



Florida Medicaid

Early Intervention Services Coverage Policy

Agency for Health Care Administration

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1.0 Introduction

Early intervention services (EIS) provide for the early identification and treatment of recipients under the age of three years (36 months) in their natural environments, who are at-risk-of having, or who have, developmental delays or related conditions.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render early intervention services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

1.3 Legal Authority

Early intervention services are authorized by the following:

- Title 34, Code of Federal Regulations (CFR), Part 303
- Section 409.906, Florida Statutes (F.S.)
- Section 391, Part III, Florida Statutes (F.S.)

1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.4.1 Assessment

As defined in Title 34 CFR Section 303.321(a)(2)(ii).

1.4.2 At-Risk Condition

As defined in Title 34 CFR Section 303.5.

1.4.3 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.4.4 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.4.5 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.4.6 Developmental Delay

As defined in section 391.302, F.S.

1.4.7 Developmental Domains

Include:

- Cognition

- Communication
- Physical, motor, and sensory
- Self-help and adaptive development
- Social and emotional

1.4.8 Early Intervention Services (EIS) Related Services

As defined in 42 CFR 303.13.

Florida Medicaid services, detailed on an EIS recipient's Individualized Family Support/Service Plan (IFSP), are covered through the respective Florida Medicaid service-specific coverage policy. Examples include:

- Assistive technology services and devices
- Audiology services
- Durable medical equipment
- Medical services
- Nursing services
- Occupational therapy
- Physical therapy
- Psychological services (behavioral health)
- Speech-language pathology
- Vision services

1.4.9 Early Intervention Session

Service delivered in the recipient's natural environment to promote the recipient's acquisition of skills across developmental domains through providing the family with information, training, and support to achieve outcomes specified in the IFSP.

1.4.10 Early Steps Program

Department of Health (DOH) program that administers early intervention services under the Individuals with Disabilities Education Act, Part C program in Florida.

1.4.11 Evaluation

Comprehensive assessment completed by a multidisciplinary team to identify developmental delays, and aid in the development of an IFSP.

1.4.12 Individualized Family Support/Service Plan (IFSP)

As defined in 34 CFR 303.20.

1.4.13 Infant Toddler Developmental Specialist (ITDS)

Practitioners certified by DOH to perform EIS.

1.4.14 Local Early Steps

Providers that coordinate and render EIS and early intervention-related services in their assigned region to qualified recipients.

1.4.15 Multidisciplinary Team

As defined in 34 CFR 303.24.

1.4.16 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.4.17 Natural Environment

As defined in 34 CFR 303.26.

1.4.18 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.4.19 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

1.4.20 Screening

Brief assessment of a recipient to identify the need for further evaluation to determine the presence of a developmental delay.

2.0 Eligible Recipient

2.1 General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive

Florida Medicaid recipients under the age of three years (36 months) requiring medically necessary EIS who have been referred to, or participate in, and qualify for the DOH Early Steps Program.

Some services may be subject to additional coverage criteria as specified in section 4.0.

2.3 Coinsurance and Copayments

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid EIS.

3.2 Who Can Provide

Services must be rendered by the one of the following:

- Infant, Toddler, Developmental Specialists (ITDS) certified by DOH or its designee
- Practitioners licensed or certified within the scope of their practice in Florida, including:
 - Advanced practice registered nurses
 - Audiologists
 - Clinical psychologists
 - Clinical social workers
 - Marriage and family therapists
 - Mental health counselors
 - Occupational therapists
 - Optometrists and Ophthalmologists
 - Physical therapists
 - Physicians
 - Physician assistants
 - Registered nurses
 - School psychologists
 - Speech-language pathologists

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers EIS in accordance with the applicable Florida Medicaid fee schedule(s), or as specified in this policy.

Florida Medicaid recipients who receive EIS must be assigned to a child health service targeted case manager by the Early Steps Program.

4.2.1 Early Intervention Screenings and Evaluations

Florida Medicaid covers EIS evaluation and screening services in accordance with the applicable Florida Medicaid fee schedule.

4.2.1.1 Screenings

A screening is a brief procedure, using a formal and validated tool, designed to identify recipients who need more intensive evaluation and assessment activities.

Screening encompasses activities, carried out by qualified Early Steps providers, that are intended to identify those recipients who have a high probability of exhibiting delayed development and may need EIS at an early age.

4.2.1.2 Evaluations

Evaluations are the multidisciplinary procedures used to determine a recipient's initial and continuing eligibility for Early Steps. The recipient must meet the definition of "infants and toddlers with disabilities" pursuant to 34 CFR 303.21, including determining the status of the recipient in each of the referenced developmental domains.

- An initial evaluation refers to the recipient's evaluation to determine his or her initial eligibility. Initial evaluations are comprehensive, multidisciplinary evaluations provided to a recipient who has been referred for services. The evaluation determines the recipient's psychosocial and developmental level of functioning.
- Follow-up evaluations must be authorized in the IFSP.

An EIS 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 recipient's current health status and medical history
- An evaluation of the recipient's level of functioning in each of the following development areas:
 - Gross motor development, focusing on development of skills related to strength, sitting, crawling, or walking
 - Fine motor development, focusing on small muscles, use of hands, fingers, and wrists
 - Communication skills or language development, focusing on receptive and expressive skills
 - Self-health and self-care skills
 - Social and emotional development, focusing on the ability to experience and express feelings, form relationships, and explore the world

- Cognitive skills, focusing on the development of problem solving or reasoning skills
- Identification of services appropriate to meet the needs of the recipient

4.2.2 Early Intervention Sessions

Florida Medicaid covers EIS sessions in accordance with the applicable Florida Medicaid fee schedule. Providers may only deliver sessions within the recipient(s)' natural environment or an appropriate setting as indicated on the IFSP as defined in 34 CFR 303.26.

Early intervention group sessions must have at least two or more recipients and be delivered in their natural environment(s), or an appropriate setting as indicated on the IFSP. Natural environments for group sessions must be a shared setting where all participating recipients typically learn and play. Group sessions must provide shared interventions as indicated on each recipient's IFSP.

Early intervention sessions are completed with the recipient and the recipient's parent(s) or legal guardian(s), family member(s), or caregiver(s). The sessions assist the family/caregiver of a recipient with a delay in development or a disability in understanding the special needs of the recipient and foster the recipient's optimal individual growth and development. During a session, a provider typically uses coaching as the key intervention strategy to build the capacity of parents and other care providers to use everyday learning opportunities to promote child development.

Early intervention sessions require advance planning (e.g., learning goals, activities, environment, or family inclusion) that must specify interventions appropriate to meet developmental goals listed on the IFSP.

Sessions should enhance the recipient's development and must occur in the recipient's natural environment, or an appropriate setting as indicated on the IFSP (i.e., a typical location where a child and his/her family live, learn, and play such as the home, daycare, parks, playgrounds, libraries, etc.).

Sessions consist of the following interventions intended to achieve developmental goals and milestones as indicated on the recipient's IFSP:

- Coaching and supporting family and caregiver(s) in learning new strategies to enhance a recipient's development and participation in the natural activities and routines of everyday life
- Training parents to implement intervention strategies to minimize potential adverse effects and maximize healthy development, focusing on incorporating activities into family routines
- Reinforcement of skills needed to attain developmental milestones by completing tasks between early intervention-related service sessions
- Providing instruction in self-care to help the recipient perform developmentally appropriate tasks such as feeding, hand washing, toileting, dressing, and hygiene
- Engaging in play activities such as toys, games, or playground equipment to promote the recipient's growth across developmental domains
- Promoting social and emotional development to enhance the recipient's ability to function socially in his/her natural environment and interact with peers, family members, and adults

Following each session, providers must discuss the strategies, outcomes, and goals with the family member or caregiver in addition to tasks to complete between sessions, goals for future sessions, and anything needed for the next session.

4.2.3 Early Intervention-Related Services

Florida Medicaid covers early intervention-related services in accordance with 34 CFR 303.13. Early intervention-related services are the medical services outlined in an IFSP that do not meet the definition of EIS screenings, evaluations, or sessions provided in section 1.0 of this policy. Early intervention-related services are delivered to EIS recipients by providers with professional licensure and reimbursed by Florida Medicaid under the policy and fee schedule associated with the service (e.g., if a physical therapist is included in the multidisciplinary team, physical therapy treatments based on the EIS evaluation must be billed under the physical therapy services coverage policy and associated fee schedule).

Medicaid providers who bill for early intervention-related services must append the TL modifier to the claim and should submit the IFSP as supporting documentation for prior authorization (PA) review requests. Early intervention-related services align with separate coverage policies and fee schedules, each providing coverage guidelines and service limitations, and are not a billable service under the EIS Coverage Policy or fee schedule.

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following under this service benefit:

- Early Intervention-Related Services provided as an EIS screening, evaluation, or session
- Respite or care to facilitate a parent or legal guardian attending to personal matters
- Screenings on the same date of service as an Early Steps program targeted case management
- EIS or EIS-related services not authorized in the Individualized Family Support/Service Plan (IFSP)
- Sessions conducted by more than one provider, on the same day, for the same recipient, separately
- Sessions and EIS-related services conducted by the same provider, for the same recipient, on the same day
- Sessions rendered in a prescribed pediatric extended care (PPEC) center
- Travel time

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

6.2 Specific Criteria

Providers must maintain all of the following in the recipient's file:

- Evaluation(s)
- Individualized Family Support/Service Plan (IFSP) written in accordance with 34 CFR 303.340.

The IFSP serves as the plan of care (POC) for Medicaid-covered services. The IFSP is developed by the IFSP team and must be updated every six months, or upon a change in the recipient's condition requiring an alteration in services, whichever comes first.

The IFSP must include the following:

- Description of the recipient's medical diagnosis
- Developmental domain(s) for which services are being provided
- Measurable objectives with targeted completion dates that are identified for each goal
- Summary of specific services that are necessary to achieve the stated goal(s) or outcome(s)
- The amount, frequency, and duration of each service to be provided
- Signature, title, and date for each member of the IFSP team (including parent, family member, or caregiver's signature and date)
- Summary, including progress notes that specifies the following:
 - Detail of activities provided during the session
 - Follow-up activities suggested for the family to work on between sessions
 - Progress achieved during the session
 - Whether an individual or group session was provided
 - Provider's signature, title, and date

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system and Florida Medicaid managed care plans. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

7.2 Specific Criteria

There are no specific authorization criteria for this service in the fee-for-service delivery system. The IFSP is the authorizing document for EIS and EIS-related services. Florida Medicaid managed care plans must authorize all services listed on the IFSP.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Claim Type

Professional (837P/CMS-1500)

8.3 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

Providers must include the TL modifier on claims for EIS-related services, reported separately.

8.4 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5 Rate

For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA website at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

8.5.1 Provider Reimbursement for Evaluations and Screenings

Florida Medicaid reimburses individual providers rendering evaluations or screenings separately.