

POLICY AND PROCEDURE

POLICY NAME: Early Intervention Services Program	POLICY ID: FL.UM.64
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 12/01/2018	PRODUCT(S): Managed Medical Assistance (MMA)
REVIEWED/REVISED DATE: 7/2019, 11/2019, 6/27/20, 7/21, 08/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): N/A	

POLICY STATEMENT: It is the policy of Sunshine Health to cover medically necessary early intervention services for members under the age of 36 months who have been referred to, or participate in, the Department of Health's (DOH) Early Steps program. EIS services can only be provided by Infant, Toddler, Developmental Specialists certified by the DOH or its designee and must be licensed within the scope of their practice in Florida.

PURPOSE: To define the criteria and limitations for the Agency for Health Care Administration's (AHCA) Early Intervention Services (EIS) program. The EIS program focuses on the early identification and treatment of developmental delays or related conditions for children under the age of thirty-six (36) months. This program is available to Sunshine Health's MMA and Child Welfare Specialty Plan products.

SCOPE: Sunshine Health Utilization Department for Managed Medical Assistance (MMA) product line. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

POLICY:

Sunshine Health covers targeted case management (TCM) for children receiving EIS to ensure that children in Early Steps have their services coordinated. Case managers providing EIS TCM must be certified and trained by the DOH Early Steps program, or their designee.

Sunshine Health collaborates with the DOH Early Steps program, and Local Early Steps Programs (LES) and does not impose barriers to a member's receipt of screening or evaluation services.

PROCEDURE:

Sunshine Health is responsible for the continuity of care (COC) for newly enrolled members transitioning into the plan; EIS providers should not cancel appointments with current patients that are transitioning to Sunshine Health. Sunshine Health does not require authorization for EIS services approved in the Individual and Family Support Plan, (IFSP) that are rendered to a Sunshine Health Medicaid or Child Welfare member that meets the criteria to participate in the Department of Health's Early Steps program.

Sunshine Health will pay the Medicaid fee for service rates for EIS services.

Eligibility requirements:

- An eligible recipient must be enrolled in the Sunshine Health Medicaid or Child Welfare program on the date of service and meet the criteria provided in this policy. Providers must verify the member's eligibility each time a service is rendered.
- Members under the age of three years (36 months) requiring medically necessary early intervention services who have been referred to, or participate in, DOH's Early Steps program.

EIS utilizes an intervention and prevention model that supports the child's development in the early life stages, to reduce the risk of developmental delays. The goal is to reduce medical needs and improve daily functioning and quality of life as the child grows. EIS services are provided in the child's natural environment where they live, learn and play and include:

- Screenings to identify the need for more intensive evaluation and assessment activities
- Evaluations from a multidisciplinary team to identify the presence of a developmental disability, and
- Sessions which are face-to-face visit with the member and his/her parent(s) or legal guardian(s), family member(s), or caregiver(s) to provide family training and support to minimize the impact of the child's disability, by fostering optimal individual growth and development.

Sunshine Health will cover the following EIS services for recipients who are referred by a physician or other licensed practitioner prior to the screening date:

- Up to three screenings per year, per recipient, to identify the presence of a developmental disability
- One initial evaluation (maximum of eight units) per lifetime, per recipient when conducted by a multidisciplinary team
- Up to three follow-up evaluations (maximum of 24 units) per year, per recipient
- Up to two individual or EIS sessions per week (maximum of four units per day) per recipient that includes the following:
 - Supporting family or caregiver in learning new strategies to enhance a recipient's development and participation in the natural activities and routines of everyday life
 - Training parents to implement intervention strategies to minimize potential adverse effects and maximize healthy development
 - Group sessions must include two or more recipients

Evaluation Process:

A multidisciplinary, family directed, assessment and evaluation of the member is conducted by certified Department of Health, Children's Medical Services Early Steps Infant, Toddler Developmental Specialists that are FL licensed practitioners. This Individualized Family Support Plan (IFSP) identifies the family's resources, priorities and the member's unique strengths and needs and defines the early intervention services appropriate to meet the member's needs throughout their eligibility in the EIS program. The IFSP is uniquely tailored to meet each family's priorities.

The initial IFSP process begins at the time of referral and must be completed within 45 days of the date the member is referred to an EIS provider. The parent must give written consent before the plan goes into action. The IFSP team must include:

- The parent or parents
- Other family members, if requested
- An advocate from outside the family, if requested
- A service coordinator, who helps puts the IFSP into action
- Professionals directly involved in evaluations or assessments of child's needs
- Those who will provide early intervention services for child or family
- Depending on your child's needs, the IFSP team might include specialists such as a:
 - Medical practitioner
 - Therapist
 - Child development specialist
 - Social worker

Provider documentation:

Providers must maintain all of the following in the member's record:

- IFSP written in accordance with 34 CFR 303.340
- A plan of care (POC) must be developed by the IFSP team and updated every six months, or upon a change in the recipient's condition requiring an alteration in services, whichever comes first. The IFSP can serve as the Plan of Care if it contains all of the Plan of Care requirements. The POC must include the following:
 - Description of the member's medical diagnosis consistent with the screening
 - Developmental domain(s) for which services are being provided, i.e., cognition; physical, motor and sensory; communication; social and emotional and self-help and adaptive development
 - Measurable objectives with targeted completion dates that are identified for each goal
 - Summary of specific activities that will occur to achieve the stated goal(s) or outcome(s)
 - The amount, frequency, and duration of each service

Providers must maintain progress notes that include:

- Whether an individual or group session was provided
- Detail of activities provided during the session
- Follow-up activities suggested for the family to work on between sessions
- Progress achieved during the session

Exclusions:

- Services that unnecessarily duplicate another provider's service
- Member does not meet the eligibility requirements
- Behavioral health services as an EIS session
- Physical or occupational therapy services as an EIS session
- Respite or care to facilitate a parent or legal guardian attending to personal matters
- Screenings on the same date of service as an Early Steps program targeted case management screening
- Sessions not authorized in the Individualized Family Support Plan (IFSP)
- Sessions conducted by more than one provider, on the same day, for the same recipient, separately
- Sessions rendered in a prescribed pediatric extended care center
- Speech-language pathology services as an EIS session
- Travel time
- Sunshine Health may cover some of the above services through a different service benefit, for example, under the Medicaid Community Behavioral Health Services benefit.

REFERENCES:

FL.UM.08 Management of Requests as part of EPSDT or as a Potential Benefit Exception

Florida Medicaid Early Intervention Services Coverage Policy, August 2017

CFR 303.20 Individualized Family Service Plan

DOH Early Steps: <http://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html>

AHCA Statewide Medicaid Managed Care Newly Covered Services EIS, located at https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/EIS_Training_2018-10-05.pdf. Last accessed on 6/27/2020.

AHCA Early Intervention Services Fee Schedule 2020; located at

https://ahca.myflorida.com/medicaid/review/Reimbursement/2020-01-01_Fee_Sched_Billing_Codes/Early_Intervention_Services_Fee_Schedule_2020.pdf. Last accessed on 6/27/2020.

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: State review and approval required for any substantial changes and upon request.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy Created	07/2019
Policy Update	Added revision date	11/2019
Annual Review	Added link to AHCA Early Intervention Services Fee Schedule 2020 and AHCA Statewide Medicaid Managed Care Newly Covered Services EIS.	06/2020
Annual Review	No changes needed	07/2021
Annual Review	No changes needed	08/2022
Annual Review	Updated Policy ID Added Policy ID and Name to 'Footer' Made minor grammatical changes	08/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.