Infants and Toddlers Program

Provider Manual

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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. CONDITIONS OF PARTICIPATION

An infant and toddler program is eligible to participate in the Medicaid program when it is an agency in good standing under the Infants and Toddlers with Disabilities Program under Subchapter III of the federal Individuals with Disabilities Education Act. In Iowa, this program is known as "Early ACCESS."

The provider must agree to remit an amount equal to the non-federal share of the Medicaid payment to the Department of Human Services.

1. Personnel

Services shall be provided by personnel who meet the applicable professional licensure requirements.

Local education agency and area education agency providers must meet the licensure requirement for the Department of Education rule 281 Iowa Administrative Code (IAC) 41.401(256B,34CFR300) and 281 IAC 120.119(34CFR303), to the extent that their certification or license allows them to provide these services.

2. Treatment Plan Requirements

All services must be specific to a Medicaid-eligible child who:

- Is less than 36 months of age.
- Has a developmental delay or has an established condition that could result in a developmental delay later.
- Has an Individual Family Service Plan (IFSP) developed by the service coordinator, pursuant to Department of Education rule 281 Iowa Administrative Code (IAC) 41.401(256B,34CFR300) and 281 IAC 120.119(34CFR303), or is being assessed for eligibility for Early ACCESS services.

  Early ACCESS services provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting where children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

  The IFSP must indicate measurable goals and outcomes and the type and frequency of services provided.

An updated IFSP that delineates the need for ongoing services is required at least every six months. The updated plan must:

- Include the child's current level of functioning.
- Set new goals and objectives when needed.
- Delineate the modified or continuing type and frequency of service.

3. Service Records

The provider shall maintain accurate and current documentation in the child's record of all services and activities provided. The record shall include, but is not limited to, the following:

- The first and last name of the child receiving the service. The child's name shall be on each page or separate electronic document.
- The child's Medicaid identification number and date of birth.
- The specific service provided.
- The complete date of service.
- The complete time of service, including beginning and ending time if the service is billed on a time–related basis. (Include AM or PM.)
- The first and last name and professional credentials, if any, of the person providing the service.
- The signature of the person providing the service, or the initials of the person if a signature log indicates the person's identity.
- A description of the child's progress in response to the services rendered, including any changes in treatment, alteration of the plan of care, or revisions of the diagnosis.
- Copies of the IFSP, including any changes or revisions to the IFSP.
- Progress or status notes on goals and objectives for which the services or activities provided.
- Documentation of service coordinator activities designed to locate, refer, obtain and coordinate services outside and inside the agency, as needed by the child.

- Record-keeping necessary for IFSP planning, service implementation, monitoring, and coordination. This includes preparation of:
  - Reports
  - Service plan reviews
  - Notes about activities in the service record
  - Correspondence with the child and collateral contacts

B. COVERAGE OF SERVICES

Payment will be made for medically necessary audiology, developmental services, family training, health and nursing services, interpreter services, medical transportation services, nutrition services, occupational therapy services, physical therapy services, psychological evaluation and counseling, social work, speech-language services, vision services, and service coordination or case management services.

Medically necessary is defined as the services necessary to correct or ameliorate defects and physical or mental illnesses or conditions. (State Medicaid Manual 2700.4)

If assistive technology is required, use an enrolled Medicaid provider such as an optometrist, hearing aid dealer, or audiologist. Search for a medical provider on the Iowa Department of Human Services Medicaid Provider Search website.

Obtain wheelchairs or prostheses through a Medicaid enrolled durable medical equipment and supply dealer. To enroll in the Medicaid program as a medical equipment dealer, contact the IME Provider Services Unit at (800) 338-7909, option 2, or (515) 256-4609 (Des Moines local area).

1. Audiological Services

To be covered by Medicaid, audiological services must be provided by an audiologist licensed by the Iowa Department of Public Health.

The following services are covered when they are included in the child's IFSP or are linked to a service in the IFSP:

- Audiological screening
- Individual audiological assessment
- Audiological services to an individual
- Audiological services in a group
- Contracted audiological therapy services

a. Audiological Screening

Perform objective audiological screening in both ears for ages 0-3:

- Distortion Product Otoacoustic Emissions (DPOAE) testing
- Automatic Auditory Brainstem Response (AABR) testing
- Use tympanometry in conjunction with pure tone screening

Source: American Academy of Audiology Childhood Hearing Screening Guidelines, September 2011

b. Individual Audiological Assessment

Individual audiological assessment includes tests, tasks, and interviews used to:

- Identify hearing loss in infants and toddlers.
- Establish the nature, range, and degree of the hearing loss.
- Make referral for medical or other professional attention for the habilitation of hearing.

c. Audiological Services to an Individual

Audiological service to an individual is provided in a 1:1 therapist-to-child ratio. The type and level of treatment services are an outcome of the assessment. Services may be provided directly or through case consultation. Individual services include:

- **Auditory training**. Sound discrimination tasks (in quiet noise), sound awareness, and sound localization.
- **Audiology treatment**. Services to infants and toddlers and their families, including:
  - Providing rehabilitative services to hearing-impaired children, including language habilitation, auditory training, speech-reading (lip-reading), speech conservation, and ongoing hearing evaluation.
  - Providing counseling and guidance of children and parents regarding hearing loss and the proper care and use of amplification.
  - Determining the child's need for group and individual amplification (hearing aids, auditory trainers, and other types of amplification).

- Selecting and fitting appropriate amplification.
- Monitoring the functioning of the child's hearing aid or other amplification.
- Evaluating the effectiveness of amplification, adjustment or modification of hearing aids and other amplification.
- Repairing of amplification.
- Making a recommendation for new hearing aids or other amplification.

The role of consultation is monitoring, supervising, teaching, and training professionals, paraprofessionals and parents in the home or community environment. Consultation includes:

- Providing general information about a specific child's condition.
- Teaching special skills necessary for proper care of a specific child's hearing aid.
- Developing, maintaining, and demonstrating use and care of adaptive or assistive devices for a specific child.

d. Audiological Services in a Group

Audiological service provided in a group is identical in scope to the service activities listed under services to an individual, except that services are provided to a group of children.

Early ACCESS services provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting where children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

e. Contracted Audiological Therapy Services

Contracted audiological therapy services include screening, assessment, and therapy services which are rendered by a qualified practitioner who is a contractor, rather than an employee, of the provider. The requirements for documentation, records maintenance, educational certification or licensure, and medical necessity remain unchanged.

2. Developmental Services

Developmental services include, but are not limited to:

- Designing activities that help the child to grow, learn to communicate and play with others, and meet a specific learning need.
- Modeling and teaching family members or care providers how to do developmental activities.
- Working with the child to do activities that help the child grow and develop.

Services are covered only when they are provided by a licensed person or by a paraprofessional as delegated and supervised by licensed personnel. The licensed personnel approved by Medicaid include:

- Early childhood special educator
- Nurse
- Occupational therapist
- Physical therapist
- Psychologist
- Social worker

The following services are covered when they are in the child's IFSP or are linked to a service in the IFSP:

- Screening
- Assessment
- Developmental services to an individual
- Developmental services in a group
- Contracted developmental services

a. Screening

Screening is a brief assessment of a child that is intended to identify the presence of a condition or developmental delay. The screening identifies the child's potential eligibility for infant and toddler services and the child's need for further evaluation. Document the decision and rationale.

b. Assessment

Initial and follow-up assessments are comprehensive evaluations provided to a child who has been referred to Early ACCESS. The evaluation is to determine the child's developmental level of functioning.

A developmental evaluation is based on informed clinical opinion through objective testing and includes, at a minimum, the following:

- A review of pertinent records related to the child's current health status and medical history.
- An evaluation of the child's level of functioning in each of the following developmental areas:
  - Gross motor development
  - Fine motor development
  - Communication skills or language development
  - Self-help or adaptive skill
  - Social and emotional development
  - Cognitive skills
- An assessment of the unique strengths and needs of the child in terms of each of the developmental areas above.
- Identification of services appropriate to meet the needs of the child.

A written narrative report of the evaluation and results are required including the signature, credentials, and the date of signature of those who perform the service.

c. Developmental Services to an Individual

Developmental services to an individual are provided in a 1:1 service provider-to-child ratio. The type and level of treatment services are an outcome of the assessment. Services may be provided directly or through case consultation.

The role of consultation is monitoring, supervision, teaching, and training professionals, paraprofessionals, and parents in the home or community environment. Consultation includes:

- Providing general information about a specific child's condition or developmental delay and its effect on the child's development.
- Making recommendations for enhancing specific child's performance.

d. Developmental Services in a Group

Developmental services provided in a group are identical in scope to the service activities listed under services to an individual, except that services are provided to a group of children. All the children in the group would have the same identified medical needs.

e. Contracted Developmental Services

Contracted developmental services include screening, assessment, and treatment services that are rendered by a qualified practitioner who is a contractor, rather than an employee of the provider. The requirements for documentation, record maintenance, certification or licensure, and medical necessity remain the same.

3. Family Training

Family training includes:

- Counseling for the family in understanding the special needs of the child.
- Guidance and support for the family in understanding the special needs of the child or the child's growth and development needs.

Family training service may be provided by any licensed practitioner or by a paraprofessional supervised by a licensed practitioner.

The following services are covered when they are in the child's Individualized Family Service Plan (IFSP) or are linked to a service in the IFSP:

- Screening and assessment
- Family training to an individual family
- Family training to family groups
- Contracted family training

a. Screening and Assessment

Screening and assessment for family training is included in the screening and assessment services for the individual practitioner services. Refer to the screening and assessment section for the practitioner providing the service.

b. Family Training to an Individual Family

Services to a family involve:

- Counseling the family in understanding the special needs of the child.
- Guidance, feedback, and support for the family in understanding the special needs of the child.
- Informing, teaching, and training the family to meet the special health needs of the child.

The goal of family training service is to assist the family in developing the specialized parenting skills necessary to maximize the growth and development of the child. Teaching general parenting skills is not covered in the Infants and Toddlers program.

c. Family Training to Family Groups

Services to a family provided in a group setting is identical in scope to the service activities listed under services to individual families, except that services are provided to more than one family at the same time. The issues addressed in the group family service would have to address the same identified medical needs. Group services are not covered if the identified children's needs are different.

d. Contracted Family Training

Contracted services include the services listed above to a family that are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

4. Health and Nursing Services

Nursing services include, but are not limited to:

- Health assessments and evaluations
- Diagnosis and planning
- Administering and monitoring medical treatments and procedures

- Consultation with licensed physicians and other health practitioners, parents, and staff regarding the child's specific health needs
- Individual health counseling and instruction
- Emergency intervention
- Other activities and functions within the purview of the Nurse Practice Act

Medicaid covers the following services when they are in the child's IFSP or are linked to a service in the IFSP:

- Screening (RN service only)
- Individual assessment (RN service only)
- Nursing service to an individual
- Direct nursing service to a group
- Contracted nursing service
- Consultation
- Nursing care procedures

To be covered, these services must be provided by a licensed nurse or physician.

a. Screening

Screening is the process of assessing health status through direct individual or group observation, in order to identify problems and determine if further assessment is needed.

Document referrals for evaluation or treatment services identified through the screening.

b. Individual Assessment

"Assessment" refers to the process of health data collection, observation, analysis, and interpretation for the purpose of formulating a nursing diagnosis. The initial assessment includes:

- Determining the need, nature, frequency, and duration of treatment.
- Determining the need for coordinating with other services.
- Documenting these determinations.

Additional activities include:

- **Treatment planning**. Establishing a plan of care that includes determining goals and priorities for actions that are based on the nursing diagnosis and the intervention to implement the plan of care.
- **Monitoring of treatment implementation**. Activities designed to document whether the plan is meeting the child's needs by demonstrating maintenance or improvement in health status.
- **Evaluation**. Activities designed to evaluate the child's status in relation to established goals and the plan of care.

c. Nursing Service to an Individual

Nursing services to an individual child involve executing the individual nursing interventions in the plan of care, including ongoing assessment, planning, intervention, and evaluation.

Early ACCESS services provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in the "the home or community setting when children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

d. Direct Nursing Service to a Group

Services to a group may include:

- **Family counseling**. This service consists of sessions with one or more family members for the purposes of effecting change within the family structure to ensure the child's health needs are met.
- **Group counseling**. Services to a child or family provided in a group are identical in scope to the service activities listed for individuals, except that services are provided to more than one family or child at the same time. The services are designed to improve health status. The issues addressed in the group service would have to include identical medical needs.

e. Contracted Nursing Service

Contracted services include nursing assessment and services to an individual that are rendered by a qualified practitioner who is a contractor, rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

f. Consultation

The role of consultation is to monitor, supervise, teach, and train professionals, paraprofessionals, and parents in the home or community environment. Consultation includes:

- Providing general information about a child's condition.
- Teaching special skills necessary for proper care of child's medical needs.
- Making recommendations for enhancing a specific child's performance.
- Developing, maintaining, and demonstrating use and care of adaptive or assistive devices for a specific child.

Consultation services can include contracted services with a physician in the physician's office to obtain a specialized evaluation or reassessment.

g. Nursing Care Procedures

Services include, but are not limited to, immunizations, medication administration and monitoring, prescribed health procedures, and interventions identified in the IFSP.

Nursing care procedures include, but are not limited to, monitoring prescribed health procedures and interventions identified in the child's IFSP that are needed to participate in early intervention service.

Nursing procedures required for specialized health care under 281 Iowa Administrative Code (IAC) 41.405(256B) and 281 IAC 120.16 (34CFR303) include, but are not limited to:

- Catheterization:
  - Education and monitoring self-catheterization
  - Intermittent urinary catheterization
  - Indwelling catheter irrigation, reinsertion, and care
- Feeding:
  - Nutrition and history assessment
  - Ostomy feeding
  - Ostomy irrigation, insertion, removal, and care
  - Parenteral nutrition (intravenous)
  - Specialized feeding procedures
  - Stoma care and dressing changes
- Health support systems:
  - Apnea monitoring and care
  - Central line care, dressing change, emergency care
  - Dressing and treatment
  - Dialysis monitoring and care
  - Shunt monitoring and care
  - Ventilator monitoring, care, and emergency plan
  - Wound and skin integrity assessment, monitoring, and care
- Medications (281 IAC 41.403(2) (256B,34CFR300) and 281 IAC 41.405(256B)):
  - Administration of medications—by mouth, injection (intravenous, intramuscular, subcutaneous), oral inhalation by inhaler or nebulizer, rectum or bladder instillation, eye, ear, nose, skin, ostomy, or tube
  - Ongoing assessment of medications
  - Medication assessment and emergency administration
- Ostomies:
  - Ostomy care, dressing, and monitoring
  - Ostomy irrigation

- Respiratory care:
  - Oxygen monitoring and care
  - Postural drainage and percussion treatments
  - Suctioning
  - Tracheostomy tube replacement
  - Tracheostomy monitoring and care
  - Ventilator care
- Specimen collection:
  - Blood
  - Sputum
  - Stool
  - Urine
- Other nursing procedures including:
  - Bowel and bladder intervention, monitoring, and care
  - Assessing and monitoring body systems, vitals, and growth and development

5. Interpreter Services

Interpretative services may be covered, whether done orally or through sign language. Interpreters must provide only interpretation services for the agency. The services must facilitate access to Medicaid covered services.

In order for interpretation services to be covered by Iowa Medicaid, the services must meet the following criteria:

- Provided by interpreters who provide only interpretive services
- Interpreters may be employed or contracted by the billing provider
- The interpretive services must facilitate access to Medicaid covered services

Providers may only bill for these services if offered in conjunction with an otherwise Medicaid covered service. Medical staff that are bilingual are not reimbursed for the interpretation but only for their medical services.

a. Documentation of the Service

The billing provider must document in the member's record the:

- Interpreter's name or company,
- Date and time of the interpretation,
- Service duration (time in and time out), and
- Cost of providing the service.

b. Qualifications

It is the responsibility of the billing provider to determine the interpreter's competency. Sign language interpreters should be licensed pursuant to 645 IAC 361. Oral interpreters should be guided by the standards developed by the National Council on Interpreting in Health Care.

Following is the instruction for billing interpretive services when that service is provided by an outside commercial translation service:

- Bill code T1013
  - For telephonic interpretive services use modifier "UC" to indicate that the payment should be made at a per-minute unit.
  - The lack of the UC modifier will indicate that the charge is being made for the 15 minute face-to-face unit.
- Enter the number of minutes actually used for the provision of the service. The 15 minute unit should be rounded up if the service is provided for 8 minutes or more.

NOTE: Because the same code is being used but a conditional modifier may be necessary, any claim where the UC modifier is **NOT** used and the units exceed 24 will be paid at 24 units.

6. Medical Transportation and Escort

To help ensure that members have access to medical care within the scope of the program, the Department reimburses for transportation to receive necessary medical care. Expenses for transportation of a student to and from the site of medical services are covered when the medical need for transportation is on the child's IFSP. Transportation may be billed only once per day. The child **must** have received a **medical service** on that day.

For IFSP children, the Department also reimburses for other costs, such as parking. Escort or attendant services are covered for IFSP children when the caretaker is not available.

Calculate the number of miles from the point of origin to the service location multiplied by the cost per mile times two if return trip is provided. The total cost for that day is billed. Claims that exceed the edits must be submitted with the mileage log.

Documentation for travel must be recorded in the child's record (trip logs may be used) and must include:

- The date of service,
- The point of origin of travel (location),
- The location of service,
- Location of return travel (if provided), and
- The number of miles from the point of origin to the location of service.
  - For a round trip, documentation for both ways.
  - For escort services, "time in" and "time out," to support 15-minute billing units and a short description of the child's status while escorted.

The Department will arrange non-emergency medical transportation (NEMT) or reimburse the member under certain conditions for transportation costs to receive necessary medical care. This will be facilitated through the broker designated by the Department.

When a member needs transportation or reimbursement for transportation, the member must contact the broker 72 business hours in advance for approval and scheduling. Modes of transportation may include:

- Bus tokens,
- Volunteer services,
- Mileage reimbursement, or
- Other forms of public transportation.

The IME has contracted NEMT services through TMS Management Group, Inc. For information about the broker's policies and processes, please visit their website: http://tmsmanagementgroup.com/index.php/iowa-medicaid-net-program/.

7. Nutrition Counseling

Infant and toddler service providers are eligible for reimbursement of nutrition counseling (medical nutritional therapy) services provided by licensed dietitians who are employed by or have contracts with the provider when a nutritional problem or a condition of such severity exists that nutritional counseling beyond that which is normally expected as part of the standard medical management is warranted.

Medical conditions that can be referred to a licensed dietitian include the following:

- **Inadequate or excessive growth**

  Examples include:

  - Failure to thrive,
  - Undesired weight loss,
  - Underweight,
  - Excessive increase in weight relative to linear growth,
  - Major changes in weight-to-height percentile or BMI for the child's age,
  - Excessive weight, and
  - Hyperphagia.

- **Inadequate dietary intake**

  Examples include:

  - Formula intolerance,
  - Food allergy,
  - Limited variety of foods,
  - Limited food resources, and
  - Poor appetite.

- **Infant or child feeding problems**

  Examples include:

  - Poor suck or swallow,
  - Breastfeeding difficulties,
  - Lack of developmental feeding progress,
  - Inappropriate kinds or amounts of feeding offered,
  - Limited information or skills of caregiver,
  - Food aversions enteral or parenteral feeding, and
  - Delayed oral motor skills.

- **Chronic disease requiring nutritional intervention**

  Examples include:

  - Congenital heart disease,
  - Pulmonary disease,
  - Renal disease,
  - Cystic fibrosis,
  - Metabolic disorder,
  - Diabetes,
  - Gastrointestinal disease, and
  - Any other genetic disorders requiring nutritional intervention.

- **Medical conditions requiring nutritional intervention**

  Examples include:

  - Iron deficiency anemia,
  - High serum lead level,
  - Familial hyperlipidemia,
  - Hyperlipidemia, and
  - Pregnancy.

- **Developmental disability**

  Examples include:

  - Increased risk of altered energy and nutrient needs,
  - Oral-motor or behavioral feeding difficulties,
  - Medication-nutrient interaction, and
  - Tube feedings.

- **Psychosocial factors**

  Examples include behaviors suggesting an eating disorder. Children with an eating disorder should also be referred to community resources and to their primary care provider for evaluation and treatment.

This is not an all-inclusive list. Other diagnoses may be appropriate and warrant referral to a licensed dietitian.

Individual Nutrition Evaluation and Assessment

Initial evaluations and follow-up assessment documents the process of comprehensive data collection, child and family observation, and analysis to determine a child's nutritional status in order to develop a plan of care. The evaluation is based on:

- Informed clinical opinion through objective food record review,
- Evaluation of the child's pattern of growth, and
- Evaluation of area of concern based on the evaluation tool used and medical nutritional therapy.

Families who are eligible for nutritional counseling through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) must provide a statement that the need for nutritional counseling exceeds the services available through WIC. Maintain a copy of the statement in the child's record.

8. Occupational Therapy

The following occupational therapy services are covered when they are in the child's IFSP or are linked to a service in the IFSP:

- Occupational therapy screening
- Individual occupational therapy assessment
- Direct occupational therapy service to an individual
- Direct occupational therapy in a group
- Contracted occupational therapy services

Occupational therapy services may be provided by:

- A occupational therapist licensed by the Iowa Department of Public Health (IDPH), or
- A licensed occupational therapy assistant as delegated and supervised by the licensed occupational therapist.

a. Occupational Therapy Screening

Screening is the process of surveying a child through direct and indirect observation in order to identify previously undetected problems. Document the referral source and date, as well as, reason for screening. Screening may include, but is not limited to, the use of any of the following methods:

- Review of written information (medical records, day care provider notes)
- Review of spoken information (interview parents)
- Direct observation (checklists, a comparison with peers)
- Formal screening tools

Need for occupational evaluation services identified through the screening must be documented, as well as, referrals to other providers. Screening is covered when it is linked to a service in the IFSP.

b. Individual Occupational Therapy Assessment

If individual evaluations are conducted, documentation of referral source and date, reason occupational therapy services are being sought, data collected, analysis, and summary are necessary. Evaluation may include review of records, interview, observation, and use of formal or informal tools.

The areas of occupations (e.g., activities of daily living, social participation) that are successful or problematic, contexts and environments (e.g., physical, social, cultural, temporal) that support or hinder occupations, and the demands of the activities (e.g., required actions, body functions) should be included in the evaluation.

In addition, the following information about the child should be included:

- Performance skills (e.g., motor, cognitive, social, sensory-perceptual skills),
- Performance patterns (e.g., habits, routines), and
- Other factors (e.g., mental, neuromuscular, sensory, visual functions and structures).

c. Direct Occupational Therapy Service to an Individual

(1) Direct Service Model

In a direct service model, the occupational therapist works with a child individually. Therapy may occur in an isolated environment due to the need for instruction free from distraction or the need for specialized equipment.

The occupational therapist or an occupational therapy assistant under the supervision of the occupational therapist is the primary provider of service and is accountable for specific treatment plan objectives for the child. There is not an expectation that activities will be delegated to others and carried out between therapy sessions.

The emphasis of therapy is usually on the acquisition of skills or sequences needed for a new performance during a critical learning period. The child has not achieved a level of ability that would permit transfer of skills to other environments. Often only a short interval of direct service is needed before the child can participate in a less restrictive model of service.

Typically, direct service is used when frequent program changes are needed and other personnel do not have the unique expertise to make these changes. Intervention sessions may include the use of therapeutic or specialized equipment that require the occupational therapist's expertise and cannot safely be used by others within the child's environment. The occupational therapist's professional judgment determines when a licensed occupational therapist is the only person qualified to carry out the therapy program.

(2) Integrated Services Model

"Integrated service" is a model of therapy that combines direct child-therapist contact with consultation with others involved in the child's program.

Emphasis is placed on the need for practice of skills and problem solving in the child's daily routine. Integrated therapy service is provided within the child's daily environment.

The process of goal achievement is shared among those involved with the child, including the occupational therapist, occupational therapy assistant, parents, and others as appropriate. Intervention may include:

- Adapting functional activities, usually occurring in the child's routine related to mobility, self-care, mealtime skills, or manipulation.
- Creating opportunities for the child to practice new skills.
- Dynamic positioning.
- Collaborative problem solving with others to encourage functioning and independence.
- Enhanced performance as the child develops and uses new skills.

Only the actual time spent providing service by the occupational therapist or an occupational therapy assistant under the supervision of an occupational therapist is considered therapy. Activities or follow-through performed by others cannot be called occupational therapy.

(3) Consultative Services Model

In the consultative occupational therapy service model, the therapist participates in collaborative consultation with parents and others as appropriate.

Occupational therapy appears on the IFSP as a primary and is associated with a specific IFSP outcome.

The occupational therapist's unique expertise is often needed for staff and parent training related to the IFSP goal. Although the therapist is not the primary person responsible for carrying out these activities, the occupational therapist's input is typically needed to determine:

- Appropriate expectations
- Environmental modifications
- Assistive technology
- Possible learning strategies

The intervention activities, which are delegated to others, do not require the occupational therapist's expertise and should not be identified as occupational therapy.

d. Direct Occupational Therapy in a Group

Direct occupational therapy to a group includes the same models as described for direct occupational therapy service to an individual.

e. Contracted Occupational Therapy Services

Contracted occupational therapy services include screening, assessment, and therapy services which are rendered by a qualified practitioner who is a contractor, rather than an employee, of the provider. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

9. Physical Therapy

The following physical therapy services are covered when they are in the child's IFSP or are linked to a service in the IFSP:

- Physical therapy screening
- Individual physical therapy assessment
- Direct physical therapy to an individual
- Direct physical therapy service in a group
- Contracted physical therapy services

To be covered, the service must be provided either by:

- A licensed physical therapist, or
- A licensed physical therapy assistant as delegated and supervised by the licensed physical therapist.

Contracted physical therapy service includes screening, assessment, and therapy services that are rendered by a qualified, contracted practitioner rather than an employee of the provider. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

a. Physical Therapy Screening

Screening is the process of surveying a child through direct and indirect observation in order to identify previously undetected problems. Document referral source and date as well as reasons for screening. Screening may include, but is not limited to, the use of any of the following methods:

- Review of written information (medical records)
- Review of spoken information (interview parents)
- Direct observation (checklists, a comparison with peers)
- Formal tools for the purpose of screening

Need for physical therapy evaluation and services identified through screening must be documented as well as referrals to other providers. Screening is covered when it is linked to a service in the IFSP. Physical therapists may be involved in screening a group of children, but more typically, the therapist consults and provides in-service training for other personnel who regularly screen groups of children.

b. Individual Physical Therapy Assessment

An assessment by a physical therapist should consider information from each of the following areas as they affect the child's ability to meet the demands of the education program:

- Developmental motor level
- Neuromuscular and musculoskeletal components
- Functional motor skills:
  - Positioning
  - Mobility

Other areas may also be considered when they are related to the identified problem.

c. Direct Physical Therapy to an Individual

Direct physical therapy to an individual includes services indicated in the treatment plan. Physical therapy service may be delivered through the following models:

(1) Direct Service Model

In a direct service model, the physical therapist works with a student individually. Therapy may occur in an isolated environment due to the need for instruction free from distraction or the need for specialized equipment.

The physical therapist or a physical therapy assistant under the supervision of the physical therapist is the primary provider of service and is accountable for specific treatment plan objectives for the child. There is not an expectation that activities will be delegated to others and carried out between therapy sessions.

The emphasis of direct therapy is usually on the acquisition of skills or sequences needed for new performance during a critical learning period. The child has not achieved a level of ability that permits transfer of skills to other environments. Often only a short interval of direct services is needed before the child can participate in a less restrictive model of service.

Typically, direct service is used when frequent program changes are needed and other personnel do not have the unique expertise to make these changes.

Intervention sessions may include the use of therapeutic or specialized equipment that require the physical therapist's expertise and cannot safely be used by others within the child's environment. The physical therapist's professional judgment determines when a licensed physical therapist is the only person qualified to carry out the therapy program.

(2) Integrated Service Model

The integrated service model combines direct child-therapist contact with consultation with others involved in the child's program. Emphasis is placed on the need for practice of motor skills and problem solving in the child's or student's daily routine. Integrated therapy service is provided within the child's daily environment.

The process of goal achievement is shared among those involved with the student, including the therapist, therapy assistant, parents, and others.

Intervention may include:

- Adapting functional activities, usually occurring in the child's routine related to mobility.
- Creating opportunities for the child to practice new motor skills.
- Dynamic positioning to promote learning.
- Collaborative problem solving with others to encourage functioning and independence.
- Enhanced performance as the child develops and uses new skills.

Only the actual time spent providing service by the physical therapist or physical therapy assistant under the supervision of a physical therapist, is considered therapy. Activities or follow-through performed by others cannot be called physical therapy.

(3) Consultative Service Model

In the consultative service model, the physical therapist participates in collaborative consultation with parents and others as appropriate.

Physical therapy appears as a primary service on the IFSP and is associated with a specific treatment plan goal or objective, although the physical therapist is not the primary individual responsible for carrying out these activities.

The physical therapist's unique expertise is often needed for staff and parent training related to the IFSP outcome. The physical therapist's input is typically needed to determine:

- Appropriate expectations
- Environmental modifications
- Assistive technology
- Possible learning strategies

The intervention activities, which are delegated to others, do not require the therapist's expertise and should not be identified as physical therapy.

d. Direct Physical Therapy Service in a Group

Direct physical therapy to a group includes the same models as described under Direct Physical Therapy to an Individual, but only when in or linked to a child's IFSP.

e. Contracted Physical Therapy Services

Contracted physical therapy services include screening, assessment, and therapy services which are rendered by a qualified practitioner who is a contractor, rather than an employee, of the provider. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

10. Psychological Services

The following psychological services are covered when they are in the child's or student's IFSP or are linked to a service in the IFSP:

- Psychological screening
- Individual psychological assessment
- Direct psychological service to an individual
- Direct psychological service in a group
- Consultative services
- Contracted psychological service

To be covered, services must be provided by a licensed psychologist or certified school psychologist.

Contracted psychological services include individual psychological assessment and direct psychological services to an individual or in a group that are rendered by a qualified, contracted practitioner rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

a. Psychological Screening

Psychological screening is the process of surveying a child through direct observation or testing in order to verify problems and determine if further assessment is needed. Document referrals for evaluation or treatment services identified through the screening.

b. Individual Psychological Assessment

"Assessment" refers to the process of collecting data for the purpose of making treatment decisions. Portions of the assessments specifically leading to psychological services (including social behavior and adaptive behavior) may be billed to Medicaid. Treatment refers to psychological services, which includes therapeutic services including the use of Applied Behavior techniques. The initial assessment includes:

- Determining the need, nature, frequency, and duration of treatment.
- Deciding the needed coordination with others.
- Documenting these activities.

Additional assessment activities include:

- **Treatment planning**. Assessment activities and procedures used to design an intervention plan.
- **Monitoring of treatment implementation**. Activities and procedures designed to document the child's improvement during treatment provision and to adjust the intervention plan as needed.
- **Treatment evaluation**. Assessment activities and procedures designed to evaluate the summary effects of an intervention after a significant period.

c. Direct Psychological Service to an Individual

Direct psychological services to an individual involve individual therapy and consist of supportive, interpretive, insight-oriented, and directive interventions.

d. Direct Psychological Service in a Group

Direct psychological services to a group include the following services:

- **Group therapy** that is designed to enhance a student's socialization skills, peer interaction, expression of feelings, etc.
- **Family therapy**, which consists of sessions with one or more family members for the purposes of effecting changes within the family structure, communication, clarification of roles, etc.

e. Consultative Services

Consultative service is a model of therapy where by the therapist participates in collaborative consultation with the team members regarding outcomes identified on the IFSP.

The therapist's input is typically needed to train appropriate therapeutic supports (to include behavior therapy), increase plan fidelity, and determine needed changes in behavioral strategies for the child. The therapist's unique expertise may be needed for other team member training. However, the therapist's expertise is not required for the child's specific interventions used to accomplish the outcomes.

A *Functional Behavioral Assessment*, *Behavioral Intervention Plan*, and behavioral service must appear on the IFSP. Since the therapist is not the primary person responsible for carrying out the interventions, at least one other person is also linked to the outcome or goal. The time the therapist will spend in collaborative consultation shall appear on the IFSP.

f. Contracted Psychological Services

Contracted psychological services include individual psychological assessment and direct psychological services to an individual or in a group that are rendered by a qualified practitioner who is a contractor, rather than an employee, of the provider. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

11. Service Coordination

Payment will be made for medically necessary assistance and services provided by a service coordinator/case manager to a child receiving infant and toddler services and the child's family.

The coordinator serves as the single point of contact in assisting parents to obtain the services and assistance needed. The service coordinator assists the child and family to receive the rights, procedural safeguards, and services that are authorized to be provided under the infant and toddler program.

Service coordination assists children in gaining access to needed medical, social, educational, and other services. The service is intended to address the complexities of coordinated service delivery for children with medical, developmental, or psychosocial needs. The service coordinator should be the focus for coordinating and overseeing the effectiveness of all providers and programs in responding to the assessed need.

The service coordinator is responsible for:

- Explaining the infants and toddlers with disabilities program.
- Coordinating all services across agency lines.
- Identifying the family concerns related to the child's needs.
- Coordinating the performance of evaluations and assessments.
- Participating in Early Access data collection activities.

Service coordination does not include the direct delivery of an underlying medical, educational, social, or other service to which an eligible child has been referred or any activities that are an integral part or an extension of the direct services. Examples of direct services include diagnostic tests or provision of medical transportation.

a. Qualifications

The service coordinator must be a practitioner who meets professional licensure requirements or meets the certification requirements in 281 IAC 41.401(256B,34CFR300) and 281 IAC 120.34(34CFR303).

Medicaid approves the following licensed practitioners as service coordinators:

- Audiologist
- Dietitian
- Early childhood special educator
- Nurse
- Occupational therapist
- Occupational therapy assistant
- Orientation and mobility specialist
- Physical therapist
- Physical therapy assistant
- Physician
- Psychologist
- Social worker
- Speech language assistant
- Speech language pathologist
- Teacher for visual impairment

A paraprofessional can provide the service if supervised by a licensed practitioner.

Case management agencies certified through 441 IAC Chapter 90 may also provide service coordination services. Case managers must complete the service coordination competency–based training program through the Department of Education.

b. Conflict of Interest

If the agency that provides service coordination also provides direct services, the service coordination unit must be designed so that conflict of interest is addressed and does not result in self-referrals.

c. Comprehensive Assessment and Reassessment

A comprehensive assessment and periodic reassessment of the child shall be completed. The assessment shall identify all of the child's service needs, including the need for any medical, educational, social, or other services, such as housing or transportation. Assessment activities are defined to include the following:

- Taking the child's history,
- Identifying the needs of the child and the child's strengths and preferences,
- Considering the child's physical and social environment,
- Gathering information from other sources, such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the child,
- Completing documentation of the information gathered and the assessment results,
- Identifying a course of action to respond to the assessed needs of the child,
- Referral and related activities to help the eligible child obtain needed services, and
- Reviewing the child's plan of care every six months to determine whether the child's needs or preferences have changed.

d. Plan of Care

The service coordinator shall develop and periodically revise a plan of care for the child. The plan of care shall:

- Be based on information collection through an assessment or reassessment,
- Specify goals of providing services to the child, and

- Specify actions to address the child's medical, social, educational, and other service needs, which may include activities such as:
  - Ensuring the active participation of the child.
  - Working with the child or the child's authorized health care decision maker and others to develop goals and identify a course of action to respond to the assessed needs of the child.

e. Contact with the Child and Family

The service coordinator shall have face-to-face contact with the child and family within the first 30 days of service and every three months thereafter. In months when there is no face-to-face contact, dialogue between the service coordinator and the family by telephone or email is required.

f. Activities to Help a Child Obtain Needed Services

The service coordinator shall help to link the child with needed services including activities that help link children with medical, social, or educational providers or other programs and services that are capable of providing needed services to address identified needs and achieve goals in the plan of care. Referral activities include:

- Assisting the family in gaining access to the infant and toddler program services and other needed services identified in the child's plan of care.
- Assisting the family in identifying available service providers and funding resources and documenting unmet needs and gaps in services.
- Making referrals to providers for needed services.
- Scheduling appointments for the child.
- Facilitating the timely delivery of services.
- Arranging payment for medical transportation

Referral activities do not include provision of the direct services, program, or activities to which the child has been linked.

g. Monitoring and Follow-Up Activities

The service coordinator shall monitor the IFSP and perform follow-up activities as appropriate. Monitoring and follow-up activities may be with the child, family members, providers, or other entities.

The purpose of these activities is to help determine:

- Whether services are being furnished in accordance with the child's plan of care.
- Whether the services in the plan of care are adequate to meet the needs of the child.
- Whether there are changes in the needs or status of the child. If there are changes in the child's needs or status, follow-up activities shall include making necessary adjustments to the plan of care and to service arrangements with providers.

h. Transitioning From a Medical Institution to the Community

When a child resides in a medical institution such as a hospital, the medical institution is responsible for case management. However, children transitioning to a community setting after a significant period of time in a hospital or other medical institution require service coordination beyond the scope of work of discharge planners.

If the child's stay in the institution has been less than 180 days, service coordination services may be provided during the last 14 days before the child's discharge. If the child has been in the institution 180 consecutive days or longer, the child may receive service coordination services during the last 60 days before the child's planned discharge.

The plan of care must include the amount, duration, and scope of the service coordination activities before and after discharge. Claims cannot be submitted to Medicaid until the child leaves the institution, is enrolled with the service coordination, and receiving medically necessary services in a community setting.

i. Keeping Records

The service coordinator shall prepare reports, update the plan of care, make notes about plan activities in the child's record, and prepare and respond to correspondence with the family and others.

j. Documentation of Service Coordination

For each child receiving service coordination, the case record must document:

- The name of the child,
- The dates and time of service coordination services (including AM/PM),
- The agency chosen by the family to provide service coordination
- The name of the person providing the service coordination,
- The nature, content, and units of service coordination received,
- Whether the goals specified in the care plan have been achieved,
- Whether the family has declined services in the care plan,
- Timelines for providing services and reassessment, and
- The need for and occurrences of coordination with case managers of other programs.

Documentation that ongoing service coordination contact was provided shall consist of case notes that meet the following criteria:

- Date, time, and duration of contact (including AM/PM)
- Who was contacted
- The reason for a coordination contact
- A brief summary of what transpired during the contact
- An action, reaction, or decision by the coordinator
- Signature of coordinator and license

The notes will serve as documentations that the service was provided. The service must relate to the IFSP goals.

12. Social Work Services

Social work services include assessment, diagnosis, and treatment services including, but not limited to:

- Administering and interpreting clinical assessment instruments.
- Completing a psychosocial history.
- Obtaining, integrating, and interpreting information about child behavior.
- Planning and managing a program of therapy or intervention services.
- Providing individual, group, or family counseling.
- Providing emergency or crisis intervention services.
- Providing consultation services to assist other service providers or family members in understanding how they may interact with a child in a therapeutically beneficial manner.

Medicaid covers the following services when they are in the child's IFSP or are linked to a service in the IFSP:

- Social work screening
- Social work assessment
- Direct services to an individual
- Direct services in a group
- Contracted social work service

For services to be covered, they must be provided by a certified school or licensed social worker.

a. Social Work Screening

Screening is the process of surveying a person through observation or group testing in order to verify problems and determine if further assessment is needed.

Document referrals for evaluation or treatment services identified through the screening.

b. Social Work Assessment

"Assessment" refers to the process of collecting data for the purpose of making treatment decisions. Portions of assessments specifically leading to social work services (including social behavioral and adaptive behavioral services) may be billed to Medicaid. Treatment refers to social work services which includes therapeutic services including the use of applied behavior techniques. These decisions may require:

- Determining the need, nature, frequency, and duration of treatment.
- Deciding the needed coordination with others.
- Documenting these activities.

Categories of treatment decisions in addition to screening are:

- **Monitoring of IFSP implementation**. Activities and procedures designed to document the child's progress during treatment provision and to adjust the treatment plan as needed.
- **Treatment evaluation**. Activities designed to evaluate the effects of an intervention after a significant period.

c. Direct Services to an Individual

Services to an individual involve individual therapy. This service may use any model of therapy and clinical practice.

The role of consultation is monitoring, supervising, teaching, and training professionals, paraprofessionals, and parents in the home or community environment. Consultation includes:

- Providing general information about a child's developmental delay or condition.
- Teaching special skills necessary to meet a child's needs.
- Making recommendations for enhancing a child's performance.

d. Direct Services in a Group

Services to a group include the following therapeutic services:

- **Group therapy**. This service is designed to enhance socialization skills, peer interaction, and expression of feelings.
- **Family therapy**. This service consists of sessions with one or more family members, for the purposes of effecting changes within the family structure, communication, and clarification of roles.

Early ACCESS service provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting when children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

e. Contracted Social Work Service

Contracted services include clinical assessment and services to an individual or in a group that are rendered by a qualified practitioner who is a contractor, rather than an employee, of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

13. Speech-Language Therapy

The following speech-language services are covered when they are in the IFSP or are linked to a service in the IFSP:

- Speech-language screening
- Individual speech-language assessment
- Speech-language services to an individual
- Speech-language service in a group
- Contracted speech-language services

To be covered, services must be provided by either:

- A licensed speech-language pathologist, or
- A speech pathology assistant who is supervised by a licensed speech-language pathologist.

Contracted speech-language services include screening, assessment, and therapy services that are rendered by a qualified, contracted practitioner rather than an employee of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged. Contracted speech-language services are covered only when provided by a licensed or certified speech-language pathologist.

a. Speech-Language Screening

Speech-language screening is the process of surveying an infant or toddler through observation, analysis, or direct supervision by a speech-language pathologist in order to identify previously undetected speech and language problems such as:

- Articulation
- Receptive and expressive language
- Voice
- Fluency
- Oral motor functioning
- Oral structure
- Feeding

b. Individual Speech-Language Assessment

Individual speech-language assessment refers to the process of gathering and interpreting information through:

- Administration of tests or evaluation instruments
- Observation
- Record review
- Interviews with parents and others

Results of the assessment may identify delay or disorder in one or more of the following areas:

- Articulation
- Language
- Fluency
- Voice
- Oral motor, feeding, or both

Based on these assessments, the needs of the infant or toddler are identified, planned for, and documented, including the amount of services.

c. Speech-Language Services to an Individual

Speech-language services include various service delivery models, which may be used independently, in combinations, or individualized to meet the needs of the child.

The following service delivery options may be used for speech-language services:

- **Skill-building**. Skill building is used for infants and toddlers learning a new skill, needing more intensive instruction, requiring drill and practice and shaping through progressive approximation by a professionally trained speed-language pathologist. Instructional interventions include:
  - Teaching of specific skills,
  - Providing drill,
  - Prompting,
  - Cueing,
  - Eliciting,
  - Modeling,
  - Reinforcing,
  - Modifying, and
  - Accommodating.
- **Integrated**. A communication skill has been trained but needs to be integrated and generalized to functional settings of the home and community. Instructional interventions include:
  - Enhancing carryover or generalization of communication skill from skill building lever.
  - Integrating and establishing functional communication skill within the home and community.
  - Implementing modifications or accommodations as needed to maintain the skill in the home or community.

- **Consultative**. Skill building occurs, but a provider other than the speech-language pathologist guides the meaningful change and development of the target communication skills. Activities include:
  - Regularly scheduled monitoring,
  - Writing and monitoring of goals and objectives written by the speech-language pathologist,
  - Brief demonstration teaching and materials provided by the speech-language pathologist, and
  - Maintaining ongoing evaluation of successful or unsuccessful interventions.
- **Home-based**. Speech-language services that are provided by a speech-language pathologist in the home of the child or to provide modeling and demonstrations to parents.
- **Hospital-based**. Speech-language services that are provided by a speech-language pathologist in a medical setting. This usually involves referral for diagnostic assessment for independent opinions or to gain additional information. It may also involve monitoring and management of speech-language disorders.

d. Speech-Language Therapy Service in a Group

Speech-language services delivered in a group is not a covered benefit in the Infants and Toddlers Program.

e. Contracted Speech-Language Services

Contracted speech-language services include screening, assessment and therapy services that are rendered by a qualified practitioner who is a contractor, rather than an employee, of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

14. Vision Services

Vision services include:

- Identification of the range, nature, and degree of vision loss.
- Consultation with a child and parents concerning the child's vision loss and appropriate selection, fitting or adaptation of vision aids.
- Evaluation of the effectiveness of a vision aid.
- Orientation and mobility services.

Medicaid covers the following services when they are in the child's IFSP or are linked to a service in the IFSP:

- Vision screening
- Vision assessment
- Services to an individual or group
- Contracted vision services
- Orientation and mobility services

For services to be covered, they must be provided by personnel who are licensed or certified to provide vision services.

a. Vision Screening

Screening is the process of assessing vision through direct observation in order to identify problems and determine if further assessment is needed.

Documentation is required if the child is referred for evaluation or treatment services identified through the screening. Document referrals when they are made.

b. Vision Assessment

Assessment refers to the process of collecting data for the purpose of making treatment decisions. These decisions may require:

- Determining the need, nature, frequency, and duration of treatment.
- Determining the need for coordination with other providers.
- Documenting treatment and coordination activities.

c. Services to an Individual or Group

Individual intervention is designed to enhance vision or orientation and mobility skills of an individual.

Group services involve two or more persons and are designed to enhance vision or orientation and mobility skills of the group.

The role of consultation is monitoring, supervising, teaching, and training professionals, paraprofessionals, and parents in the home or community environment. Consultation includes:

- Providing general information about a child's condition.
- Teaching specific skills necessary to meet a child's needs.
- Developing, maintaining, and demonstrating use of adaptive or assistive devices for a specific child.
- Making recommendations to enhance a child's performance.

Early ACCESS service provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting when children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

d. Contracted Vision Services

Contracted service includes vision assessment and direct services for an individual or group that are rendered by a qualified practitioner who is a contractor, rather than an employee, of the agency. The requirements for documentation, records maintenance, and medical necessity remain the same.

e. Orientation and Mobility Services

Orientation and mobility services are services provided to eligible blind or visually impaired children by qualified personnel to enable those children to attain systematic orientation to and safe movement within their environments in the home and community.

The services include teaching the children as appropriate:

- Spatial and environmental concepts and use of information received by the senses (such as sound, temperature, and vibrations) to establish, maintain, or regain orientation and line of travel (e.g., traveling in the direction of the caregiver's voice)
- Use of the long cane to supplement visual travel skills or as a tool for safely negotiating the environment for children with no available travel vision
- Use of remaining vision and distance, low-vision aids and other concepts, techniques, and tools

C. SERVICE EXCLUSIONS

The following services shall not be covered:

- Administrative functions that are purely IDEA functions, such as scheduling IFSP team meetings and providing the requisite prior written notice.
  - Administrative activities that are required by IDEA but are not needed to assist children in gaining access to needed services. Service coordination can cover services where IDEA and Medicaid overlap.
  - The administrative activities required by IDEA includes activities such as writing an IFSP, providing required notices to parents, preparing for or conducting IFSP meetings, or scheduling or attending IFSP meetings.
- Activities that are allowable as Medicaid service coordination include taking the child's history, identifying service needs, and gathering information from other sources to form a comprehensive assessment.

- Services that are provided but are not documented in the child's IFSP or linked to a service in the IFSP, including screening or assessment.
- Services rendered that are not provided directly to the eligible child or for a family member on behalf of the eligible child.
- Canceled visits or appointments that are not kept.
- Sessions that are conducted for family support, education, recreational, or custodial purposes, including respite or child care.
- Consultation services that are not specific to an eligible child or are not consistent with the IFSP.
- Service coordination that is provided when another service that has Medicaid case management components (such as HCBS waiver) is also being provided.
- Two Medicaid services provided simultaneously.
- Child Find activities.
- Activities that constitute the direct delivery of underlying medical, educational, social or other services to which a child have been referred. (See the note below for clarification.)
- Activities that are an integral component of other covered service.
- Service coordination to children in medical institutions that duplicates institutional discharge planning, unless the services are to transition a child to the community.

NOTE: CMS policy states, "payments for allowable Medicaid case management services must not duplicate payments that have been, or should have been, included as part of a direct medical service…Activities that are considered integral to, or an extension of, the specified covered service are included in the rate set for the direct service, therefore they should not be claimed as case management. For example, when an agency provides a medical service, the practitioner should not bill separately for the cost of a referral as a case management service. These activities are properly paid for as part of the medical service."

D. BASIS OF PAYMENT

Infant and toddler program providers are reimbursed based on a fee schedule. The amount billed should reflect the actual cost of providing the services. The fee schedule amount is the maximum payment allowed.

Click here to view the fee schedule for the Infants and Toddler Program.

Click here for additional information from the Iowa Department of Education website.

Billing information is student-specific. Bill all procedures in whole units of service. Unless otherwise specified, a unit equals 15 minutes. When billing, round remainders of seven minutes or less down to the lower unit and remainders of more than seven minutes up to the next unit.

Consultation services are billed per consultation. Guidelines are given for the average amount of time spent per consultation.

NOTE: If the costs of any part of case management services are reimbursable under another program, such as foster care or child welfare, the cost must be allocated between those programs and Medicaid in accordance with OMB Circular No. A–87 or any related or successor guidance or regulations regarding allocation of costs.

E. PROCEDURE CODES AND NOMENCLATURE

Medicaid recognizes Medicare's National Level II Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. However, not all HCPCS and CPT codes are covered.

Providers who do not have Internet access can obtain a copy of the provider-specific fee schedule upon request from the IME or Iowa Department of Education.

It is the provider's responsibility to select the procedure code that best describes the item dispensed. A claim submitted without a procedure code and a corresponding diagnosis code will be denied.

Important Information Regarding Modifiers

In certain instances, two-digit modifiers are applicable. They should be placed after the five-position procedure code. Possible modifiers are shown below:

Modifier	Definition
AH	Clinical psychologist
AJ	Social worker
GN	Speech pathologist
GO	Occupational therapist
GP	Physical therapist
HQ	Group setting
TD	RN
TE	LPN
TL	Early intervention contracted services
U9	Other health associate
UA	Audiologist

F. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for the Infant and Toddler Program are billed on federal form CMS-1500, *Health Insurance Claim Form*.

Click here to view a sample of the CMS-1500.

Click here to view billing instructions for the CMS-1500.

Refer to Chapter IV. Billing Iowa Medicaid for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:
http://dhs.iowa.gov/sites/default/files/All-IV.pdf