medical history;
 - b) review of existing reports including family assessment and interview, and
 - c) an assessment of the unique needs of the child in terms of the developmental areas listed above, including identification of services appropriate to meet those needs.
- 3) In order to avoid unnecessary duplication of activities, especially related screening, evaluation and assessment activities, it is important that the Service Coordinator and family members obtain and review any existing relevant and current screening, evaluation and assessment data. This information will be obtained, reviewed and accepted and integrated into the overall planning activities.
- 4) Service Coordinators will coordinate the multidisciplinary team to judge if eligibility can be determined based on current information. Depending upon the source of the referral, the service history of the child, and the amount and type of accompanying information, many eligibility decisions can be made at this point without additional assessment activity. The multidisciplinary team, necessary to determine eligibility, is composed of the parent(s), two or more disciplines or professions in the coordination of evaluation and assessment activities and the Service Coordinator. This team utilizes all relevant information in the identification of instruments, approaches and environments appropriate to complete the multidisciplinary team evaluation.

Evaluation and Assessment (continued)

- 5) Relevant information includes, but is not limited to, periodic well child information and health and development information to be obtained from the child's key medical care providers. Assessments that have been performed within the past six months, and are considered to accurately reflect the child's abilities, should be utilized in eligibility determination activities. In determining eligibility, this existing documentation must be used first before any additional assessments are considered.
- 6) If eligibility has been determined, the multidisciplinary team utilizes existing information as well as conducting the necessary evaluations required to address all domains and provides a statement of the child's developmental status, and information to be used in the identification of Outcomes, strategies and activities in the IFSP.
- 7) If not immediately eligible, the Intake Specialist/Coordinator should determine if the family is interested in continuing in the process towards eligibility determination. Next steps may include necessary screening and/or assessments to enable the team to make the determination regarding eligibility. An appropriate team to meet the identified needs of the child will be identified to complete the comprehensive evaluation and assessment requirements in all areas of development; or medical diagnostic services. These teams are primarily organized to address the expressed concerns and priorities of the child's family.

J. ASSESSMENT ACTIVITIES

- 1) **"Assessment" means the use of ongoing procedures throughout the period of a child's eligibility to identify a child's unique strengths and needs, the family's resources, concerns, and priorities related to the development of the child, and the nature and extent of services needed by the child and the family to enhance the family's capacity to meet the developmental needs of their infant or toddler.**
- 2) Assessment includes:
 - a) an evaluation of the child's level of functioning in cognitive development, physical development including vision and hearing, communication development, social or emotional development, and/or adaptive development; and,
 - b) with informed parental consent, a family assessment of resources, priorities, and concerns of the family related to enhancing the development of the child.

Evaluation and Assessment (continued)

- 3) **If the initial evaluation of presenting materials was sufficient to determine eligibility for early intervention services, the MDT must identify if any assessments should be completed in order to appropriately identify and plan for necessary early intervention services, family supports and other, related services and activities.**

Sufficient information must be available to permit the IFSP Team to develop a statement of the developmental status of the child in all five domains including general health, vision and hearing. The term "assessment" include the involvement of two or more disciplines or professions focusing on the child's unique needs in one or more of the following domains:

Cognitive development
Physical development, including vision and hearing
Language and speech development
Psychosocial development
Self-help skills

- 4) Assessment includes, but is not limited to, components such as:
- a) a standardized or criterion referenced developmental assessment tool,
 - b) a family assessment process by which the family provides assessment of their own needs,
 - c) specialized assessments administered when necessary for determining the unique programming needs of the child,
 - d) a structured observation, and/or
 - e) a combination of activities that result in the development of informed clinical opinion for the purpose of eligibility determination.
- 5) Informed clinical opinion means judgments made by qualified personnel in regard to the developmental status of a child, which are utilized for purposes of evaluation, assessment, and preparation of an IFSP. Such judgments may be based upon observations, interviews, or other appropriate techniques.
- 6) The family assessment must be designed to determine the strengths and needs of the family related to enhancing the development of the child. The family assessment is voluntary on the part of the family.

I. IFSP DEVELOPMENT

If the child is determined eligible either immediately, or as a result of additional assessment activities, the Service Coordinator should consider the need for an interim

Evaluation and Assessment (continued)

IFSP. The development and use of an interim IFSP is highly restricted and should not be employed without the expressed consent of the family; and recognizing the limited conditions in which an interim plan may be used. **An interim IFSP does not permit the delay of the development of the initial IFSP within 45 days of referral to the First Step system.**

- B. If the child is determined eligible either immediately, or as a result of additional assessment activities, and an interim IFSP is not required, the Service Coordinator should proceed to arrange for a timely IFSP development meeting by scheduling a mutually convenient time with the family/legal guardian(s) of the eligible child, and at least two other professionals representing more than one discipline. The Service Coordinator is also a member of this team.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.
- C. Timeliness for completion of multi-disciplinary evaluations and assessments must be met in accordance with federal regulations under Individuals With Disabilities Education Act (IDEA), Part C, for early intervention services.
- D. Each child and family shall receive an initial evaluation to determine eligibility. The term evaluation refers to the multidisciplinary team process utilized to review existing documentation, including assessment reports as appropriate and available, to determine eligibility and develop the IFSP. The Multidisciplinary Team (MDT) must be composed of the legal guardian (s) or surrogate parent (s), the intake/ongoing service coordinator and two other professionals from different disciplines. No one person may determine the eligibility in isolation of the MDT. If a child is found ineligible or if the family initially declines services, this service may be repeated at any point in time.
- E. No single procedure may be used as the sole criterion for determining a child's eligibility.
- F. Tests and other assessment materials and procedures are to be administered in the language most commonly used by the parents or other mode of communication, unless it is clearly not feasible to do so. This federal requirement is intended to ensure that families are informed and involved as active participants in all activities conducted on their behalf. If no interpreter service is available for the family's primary language, or if use of this language would jeopardize the Outcome of the assessment protocol, the requirement to use the primary language would be waived. There should be interpreter or translator services available for the family during all activities including assessment so that they understand the activity and are able to participate.

Evaluation and Assessment (continued)

- G. Any assessment procedure and materials used must be selected and administered so as not to be racially or culturally discriminatory.
- H. The person(s) directly involved in conducting the evaluations/assessments are to be participants in the IFSP meeting. If such person(s) is unable to attend a meeting, arrangements must be made for the person's involvement through other means, including: participating in a telephone conference call, having a knowledgeable authorized representative attend the meeting, or making pertinent records available at the meeting.
- I. Written informed, parental consent must be obtained before conducting any evaluation or assessment activities. Parents must be provided with written parents rights and procedural safeguards information prior to initiating either the evaluation or assessment(s).
- J. Evaluation and assessment activities shall be conducted by appropriate qualified personnel at the specialist level trained to utilize appropriate methods and procedures and be based on informed clinical opinion.
- K. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.
- L. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.
- M. Ongoing, routine or emergency medical care or interventions, medical treatments including surgeries, prescription drugs, specialized formula or food supplements, or other specialized medical interventions are beyond the scope of the early intervention service system requirements and are not reimbursable through First Steps.

III DEFINITION OF BILLABLE UNIT

- A. For all assessment/evaluation activity, reimbursement is made based upon 15 minute increments of face to face contact. Review of existing documents for eligibility determination does not require face-to-face contact but must be documented and authorized through the System Point of Entry prior to occurrence.
- B. Providers will be paid the lesser of billed charges or the FSSA established maximum rate of reimbursement.

Evaluation and Assessment (continued)

- C. These services are to be billed under the specialty services that the provider is licensed/credentialed to perform. Assessment/evaluation activities can only be provided by professionals at the specialist level.
- D. Prior authorization is required from the Part C Coordinator or his/her designee for special medical diagnostic services required to either:
 - 1) determine if the child is eligible for early intervention services, or
 - 2) for planning, IFSP development or implementation activities.

Procedures and documentation for prior authorization must be completed prior to the administration of a special medical diagnostic service in order to qualify for reimbursement by First Steps. (See Medical Services)

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the eligible child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to and from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Health Support (Services)

1. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Health support services mean services necessary to enable a child to benefit from **other early intervention** service **during the time** the child is receiving the other early intervention services.
- B. Health support services (such as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services) are provided to enable the child to benefit from other IFSP services **during the time** that those EI services are being provided. These activities are covered if they are performed **during the time** that other early intervention services are being provided, and that they are necessary in order for the child to benefit from the other services.
- C. Health support services include consultation by physicians with other service providers concerning the special health care needs of eligible children that will need to be addressed in the course of providing early intervention services.
- D. Covered Services - Physician consultation regarding the provision of early intervention services, and the administration of health services to or for the eligible child while the child is participating in and receiving early intervention services.
- E. Non-covered Services -
 - 1) services that are surgical or purely medical in nature including any surgery, hospitalization or prescription drugs or food supplements;
 - 2) devices that are used to control or maintain a medical condition, such as an apnea monitor, are not covered services under early intervention;
 - 3) medical or health services routinely recommended for all children, including routine well-baby care or immunizations, are not covered services.
 - 4) medical monitoring;
 - 5) medications, diapers or other medical supplies.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented by Individualized Family Service Plan (IFSP) meetings and be reflected in the IFSP.

Health Support Services (continued)

- C. Health services must be provided by a professional who meets the standards as identified in the Eady Intervention Personnel Guide.

For the purposes of this section, "supervision" is defined to mean the routine and episodic consultation, monitoring, direct clinical observation, record review and coaching provided to the assistant or associate by the credentialed or licensed practitioner. The practitioner is responsible for ensuring that the accuracy of the clinical plan, the delivery of services and proper documentation meet state and federal standards under this program.

- D. Individual assessment evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minutes of face-to-face contact.
- B. Providers will be paid the lesser of billed charges or the FSSA established maximum rate of reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the eligible child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement of services provided in the child's natural setting.

SERVICE COMPONENT CODE: Medical Services for Diagnostic/Evaluation Purpose Only

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Medical services are only covered for diagnostic or evaluation purposes, and mean services provided by a licensed physician that are necessary either:
- 1) to determine if a child is eligible for early intervention services; or
 - 2) to determine the need for early intervention services by identifying the child's developmental status.
- B. Example of Covered Services -
- 1) A physician diagnosis may be required in order to determine eligibility for early intervention services, where previous approaches to eligibility determination have been unsuccessful and it is determined by the multidisciplinary team that a medical diagnostic service would be necessary to determine eligibility.
 - 2) If the IFSP has been developed, and a team member(s) is concerned about IFSP implementation based upon presenting concerns, a diagnostic assessment may be required in order for early intervention services to be provided in a safe and effective manner. An example of this situation would be a child with a potential seizure disorder.
- C. Non-Covered Services -
- 1) services which are surgical in nature or purely medical in nature; and
 - 2) medical health services which are routinely recommended for all children.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. Medical services shall be conducted by personnel who meet standards identified in the Early Intervention Personnel Guide.
- C. Necessary medical services for these purposes will be reimbursed according to the criteria set forth in the section entitled "Evaluation/Assessment Services".
- D. Prior authorization is required for all diagnostic medical services.
- E. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.

Medical Services for Diagnostic/Evaluation Purposes Only (continued)

III. DEFINITION OF BILLABLE UNIT

- A. The unit of service is per episode.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate of reimbursement.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflect a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Nursing Services

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Nursing services are professional services relevant to the medical needs of the child which are provided through direct service intervention or consultation in accordance with the child's IFSP. Nursing services may include but are not limited to:
- 1) evaluation and assessment to establish initial or continuing eligibility for the program or
 - 2) screening and referral for a child's health problems;
 - 3) nursing care to prevent health problems, restore or improve functioning, and promote health and development;
 - 4) explanations, training, counseling, and support concerning the child's treatment, therapy, and physical or mental conditions with the family or other professional staff; and
 - 5) providing information and recommendations regarding a child's condition and plan of care.
- B. Examples of Covered Services -
- 1) Nursing services are individual interventions conducted with the child and/or family that are not performed in conjunction or simultaneously with other early intervention services.
- C. Non-Covered Services -
- 1) Nursing services are not early intervention services when they are constant rather than intermittent in nature, and when they are intensive or involve life-threatening situations which require constant vigilance.
 - 2) Extensive nursing care or a nursing service related to sustaining life is considered outside the intent and definition of early intervention services.
 - 3) Services provided by a nurse during an inpatient hospitalization are not early intervention services.

II. DISCUSSION

- A. Nursing services differ from health services in that health services permit a provider to work under the supervision of a nurse or physician, whereas that same opportunity does not exist for nursing services. Nursing services also differ from health services in that a nursing service is a stand-alone early intervention services, whereas health services are provided in conjunction with an early intervention service so that the child may participate and benefit from early intervention services.

Nursing Services (continued)

- B. The fact that extended nursing services do not meet the criteria for a nursing service under the early intervention service system does not necessarily mean that a child doesn't need routine nursing services. These should be listed on the IFSP under "other" services and appropriate funds should be identified to cover this nursing/medical service. If a child demonstrates a continued need for intensive nursing/medical services, it is reasonable to expect that this need will continue beyond age three and that the family will need external resources to maintain care. Assisting families in the early intervention service period to recognize the difference between covered and uncovered services, and to access appropriate fund sources to meet all of the needs of the eligible child, is critical so that families learn about and use all available resources to them.

This type of support is essential to ensure that families have the skills, expertise and information beyond the early intervention service system that they will need to access services and advocate for their child. This type of support also means that services as needed will continue for the eligible child and are documented and demonstrated as essential beyond the brief period of eligibility.

III. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented by Individualized Family Service Plan (IFSP) meetings and be reflected in the IFSP.
- C. Nursing services shall be conducted by personnel who meet standards identified in the Early Intervention Personnel Guide.
- D. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.
- E. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

IV. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minute increments of face-to-face contact.

Nursing Services (continued)

- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate or reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the eligible child naturally is, such as home or a community program of activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Nutrition Services

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Nutritional services, identified through the IFSP process based upon individual child need, include:
 - 1) developing and monitoring appropriate plans to address the nutritional needs of eligible children, based upon findings of a nutritional assessment; and
 - 2) making referrals to appropriate community resources to carry out nutrition goals.
- B. Example of Covered Services include:
 - 1) an individual assessment including the child's nutritional history and dietary intake, various anthropometric, biochemical and clinical variables;
 - 2) an individual assessment of feeding skills, feeding problems, including food habits and preferences;
 - 3) the development and monitoring of an appropriate plan to address the nutritional needs of the eligible child; and/or,
 - 4) referrals to appropriate agencies to access community resources necessary to carry out the nutritional goals.
 - 5) provide families with information, skills and support related to enhancing their child's development.
- C. Examples of Non-covered Services include the purchase of formula, commercially prepared infant foods or dietary supplements, including specialized infant formulas.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented in the IFSP meetings and be reflected in the IFSP.
- C. Nutrition services shall be conducted by personnel who meet standards identified in the Early Intervention Personnel Guide.
- D. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.

Nutrition Services (continued)

- E. Individual assessment or evaluation services, and IFSP development activity, shall not exceed 2 ½ hours per episode, with an maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minute increments of face-to-face contact.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate of reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar month basis. Complete 15 minute units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the eligible child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Occupational Therapy

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Occupational therapy services are designed to address the functional needs of the child in various developmental domains, particularly related to adaptive development, behavior and play, and sensory, motor and postural development. Occupational therapy services focus on:
- 1) adapting the environment; and
 - 2) preventing or minimizing the impact of initial or future impairment, delay in development, or loss of functional ability.
- B. These services are designed to improve the child's functional ability to perform tasks at home, and in other environments including community programs where the child spends a portion or all of his/her day. These services include:
- 1) evaluation of problems which interfere with a child's functional performance; and
 - 2) planning and implementation of a therapy program of purposeful activities which are rehabilitative, active or restorative as prescribed by a licensed physician.
- C. These activities are designed to:
- 1) address the functional needs of the child in various developmental domains, particularly related to adaptive development, behavior and play, and sensory, motor and postural development;
 - 2) improve the child's functional ability to perform tasks at home and in other environments;
 - 3) prevent through early intervention, initial or further impairment or loss of function;
 - 4) correct or compensate for a medical problem interfering with age appropriate functional performance; and
 - 5) training and support to family members and other primary caregivers in the implementation of the IFSP, and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP.
- D. The selection, design, and fabrication of assistive and orthotic devices related to the provision of occupational therapy services designed to facilitate development and promote the acquisition of functional skills should follow the procedures and guidelines set forth in the section entitled "Assistive Technology".

Occupational Therapy (continued)

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the individualized IFSP.
- C. Occupational therapy shall be provided by personnel who meet the standards identified in the Early Intervention Personnel Guide.
- D. An occupational therapy assistant shall work under the direct supervision of an Occupational Therapist as referenced IC 25-23.5.5 and 844 IAC 10-5.5

For the purposes of this section, "under the supervision" of an occupational therapist, an occupational therapy assistant may contribute to the evaluation process by performing objective tests. The occupational therapy assistant may also contribute to the development and implementation of the treatment plan and the monitoring and documentation of progress. The occupational therapy assistant may not independently develop the treatment plan and/or initiate treatment

- E. When provided in a group setting, units of therapy should be claimed for each eligible child participating in the group. The eligible child-to-staff ratio shall not exceed 4:1.
- F. This service is to be therapeutic in nature and not the same as the developmental skills instruction under special instruction as described in the section entitled Developmental Therapy.
- G. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct service.
- H. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minute increments of face-to-face contact.
- B. Providers will be paid the lesser of billed charges or the FSSA established maximum rate of reimbursement.

Occupational Therapy (continued)

- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a high maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Physical Therapy

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Physical therapy services are designed to promote sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status and effective environmental adaptation. These services include assessment, plan development and monitoring, training and support to family members and other primary caregivers in the implementation of the IFSP, and environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP.
- B. Physical therapy service includes:
 - 1) assessment, evaluation, diagnostic services, plan development, training and support to family members and other primary caregivers in the implementation of the IFSP,
 - 2) environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated; and
 - 3) therapy services which are rehabilitative, active or restorative and prescribed by a licensed physician.
- C. Physical therapy services are designed to:
 - 1) promote sensorimotor function through the enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status;
 - 2) improve the child's functional ability to perform tasks at home and in other environments; and
 - 3) correct or compensate for a medical problem and is directed toward the prevention or minimization of a disability.
- D. The selection, design, and fabrication of assistive and orthotic devices related to the provision of physical therapy services designed to facilitate development and promote the acquisition of functional skills should follow the procedures and guidelines set forth in the section entitled "Assisfive Technology."

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existng state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be reflected in the child's individualized IFSP.

Physical Therapy (continued)

- C. Physical therapy shall be provided by personnel who meet the standards as identified in the Early Intervention Personnel Guide.
- D. *For the purposes of this section, "direct supervision" means that the supervising physical therapist or physician at all times shall be available and under all circumstances shall be absolutely responsible for the direction and the actions of the person supervised when services are performed by the physical therapist's assistant or holder of a temporary permit.*
- E. If the therapy is not individual, the eligible child-to-staff ratio shall not exceed 4:1.
- F. This service is to be therapeutic in nature and not the same as the developmental skills instruction under Developmental Therapy.
- G. General coordination, preparation, report development and documentation time are not billable time but rather the cost of these activities are included in the rate per unit of direct service.
- H. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minute increments of face-to-face contact.
- B. Providers will be paid the lesser of billed charges or the FSSA established maximum rate of reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate or reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Specialized Individual and Family Counseling/Psychological Services

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. This service focuses on working with problems in a child and family's living situation which affect the child's utilization of early intervention services. Services include:
 - 1) administration of psychological or development tests and other assessment procedures;
 - 2) interpreting assessment results;
 - 3) obtaining, integrating, and interpreting information about child behavior, and child and family conditions related to learning, mental health, and development; and
 - 4) planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.
- B. Counseling for marital problems, alcohol and/or substance abuse, employment, etc., are not related to the child's disability and are not covered early intervention services.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the IFSP.
- C. Billable time is only that which the psychologist, family therapist, or qualified health professional spends in face-to-face consultation with the family and/or other early intervention providers about a child's behavior and family conditions related to learning, mental health, and development.
- D. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.
- E. This section does not cover family training and support provided to assist the family in understanding the special needs of the child and enhancing the child's development. This service is provided by other disciplines and should be billed under the specific early intervention service that the provider is licensed/credentialed to perform.
- F. Specialized individual and family counseling or psychological treatment which includes psychological counseling with the child and/or family, centering on the child's special needs, must be provided by individuals meeting the standards as established in the Early Intervention Personnel Guide.

Specialized Individual and Family Counseling/Psychological Services (continued)

- G. Specialized individual and family counseling may be provided by individuals meeting the standards as established in the Early Intervention Personnel Guide
- H. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based upon 15 minute increments of face-to-face contact.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate of reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time may be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Service Coordination (Case Management/Care Coordination)

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Service coordination means those activities carried out by a Service Coordinator to assist and enable an infant or toddler and the child's family to receive the services, rights, and procedural safeguards authorized to be provided under the early intervention program. Service coordination involves assisting parents in gaining access to early intervention services, coordinating the provision of early intervention services and other services the child needs, facilitating parent-to-parent support services, facilitating the timely delivery of available services and continuously seeking the appropriate services and situations necessary to benefit the development of the child for the duration of the child's eligibility.
- B. This section applies to those activities and responsibilities provided with and for families subsequent to initial eligibility determination and IFSP development by the ongoing Service Coordinator.

II. REQUIREMENTS AND RESTRICTIONS

- A. Service Coordination consists of the following activities:
 - 1) Coordinating and facilitating the evaluation activities related to eligibility redetermination;
 - 2) Coordinating the scheduling, authorization and performance of assessments as necessary;
 - 3) Facilitating and participating in the development, review, and evaluation of IFSPs;
 - 4) Assisting families in identifying available services, including parent-to-parent support;
 - 5) Coordinating and monitoring the delivery of available services, including assistance in identification and access to available sources of financial support for these early intervention services, including Medicaid and CSHCS, through Financial Case Management Services;
 - 6) Informing families of the availability of advocacy services;
 - 7) Coordinating with medical and health providers, and
 - 8) Facilitating the development of a transition plan to, within and from the early intervention system, including transition to Part B special education, pre-school services or other community services as appropriate at age three or when the child is no longer eligible for early intervention services.

Service Coordination (Case Management/Care Coordination) (continued)

- B. The Service Coordinator must maintain the early intervention record (EI record) located at the System Point of Entry, ensuring that the original copy of all IFSPS, eligibility documentation, procedural safeguard assurances, and correspondence is on file.
- C. The Service Coordinator must maintain a log of activities rendered for the child and family. This documentation shall be located in the clinical record maintained by the Service Coordinator.
- D. The Service Coordinator is selected by the family during the initial intake and eligibility determination activities conducted by the local System Point of Entry. Once eligibility is determined, the Service Coordinator may participate in the development of the initial IFSP in order to effect a smooth transition from the Intake Coordinator to the ongoing Service Coordinator.
- E. The Service Coordinator at both the specialist and associate level must be credentialed by the First Steps system and meet standards as identified in the Early Intervention Personnel Guide

For the purposes of this section, "supervision" is defined to mean the routine and episodic consultation, monitoring, direct clinical observation, record review and coaching provided to the associate by the credentialed or licensed practitioner. The practitioner is responsible for ensuring that the accuracy of the clinical plan, the delivery of services and proper documentation meet state and federal standards under this program. Supervision must be documented in the clinical files of the credentialed or licensed practitioner

- F. Service coordination shall include a presentation or review of parental rights, opportunities and responsibilities under this law. These rights shall be administered both orally and in writing when:
 - 1) the child's IFSP is reviewed or evaluated,
 - 2) when eligibility is re-determined,
 - 3) when assessments for the child and/or family are recommended and planned, and
 - 4) when a change in services or placement is proposed.

These rights must be administered in the language or mode of communication most normally used by the parents/guardians of the eligible child. The Service Coordinator shall make arrangements for interpreter services as appropriate to ensure the family fully understands and participates in all aspects of service planning, evaluation and delivery.

Service Coordination (Case Management/Care Coordination) (continued)

III. DEFINITION OF BILLABLE UNIT

A. The billing unit for service coordination has three possible components:

- 1) IFSP Development
- 2) Financial Case Management
- 3) Ongoing service coordination provided for one calendar month.

IFSP Development: A distinct reimbursement for IFSP team meeting participation has been established for Service Coordinators. This reimbursement is based upon 15 minute increments of face-to-face activity and includes the variety of preparation activities that are conducted by the Service Coordinator as listed below:

1. Preparation of the 14 day written prior notice to the family and other IFSP team members;
2. Arrangements (including processing authorizations) for any assessment services required for IFSP development;
3. Processing of authorization requests for IFSP Team members; and
4. Distribution of the IFSP document to the family and service providers.

In order to utilize this billing approach for the annual IFSP development meeting, the Service Coordinator should conduct and document the above activities. The Service Coordinator would bill the CRO for the amount of actual face-to-face time spent in the IFSP team meetings, in 15 minute increments, up to 2 ½ hours to include the following:

1. Facilitating the IFSP Team meeting, including taking IFSP notes, development of a new IFSP; and
2. Assisting the family to identify appropriate providers once services are defined through the use of the local Service Provider Matrix.

When the family has already selected an ongoing Service Coordinator for an eligible child's initial IFSP, the ongoing Service Coordinator may bill for IFSP involvement if she/he has reviewed pertinent documents and actively participated in the IFSP meeting.

For the six-month IFSP review, the following activities must be conducted and documented in order for the 15 minute unit reimbursement approach to be utilized:

1. Preparation of the 14 day written prior notice to the family and other IFSP team members;
2. Processing of required or needed authorization requests for IFSP Team member
3. Distribution of the IFSP document to the family and service providers.

The Service Coordinator would bill the CRO for the amount of actual face-to-face time spent in the IFSP team meetings, in 15 minute increments, up to 2 ½ hours to include the following:

1. Facilitating the IFSP review itself, including taking IFSP notes and making appropriate modifications to the IFSP as agreed to by the team.

Service Coordination (Case Management/Care Coordination) (continued)

2. Assisting the family to identify appropriate providers if different or additional services are defined in the IFSP, through the use of the service provider matrix.

Both the annual evaluation and six-month review should be included in the authorization process. Service Coordinators should complete an authorization request for their participation in IFSP meeting activities for either of these two events in the same manner that they currently prepare for other E.I. providers.

Authorizations for these meetings are limited to 2 ½ hours per meeting, or a maximum of 7 ½ hours per twelve month calendar period per specialty area, including service coordination.

Financial Case Management: An additional distinct reimbursement for Financial Case Management (FCM) has been established for Service Coordinators. Reimbursement is based on 15 minute increments of face-to-face contact.

The purpose of FCM is to ensure that families are assisted in the collection and review of pertinent information related to their health care insurance benefits. This process assists families in making informed decisions about the utilization of these benefits to fund IFSP services, as well as to assist families in their long-term planning considerations of their child's continuing needs. FCM is a service provided with the family; the Service Coordinator should not complete the survey form independently and does not make decisions or recommendations about accessing coverage.

There are two levels of Financial Case Management (FCM). The first level is performed with all families with insurance and consists of completion of the short survey (4 pages) which includes the Medical Insurance Summary form. Level 2 consists of conducting the full survey with families particularly where the child is medically fragile, has significant medical/health needs, when there is more than one member of the family with a disability or when families request or require additional information.

As changes occur in a family's coverage, it may be necessary for the ongoing Service Coordinator to re-administer Level 1 of the FCM with the family in order to ensure accurate and timely information is available as the family continues to make decisions. Service Coordinators should complete an authorization request for their participation in FCM activities for either of these two levels in the same manner that they currently prepare for other E.I. providers. This is a separate authorization from the IFSP.

On-going service coordination provided for one calendar month: In order to bill and be reimbursed for a unit of service coordination, documentation of encounters within the billing period must occur. Billing and reimbursement may occur for two contacts per month, three contacts per month, or four or more contacts per month. Each contact must represent a minimum of 15 minutes of activity in order to qualify as a billable unit. This 15 minute minimum may reflect a cluster of activities such as telephone calls, documentation, record maintenance etc. that together total at least 15 minutes. A billable contact may be longer than 15 minutes but a single contact may not be counted or billed as more than one contact. Activities such as the development and distribution of newsletters, parent social gatherings and fund raising activities are not reimbursable encounters under this service.

Service Coordination (Case Management/Care Coordination) (continued)

- A. Billable services under ongoing monthly contacts for service coordination include the following four (4) areas of activity.
- 1) *Assessment of client needs:* identifying the client's medical, social, education and other conditions and needs through personal contact with the client and family members and, where appropriate, consultation with other providers including key health care providers. Identification of the child's needs will be based upon a comprehensive multidisciplinary team evaluation including health and medical status, developmental status, and family and environmental factors. The Service Coordinator may arrange for necessary specialty assessments related to either continuing eligibility determination or IFSP development, as required and necessary.

Billable Activities: Include a) face-to-face contact and activities with the child and family, or b) with service providers as well as with the c) child's primary medical care provider, and d) verbal and written communications with the family, e) service provider(s), f) and/or medical care provider(s).

- 2) *Coordination/Advocacy.* is the process of facilitating the client's access to services and resources as identified in the IFSP. The Service Coordinator may advocate on behalf of the client for appropriate community resources and coordinate the multiple providers of social, health and other services defined in the IFSP. In the coordination function, the Service Coordinator will avoid the duplication of services for the client and family.

Billable activities may be conducted through: a) face-to-face contact and activities with the child and family, or with b) service providers as well as with c) the child's primary medical care provider in the implementation of the IFSP and verbal and written communications with the family, e) service provider(s), and/or f) medical care provider(s) to facilitate the implementation of the IFSP.

- 3) *Monitoring of the IFSP.* is the process of ensuring that the client's IFSP is implemented and assessing the client's progress towards meeting the Outcomes as set forth in the IFSP. Direct, in-person contact with the client's family and, as appropriate and necessary, periodic contact with other providers including key medical care providers are essential to the monitoring process. The IFSP must be monitored regularly and reviewed at least every six months from the date of development. The Service Coordinator may reconvene the IFSP Team and other providers, as appropriate, to assist in this monitoring and review.

Billable activities may be conducted through: a) face-to-face contact and activities with the child and family, or with b) service providers as well as with c) the child's primary medical care provider in the routine and periodic monitoring of the IFSP services and d) verbal and written communications with the family, service provider(s), and/or f) medical care provider(s) to obtain and/or distribute necessary information to authorized individuals.

Service Coordination (Case Management/Care Coordination) (continued)

- 4) Evaluation of the IFSP: This is the process of full evaluation of an existing IFSP including re-determination of eligibility and the development of a new IFSP based upon current needs and priorities of the eligible child and family. Evaluation is accomplished through periodic in-person reassessment with the client's family, consultation with other providers, and if appropriate, reassessment of the client.

This category includes activities conducted with families in preparation for the IFSP review or evaluation meetings. This process ensures that the family and MDT team come to the IFSP meeting prepared to make informed decisions. The activities assist the family to understand the IFSP and process, and provide the opportunity for the family to prepare and organize their thoughts and input for use during the IFSP development meeting with other team members. They include:

- a) IFSP team member participation;
- b) Discussion and development of various sections of the IFSP prior to the meeting such as the natural settings section of the IFSP;
- c) Assessment of family priorities, concerns and resources;
- d) Statement of the child's performance in all areas of development;
- e) Outcomes review and discussion; and
- f) Transition considerations.

These pre IFSP activities are reimbursed as a contact(s). IFSP meeting participation is reimbursed based on 15 minute increments of face-to-face contact up to 2 ½ hrs per episode.

Billable activities may be conducted through: a) face-to-face contact and activities with the child and family, or with b) service providers as well as with c) the child's primary medical care provider in the annual IFSP Team evaluation meeting, include d) the scheduling, collecting and distribution of relevant materials required for the meeting,, andlor e) oral and written communications with the family, f) service provider(s), andlor g) medical care provider(s) to obtain andlor distribute information necessary to complete the annual review process, h) development of a new IFSP and i) distribution of such to authorized individuals.

- B. The designation of different service providers may be made at any point in time in addition to the annual review period. The family will review their options for service providers including service coordinators by reviewing the local service provider matrix. The current Service Coordinator or SPOE staff should assist in this transition.

Service Coordination (Case Management/Care Coordination) (continued)

- C. Providers will be paid the lessor of their billed charge or the FSSA established maximum rate of reimbursement.
- D. Direct fact-to-face contact with the family must be documented at a minimum every quarter (e.g., four times per year).

SERVICE COMPONENT CODE: Social Work Services

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

A. Social Work Services include -

- 1) Specialized family assessment related to the eligible child and family's ability to utilize early intervention services.
- 2) Clinical interventions such as counseling to eligible children and/or their families, either individually or in groups, to assist in meeting the developmental needs of the child.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented IFSP meetings and be reflected in the IFSP.
- C. Social work services, which includes individual/family counseling or group therapy, must be provided by personnel with a MSW working toward certification/licensure requirements or by a CCSW (LCSW in 1999).
- D. Counseling for marital problems, alcohol and/or substance abuse, employment, etc. are not reimbursed under Part C early intervention services.
- E. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit or direct services.
- F. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessment performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based on 15 minute increments of face-to-face contact.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate of reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time may be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest

Social Work Services (continued)

complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the eligible child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate or reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Speech Language Pathology

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Speech/language therapy services are designed to identify or diagnose communicative or oropharyngeal disorders and delays in the development of communication services, and to provide therapeutic intervention. These services are designed to improve the child's functional ability to communicate at home, and in other environments including community programs where the child spends a portion or all of his/her day. Communication approaches and methods used by individual children will vary significantly and will mean different forms of communication for individual children.
- B. Speech-language therapy includes:
 - 1) referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oral pharyngeal disorders and delays in development of communication skills; and
 - 2) provision of services for the habilitation, rehabilitation or prevention of communicative or oral pharyngeal disorders and delays in development of communication skills.
- C. Covered Services include:
 - 1) assessment, plan development and monitoring of progress towards meeting the outcome, training and support to family members and other primary caregivers in the implementation of the IFSP, and
 - 2) environmental consultation to ensure that appropriate adaptations and safety issues for the eligible child have been incorporated as set forth in the IFSP.
- D. The identification and incorporation (including purchase) of materials, equipment and supplies related to the provision of speech/language therapy services should follow the procedures and guidelines set forth in the section entitled "Assistive Technology".

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented in IFSP meeting minutes/notes and be reflected in the individualized IFSP.
- C. Speech and language therapy shall be provided by a Speech Pathologist who meets the standards established in the Early Intervention Personnel Guide.

Speech Language Pathology (Continued)

- D. When providing services in a group setting, units of therapy should be claimed for each eligible child participating in the group utilizing the group rate of reimbursement.
- E. The child to staff ratio for group services shall not exceed 4:1.
- F. This service is to be therapeutic in nature and not the same as the developmental skills instruction under Developmental Therapy.
- G. General coordination, preparation, report development and documentation time are not billable time but rather the cost of these activities are included in the rate per unit of direct service.
- H. Individual assessment or evaluation services must be performed by a Speech Language Pathologist at the specialist level. Individual assessment or evaluation services, and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Reassessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based on 15 minute increments of face-to-face contact.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum rate of reimbursement.
- C. If an individual receives less than 15 minutes of service time in a given day, time can be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Transportation

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Transportation service includes the cost of travel and related costs necessary to enable an infant or toddler and/or the infant's or toddler's family to participate in activities related to early intervention including assessment and evaluation services for eligibility determination and/or IFSP development as well as to receive early intervention services addressed in the IFSP.
- B. The mode of transportation is selected by the family and may include:
 - 1) reimbursement for mileage and related costs to the family member,
 - 2) reimbursement to a private or public source of transportation selected by the family.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. If the activity or service is not occurring in the natural setting of the child, transportation service choices must be offered and made available to families to ensure their active participation in intake, eligibility and IFSP development activities. One of the choices is for families to transport their child. Families may request reimbursement for this service.
- C. The need for transportation to early intervention services provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the IFSP. Documentation must be on file that demonstrates why the service(s) is not being provided in the child's natural setting, and that a variety of options for transportation were reviewed with the family.
- D. Transportation is only reimbursable from the child's and/or family's natural environment to the individual service locations. It does not cover other kinds of transportation such as to recreational programs or routine medical care.
- E. An individual child may not be transported on public or privately contracted transportation services without an accompanying, responsible adult.
- F. All enrolled transportation providers must submit documentation of a valid Indiana driver's license, proof of insurance and vehicle registration to the Provider Enrollment Contractor. Additionally, transportation providers may be required to complete and pass supplemental training related to infants and toddlers with disabilities such as CPR instruction. This requirement is waived if the transportation is provided by the family.
- G. Supportive services such as aides or assistants necessary to ensure the safe transportation of an eligible child, ancillary costs including meals, lodging, tools and

Transportation (continued)

public transportation fares will be reimbursed at actual expense or at state reimbursement rates, whichever is less. Prior authorization is required from the Part C Coordinator or his/her designee for these expenses.

- H. If a family selects an out of area service provider, where comparable services are otherwise available to the child, transportation reimbursement is limited up to the maximum amount that would have been allowed to ensure the child receives the required service(s) most proximate to their residence.
- I. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit or direct services.

III. DEFINITION OF BILLABLE UNIT

- A. The billing unit for provider transport is: One (1) one-way trip. The billing unit for family transport is: per mile
- B. Transportation is limited from the child's natural environment to the location of the service provider.
- C. Public transportation providers shall bill based on a charge for each one-way trip, per passenger. Providers will be paid the lessor of billed charges or the FSSA established maximum rate of reimbursement.
- D. A unit is billed per passenger for one-way activity. Family mileage reimbursement is per one way trip not per passenger. Individual mileage reimbursement is for trips when the eligible child is the passenger.

SERVICE COMPONENT CODE: Vision Services

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. Vision Services include:
 - 1) evaluation and assessment of visual functioning as well as diagnosis of visual disorders, delays and abilities;
 - 2) referral for professional treatment; and
 - 3) communication skills training and mobility training, including independent living skills.
- B. The selections, design, and fabrication of assistive and orthotic devices related to the provision of vision services designed to facilitate development and promote the acquisition of functional skills should follow the procedures and guidelines set forth in the section entitled "Assistive Technology".
- C. Non-covered Services may include the purchase of eye glasses, contact lenses or eye patches. Eye medications are also not included.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of service provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the IFSP.
- C. Vision services shall be conducted by personnel who meet standards established in the Early Intervention Personnel Guide.
- D. General coordination, preparation, documentation, and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.
- E. Individual assessment or evaluation services and IFSP development activities, shall not exceed 2 ½ hours per episode, with a maximum of 7 ½ hours per twelve month period per service category. Assessment and evaluation reimbursement includes time spent participating in the multidisciplinary team to 1) determine eligibility, and/or 2) develop the IFSP. Re-assessments performed within a six month period will not be reimbursed.

III. DEFINITION OF BILLABLE UNIT

- A. Reimbursement is made based on 15 minute increments of face-to-face contact.
- B. Providers will be paid the lessor of billed charges or the FSSA established maximum

Vision Services (continued)

rate of reimbursement.

- C. If an individual receives less than 15 minutes of services time in a given day, time can be accumulated on a calendar month basis. Complete 15 minutes units may be billed at the end of the calendar month. The service provider must round down to the nearest complete unit when billing.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

- A. Natural setting is defined as services provided in the environment where the eligible child naturally is, such as home or a community program or activity. Services must be billed for the period of time that actual services were provided to the eligible child and/or family, and should not include time spent in travel to or from the setting. FSSA has established a rate reimbursement policy that reflects a higher maximum rate of reimbursement for services provided in the child's natural setting.

SERVICE COMPONENT CODE: Other Early Intervention Services:

I. SERVICE DEFINITION

- A. Other early intervention services which are designed to meet the developmental needs of the child and the needs of the family related to enhancing the child's development progress, but are not included in any other service component costs may be billed under other Early Intervention Services Code.
- B. These services (such as interpreter service, community program placements) are directly related to the child's disability or developmental delay, and must be documented in the IFSP under at least one Outcome with further documentation in the child's EI record as to this relationship.

II. REQUIREMENTS AND RESTRICTIONS

- A. This service is available to infants and toddlers from birth to age three in accordance with the existing state eligibility policy or any amendments.
- B. The quantity and type of services provided to infants and toddlers and their families must be documented by IFSP meetings and be reflected in the IFSP.
- C. Writing prior approval from Part C Coordinator or his/her designee must be obtained prior to requesting electronic authorization to provide the service.
- D. General coordination, preparation, documentation and report development time is not billable time but rather the cost of these activities are included in the rate per unit of direct services.
- E. The early intervention services must be provided by personnel that have met state approved or recognized certification, licensing, registration, or other comparable requirements for the discipline.
- F. Documentation of eligibility and a need for the services must be in the child's file and must be evaluated routinely.

III. UNIT RATE STRUCTURE

- A. Providers will be guided on pricing structure through the prior authorization process.

IV. PROVISION OF SERVICES IN THE NATURAL SETTING

A rate differential may apply to support the delivery of services in the child's natural setting. A higher rate or reimbursement may be paid when services are provided in the environment where the child naturally is such as home or a community program or activity. The rate for off-site services may reflect additional consideration of travel time and costs for the clinician.

SERVICE COMPONENT CODE: Services Not Otherwise Specified

I. COMPONENT DEFINITION AND ALLOWABLE ACTIVITIES

- A. The services in this section are not all inclusive. Services may have been identified in the IFSP under "other" which represent a variety of community and support services for the child and/or family. Referral to these services are made available to the family through their Service Coordinator.
- B. Services that may be reflected in this section include, but are not limited to, respite care, well child care, family counseling (for purposes other than the child with a disability), employment counseling referral, alcohol and/or substance treatment referral, routine services and support for other family members, etc.

II. REQUIREMENTS AND RESTRICTIONS

- A. **The early intervention service system is not responsible for reimbursement for Payment for these services under any circumstances.**
- B. **There is no descriptor of a billable unit or cost information for "other" services, since it is NOT a billable service.**