

# Infant Toddler Program Early Intervention Services

## Frequently Asked Questions

Questions	Answers
<b>Screening, Assessment, Evaluation</b>	
<p><b>How do we meet the “documentation at the time of service” standard for Screening, Assessment, and Evaluation services?</b></p>	<p>Medicaid requires that providers generate documentation at the time of service that is sufficient to support each claim or service. Completed screening, evaluation and assessment instruments meet this standard as well as observation notes and family interviews.</p> <p>Screening, evaluation and assessment protocols should be maintained in the child’s file. Evaluation reports, observation notes and family interviews can be uploaded and maintained in ITPKids.</p>
<p><b>If a SLP is doing a Speech Assessment and a MEISR on the same visit, can they both be billed under Speech assessment or do they need to be separated and two CSRs filled out?</b></p>	<p>If a SLP is doing a Speech assessment and a MEISR on the same visit, the two activities can either be billed as a single Speech Assessment or they can be separated and be billed as a Speech Assessment and an Early Intervention Assessment.</p>
<p><b>Can an Early Intervention Assessment completed by a SLP, PT or OT be considered an initial service assessment?</b></p>	<p>SLPs, PTs, and OTs should continue their current practice of billing their initial service assessment as a Speech, PT or OT evaluation. Additional activities completed to identify current needs and level of functioning may be billed as part of the initial service assessment or be billed separately as an Early Intervention Assessment.</p>

<p><b>When an initial assessment is completed during a joint visit, how is the time billed?</b></p>	<p>The early intervention provider delivering the initial assessment bills for the appropriate assessment (OT, PT, SLP, or EI Assessment). Additional time spent delivering services to the family and child may be billed by the PSP as Early Intervention and the SSP as a Joint Visit.</p>
<p><b>If the MDT has two providers go out to evaluate a child at the same time and, for example, a PT does a PT evaluation and the DS does the MEISR on the same visit, can they both bill for the whole time?</b></p>	<p>No. The PT would bill their time as a PT evaluation and the DS would bill their time as an Early Intervention Assessment. Both interventionists would separate their time and complete two different CSRs.</p>
<p><b>If the MDT recommends that a provider completes only portions of a global evaluation (example: adaptive and cognitive sections) on one visit and then identifies needs using another tool on another visit, can the provider bill twice under Early Intervention Assessment?</b></p>	<p>Yes, the provider can bill an Early Intervention Assessment for different tools on different days. Early Intervention Assessment activities can include initial and ongoing assessments, annual child assessment and ECOS to identify current needs and level of functioning.</p>
<p><b>Do Service Coordinators need to enter multiple NPIs for multiple assessments administered by the same therapist?</b></p>	<p>Yes. Anytime a service is listed on the IFSP, a separate NPI is required to be entered.</p>
<p><b>Where do I maintain protocols and observation notes?</b></p>	<p>This documentation is maintained at the local level. Check with your supervisor regarding your regional process for maintaining these records.</p>
<p><b>Early Intervention</b></p>	

<p><b>Can we select non-billable for an Early Intervention session?</b></p>	<p>Yes. However, it should be rare that an Early Intervention session is not billable.</p> <p>Early intervention includes education, training and consultation provided to the child, family or caregivers to promote the child’s age appropriate growth and development.</p> <p>The goal of early intervention is to assist caregivers to recognize the learning opportunities in the family’s daily activities, and how to apply intervention strategies so that families are supporting change between visits.</p> <p>Knowing that the primary purpose and goal of early intervention is to provide education to caregivers rather than direct intervention to the child, providers must distinguish when the purpose of the service has not been met.</p>
<p><b>Does the child need to be present during an Early Intervention session?</b></p>	<p>Yes. The child must be at the location of service. Providers should make every effort to include the child as much as possible in the training provided to the caregiver. In order for the services to be billable, providers must meet the primary purpose of early intervention as listed above.</p>
<p><b>Can a provider bill for early intervention prior to an IFSP being signed by the family?</b></p>	<p>No. A provider should only bill for early intervention once the IFSP is in place. However, a therapist could bill early intervention as soon as the parent signs the IFSP if they begin to provide education and training during that meeting.</p> <p>An IFSP planning meeting may be billed under early intervention assessment if the therapist is identifying current needs and functioning of the child (through observation, parent interview, etc.). However, none of the actual IFSP meeting is billable.</p>
<p><b>If the doctor signed the IFSP reflecting Family Education prior to July 1, 2018, and it has not been updated, is Early Intervention by a DS still billable?</b></p>	<p>Yes. As long as the time, frequency, and duration remain the same the DS may bill their time as Early Intervention. The IFSP should be updated to reflect Early Intervention by as DS at the next IFSP review or addendum.</p>
<p><b>Joint Visit</b></p>	

<b>Can Joint Visits be used to support individuals other than the family? i.e. childcare providers, caregivers, etc.</b>	Yes. Joint visits can be used to support care providers other than just family members.
<b>Does the child need to be present during a joint visit?</b>	Yes. The child must be at the location of service. Joint Visit providers should make every effort to include the child as much as possible in the training provided to the caregiver.
<b>Who bills for a Joint Visit?</b>	<p>A joint visit is a visit in which the secondary service provider (SSP) accompanies the primary service provider (PSP) for the purpose of supporting the PSP, the child's care providers, and the child.</p> <p>This service is used when two interventionists meet with the caregiver and child during a visit to identify and integrate strategies that support the child's progress toward established outcomes.</p> <p>The PSP bills Early Intervention and the SSP bills Joint Visit. Documentation at the time of service is completed by the PSP with a Joint Plan. However, both interventionists will complete a CSR outlining the service they provided.</p>
<b>What should I do if I am a SSP who is scheduled to complete a Joint Visit with the PSP and the PSP is unable to make the appointment with the family?</b>	<p>As a SSP, you may continue to meet with the family. If you have been assigned hours on the IFSP for Early Intervention, you may bill for Early Intervention Services.</p> <p>If you have only been assigned Joint Visiting hours, you should still complete a Joint Visit CSR. However, you would mark that session as non-billable.</p>
<b>Where and how do I document a Joint Visit?</b>	<p>A Joint Visit is documented on the IFSP Summary of Services page, in a CSR, and on the Joint Plan.</p> <p>A Joint Visit is documented on the IFSP as follows:</p> <ul style="list-style-type: none"> <li>• The service the PSP provides is listed as "Early Intervention by a: DS, OT, PT, SLP or Clinician";</li> <li>• The service the SSP provides is listed as "Joint Visit by a: DS, OT, PT, SLP or Clinician".</li> </ul> <p>A Joint Visit is documented on the CSR as follows (both providers need a CSR):</p> <ul style="list-style-type: none"> <li>• The PSP selects the appropriate Early Intervention service and selects the joint visitor when completing the CSR;</li> </ul>

	<ul style="list-style-type: none"> <li>• The SSP selects Joint Visit service and selects the joint visitor when completing the CSR</li> </ul> <p>A Joint Visit is documented on the Joint Plan as follows:</p> <ul style="list-style-type: none"> <li>• The PSP fills out a Joint Plan</li> <li>• Check the box for “Joint Visit”</li> <li>• Joint visitor signs the Joint Plan</li> </ul>
<p><b>Teaming</b></p>	
<p><b>Can Teaming occur between a DS and DS Senior?</b></p>	<p>Yes. Teaming is a planned service identified on the IFSP and occurs when there is coordination of two or more early intervention providers reviewing, integrating, and planning for a child's effective early intervention. To be a billable service, both the DS and the DS Senior would need to be listed on the child's IFSP as team members.</p>
<p><b>Annual Reverification</b></p>	
<p><b>Do we upload the “Eligibility and Annual Reverification Checklist” into ITPKids?</b></p>	<p>Yes. The “Eligibility and Annual Reverification Checklist” should be uploaded in the attachment section of the child's file in ITPKids.</p>

<p><b>How does Eligibility Determination differ from Eligibility Reverification?</b></p>	<p>Eligibility Determination for IDEA Part C services occurs when a child is initially referred to the Infant Toddler Program or when a child has made enough progress that they may no longer be eligible.</p> <p>Through the eligibility determination process, the multidisciplinary team considers evaluation results, recommendations, family information, parent recommendations, assessment results, observational information, and/or professional judgment to determine whether the child meets criteria for:</p> <ul style="list-style-type: none"> <li>● Developmental Delay (DD)</li> <li>● Established Medical Condition (EMC) or</li> <li>● Informed Clinical Opinion (ICO)</li> </ul> <p>Eligibility Reverification is a process that takes place on an annual basis. The goal of this process is to ensure that existing clinical information (ongoing assessments and CSRs) accurately reflect the child’s current status and demonstrate ongoing necessity of early intervention services.</p>
<p><b>What if, through the Annual Reverification process, the MDT determines the child no longer meets DD or EMC criteria?</b></p>	<p>The MDT team should first consider whether Developmental Milestones or other community programs could meet the needs of the child and family.</p> <p>If the team determines the child has an ongoing necessity for early intervention services, Informed Clinical Opinion allows the MDT team to make use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention.</p> <p>If the child meets ICO criteria, the team should change the eligibility category, and complete the reverification checklist.</p> <p>If the team no longer sees a need for early intervention, the child’s Service Coordinator should follow procedures to notify the family about exiting the child.</p>
<p><b>Joint Plan</b></p>	

<p><b>Can we complete a joint plan electronically and email the document to the family?</b></p>	<p>Yes. As long as the email is HIPAA compliant including:</p> <ul style="list-style-type: none"> <li>● Encryption</li> <li>● Written consent to communicate Protected Health Information through email</li> <li>● An Email Confidentiality Notice</li> </ul>
<p><b>What currently prevents us from stating “see attached joint plan” on the CSR for information that may be duplicative between the joint plan and CSR?</b></p>	<p>Currently the system is not able to pair the joint plans attached to ITPKids to individual CSRs. This means, in the case of an audit or a records request, much time would be spent in gathering a child’s complete file.</p> <p>The program is working on creating a system where Joint Plans can be attached to the CSR in order to reduce duplication.</p>
<p><b>Idaho Educational Services for the Deaf and the Blind (IESDB)</b></p>	
<p><b>How will ITPKids change for IESDB staff as a result of the new Medicaid Early Intervention benefits?</b></p>	<p>There are no changes to ITPKids for IESDB staff.</p> <p>IESDB staff are currently not required to complete CSRs since their services are not billed to Medicaid or Private Insurance. Most IESDB staff opt to attach the monthly summary completed for IESDB requirements to ITPKids rather than document their services in a CSR.</p>
<p><b>How will IESDB services be listed on the IFSP?</b></p>	<p>IESDB services will continue to be listed on the IFSP as:</p> <ul style="list-style-type: none"> <li>● Hearing – Special Instruction</li> <li>● Vision – Special Instruction</li> <li>● IESDB Assessment</li> <li>● Deaf Monitoring Program</li> </ul>
<p><b>Can the Infant Toddler Program bill for Joint Visits and/or Teaming when one of the interventionists is an IESDB staff?</b></p>	<p>Yes. ITP will continue to not bill Medicaid or Private Insurance for the services IESDB provides. However, the other interventionist(s) involved in these services may bill for the services they provide.</p>
<p><b>What are the documentation requirements for IESDB staff?</b></p>	<p>Because ITP does not bill for hearing/vision services provided by IESDB, IESDB staff are not required to complete a CSR or Joint Plan.</p> <p>However, if an ITP staff/contractor participates in a joint visit with an IESDB staff, the ITP staff/contractor is required to complete a joint plan for their documentation of the</p>

joint visit. As part of this documentation, the ITP staff/contractor will need the IESDB staff signature and credentials on the Joint Plan.

Additionally, if an IESDB staff is a primary service provider, they should be asked to sign the annual eligibility checklist as the early intervention provider/representative of the MDT team who makes the determination. If the IESDB staff is not present at the meeting where eligibility is determined, a secondary service provider may be chosen as the representative to sign the checklist.