



EARLY INTERVENTION SERVICES STATEWIDE MEDICAID MANAGED CARE PROGRAM

The Agency for Health Care Administration (Agency) contracts with Medicaid health and dental plans to provide services to health plan enrollees. The Agency recently entered into new contracts with health and dental plans that will greatly benefit enrollees and providers. This document is part of a series that highlights the program changes in the new Statewide Medicaid Managed Care (SMMC) health and dental plan contracts. With the implementation of the new SMMC contracts, health plans will be responsible for covering Early Intervention Services for its enrollees.

What are Early Intervention Services (EIS)?

Early intervention services (EIS) provide for the early identification and treatment of recipients under the age of three years (36 months) with developmental delays or related conditions. EIS promotes a parent-coaching model intended to support the child in meeting certain developmental milestones. Reimbursable services include:

- Screenings to identify the need for more intensive evaluation and assessment activities, if necessary
- Evaluations conducted by a multidisciplinary team to identify the presence of a developmental delay or disability
- Weekly individual or group EIS sessions that include:
 - Family and caregiver support and education
 - Parent training to implement intervention strategies

Who can receive EIS?

Children under the age of three (36 months) enrolled in the Florida Department of Health's (DOH) Early Steps program. Anyone can refer a child to the Early Steps program; however, being referred does not necessarily mean that a child is eligible for EIS.

What is DOH's Early Steps program?

Early Steps is Florida's Part C early intervention system that offers EIS to eligible infants and toddlers, age birth to 36 months, who have or are at-risk for developmental disabilities or delays. This federal-state partnership offers services to both Medicaid and non-Medicaid eligible children. Administered by DOH, Early Steps coordinates the delivery of EIS to eligible children across the state through 15 local provider groups. These groups receive referrals and deliver services either directly or through sub-contractors. Early Steps supports families and caregivers to increase their child's participation in daily activities and routines that are important to the family. For a list of these provider groups, please refer to DOH's statewide [directory](#).

More information on eligibility criteria for Early Steps can be found in the Early Steps Policy at: http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html.

What are screenings, evaluations, and Individualized Family Support Plans?

Once a child is referred by an individual (e.g., family member, physician, or child care provider), he or she undergoes a screening and/or evaluation that determines the child's developmental status in the following domains:

- Physical: Moving, walking, grasping, and coordination (including hearing and vision)
- Cognitive: Thinking, learning, and problem solving
- Communication: Babbling, languages, speech, and conversation
- Social/Emotional: Playing and interacting with others
- Adaptive environment: Self-help skills (e.g., feeding, toileting, or dressing)

The initial evaluation must be completed within 45 days of a child's referral. (See [Title 34 Code of Federal Regulation 303.310.](#))

If a child is determined eligible, a team of EIS providers then create an Individualized Family Support Plan (IFSP). IFSPs are similar to Individualized Education Plans (IEP) that document Exceptional Student Education children's individual needs and services. IFSPs, however, are only for children under three who meet eligibility criteria. They emphasize the family's role in treatment, which can vary depending on the affected domains. EIS providers must provide services within 30 days from the date the family consents to the services listed in the IFSP. (See [34 CFR §303.344\(f\).](#)) EIS providers deliver services as indicated on the IFSP.

Why is the Medicaid adding this service to the list of SMMC health plan covered services?

This is intended to facilitate an **integrated** health care delivery system where the health plan is responsible for coordinating and paying for all of the services that the child needs.

What are the health plan's responsibilities?

- Screening and Evaluation services
 - Screening and/or evaluation is an essential part of the process for determining if a child needs EIS. Health plans cannot require prior authorization or a prescription before a child can access EIS screening and/or evaluation services.
- Multidisciplinary team meeting (also known as an IFSP staffing)
 - Health plans must participate in the multidisciplinary team meetings where the IFSP is developed to facilitate quick and timely authorization of medically necessary services.
- Service delivery model
 - Health plans must ensure that services are provided to the family and child where they live, learn, and play to enable the family to implement developmentally appropriate learning opportunities during every day activities and routines. Most services will be provided in the home.
 - Health plans should NOT review the services on the IFSP from a purely medical model – EIS deploys an educational approach and is complemented by other medical services that the child may need.
 - Health plans can work with the DOH Early Steps program to ascertain best practices and evidence-based guidelines that support the delivery of EIS when developing clinical protocols or service authorization criteria. The Agency will host a joint training with DOH and the plans in October to further discuss the service delivery model.
- Service Authorization of EIS
 - Health plans may not implement service authorization requirements for early intervention screening and/or evaluation services.
 - Plans must accept the IFSP as the authorizing document for EIS individual and group sessions, in lieu of requiring additional documentation to support payment for services.
 - Service authorizations must be completed within contractually required timeframes (seven days for standard authorizations and two days for expedited authorizations).
- Targeted Case Management/Care Coordination
 - Children receiving EIS are eligible for targeted case management (TCM) services.
 - Health plans are required to cover the TCM services for children receiving EIS using case managers who are certified by the DOH Early Steps program.
- Provider network
 - Health plans must contract with EIS and TCM providers that are certified through the DOH Early Steps program, or its designee.
 - If all EIS and TCM provider network agreements are not in place when the new health plan contracts are implemented in a region, plans must enter into single case agreements with existing providers to honor continuity of care requirements for any EIS

enrollee who was receiving EIS at the time of transition. A single case agreement is a contract between the health plan and an out-of-network provider for a specific service or patient, to ensure services are continued.

- Continuity of care at enrollment
 - The health plans are responsible for continuing to provide services already in place for all enrollees. This includes EIS.
 - In the event a new enrollee is receiving prior authorized ongoing course of treatment with any provider, including those services previously authorized under the fee-for-service delivery system, the health plan must continue that course of treatment and pay the existing provider for that treatment, without any form of authorization and without regard to whether such services are being provided by participating or non-participating providers for up to 60 days after the effective date of enrollment.
- Provider reimbursement
 - Health plans and EIS providers may negotiate mutually agreement rates for the provision of EIS services.
 - Health plans must provide training for EIS providers to ensure they can properly submit claims in the plan's system for receipt of timely payment.
 - The health plan must reimburse non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning to the plan for a minimum of 30 days, unless the provider agrees to an alternative rate.

Where can additional information be located?

For Florida Medicaid's policies and reimbursement rates, please refer to the [Early Intervention Services Coverage Policy](#) and [Early Intervention Services Fee Schedule](#). The coverage policy also provides information on what services are excluded from this benefit. Health plans cannot be more restrictive than what is stipulated in the coverage policy.

Additional information can be located at:

- <http://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html>
- http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html

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For more information on the SMMC program, visit: http://ahca.myflorida.com/medicaid/statewide_mc.

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