



Statewide Medicaid Managed Care Newly Covered Services

Early Intervention Services



Newly Covered Services

- In the new SMMC contracts, health plans are responsible for covering services that were previously fee-for-service.
- These newly covered services include:
 - **Early Intervention Services (EIS)**
 - Medical Foster Care
 - Targeted Case Management (TCM)
 - Nursing Facility Services for Managed Medical Assistance



Early Intervention Services (EIS)



- This presentation focuses on Early Intervention Services (EIS).
- There are about **21,775** children receiving EIS under Florida Medicaid.
- This service is being added to SMMC covered services to facilitate an *integrated* health care delivery system wherein the health plan is responsible for coordinating and paying for all of the services that the child needs.



What are EIS?

- EIS provide for the early identification and treatment of recipients ages birth to three years (36 months) who have or are at risk for developmental delays or related conditions.
- Intent of these services is to
 - Provide family support, and
 - Help the child develop the necessary skill set for daily functioning.
- EIS are provided in settings that are typical for the child's age peers who do not have disabilities.



What are EIS?

- EIS include:
 - Screenings
 - Identify the need for more intensive evaluation and assessment activities
 - Evaluations
 - A multidisciplinary evaluation to identify the presence of a developmental disability



What are EIS?

- EIS Sessions

- Face-to-face visit with a recipient and the recipient's parent(s) or legal guardian(s), family member(s), or caregiver(s) to provide family training and support to minimize the impact of the recipient's disability, by fostering optimal individual growth and development.

Note: The IFSP can include other medically-necessary services through a different service benefit.



A Look into EIS Visits



Early Steps

- EIS are administered by the Early Steps program within the Department of Health's Division of Children's Medical Services.
- The following video gives a brief overview of what Early Steps is:



Part C: Individuals with Disabilities Education Act

- The Individuals with Disabilities Education Act (IDEA) is a federal law that provides children, including those with disabilities, with a free, appropriate public education.
- Part C of IDEA provides for early intervention services for children under three years of age with a developmental disability, developmental delay or at-risk for delay.
- The Early Steps Program implements and administers Part C of the IDEA in Florida.



Features of Early Steps

- ✓ Brings services into the child's life rather than fitting the child into services.
- ✓ Maximizes each child's everyday natural learning opportunities.
- ✓ Enhances each child's development and participation in community life.
- ✓ Provides each child with a consistent team.
- ✓ Gives families options in service decisions and encourages active partnerships.
- ✓ Provides a primary service provider to work with the family, other caregivers, and the team.



Early Steps, cont.

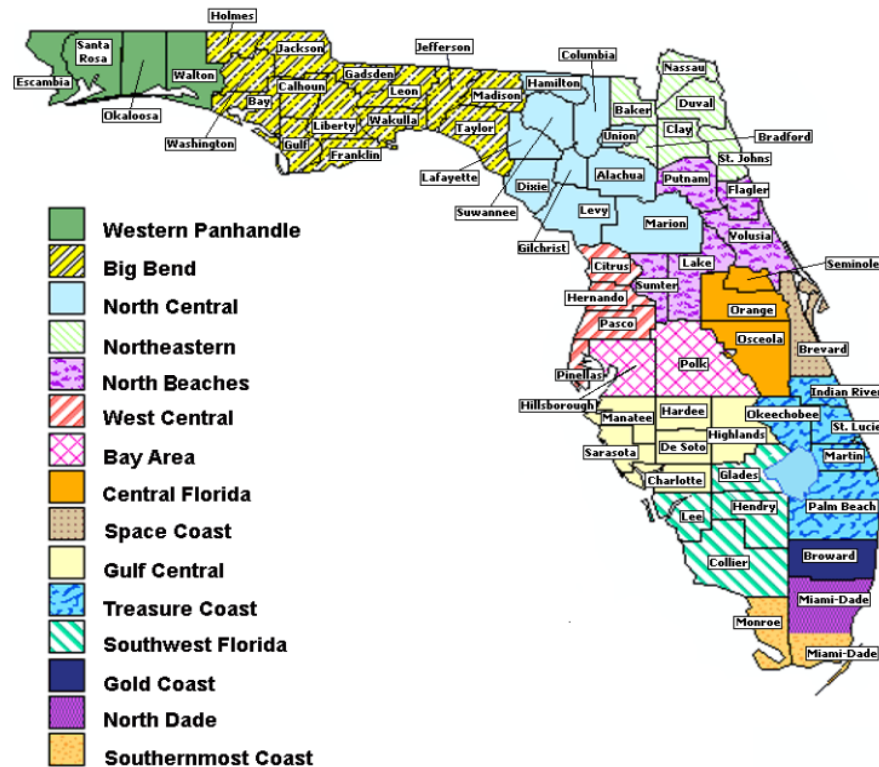
- Early Steps supports families and caregivers to increase their child’s participation in daily activities and routines that are important to the family.
 - One way of doing this is through EIS.
- Currently, Early Steps has 15 local provider groups called “Local Early Steps Programs (LESSs)” across the state that receive referrals and deliver services directly and/or through subcontractors.
 - LESSs bill for internal providers
 - Subcontracts bill independently



Early Steps Service Areas

The full contact list can be found at <http://www.floridahealth.gov/alternatesites/cms-kids/home/contact/earlysteps.pdf>

Florida's Early Steps Service Areas



1-800-218-0001 • www.earlystepsdirectory.com

Last Updated: 07/20/2018



Intervention & Prevention Model vs. Medical Model

- EIS utilizes an intervention and prevention model.
- This model supports the child's development in the early life stages, in order to reduce the risk of developmental delays. Therefore, resulting in less medical needs and greater improved daily functioning and quality of life as the child grows.



Core Components of EIS

- Federal Requirements
 - 45 days from referral to screening, evaluation, and IFSP development
 - Services must start no later than 30 days from the date of family/caregiver consent on the Individualized Family Support Plan (IFSP)
- Developmental Domains
- Providing care in the child's natural environment
- Using every opportunity as a learning experience for the child
- Offering support for families to acquire needed skills to help their child develop
- Screenings, Evaluations, and IFSPs

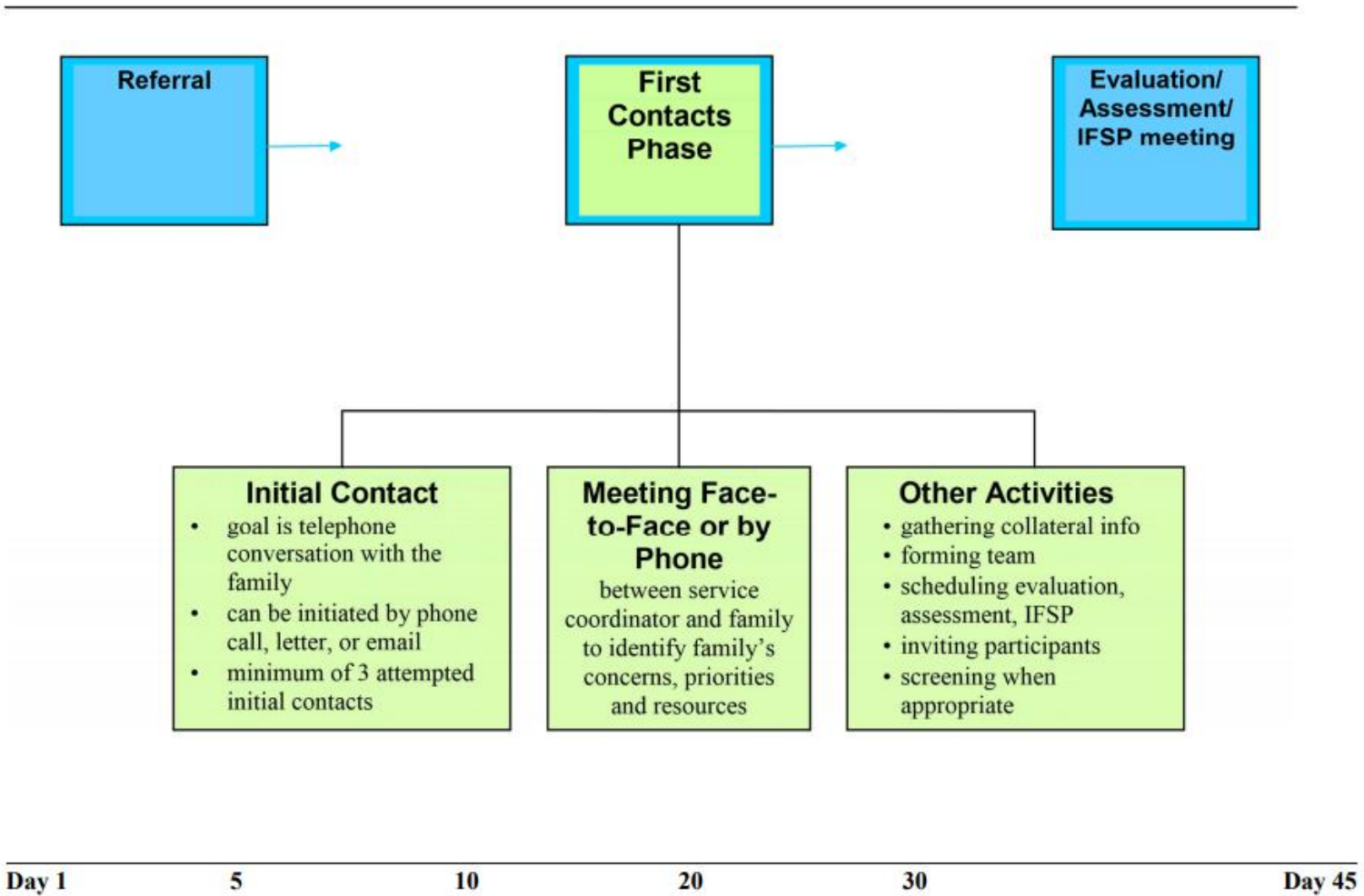


Federal Requirements

- Title 34 CFR 303.310
 - Screenings, evaluations, and development of IFSP must be completed in **45** days of referral.
- Title 34 CFR 303.344(f)
 - Services must start no later than **30 days** from the date of family/caregiver consent on the Individualized Family Support Plan (IFSP)





Entering the Early Steps System



Developmental Domains

- In order for a child to receive EIS, they are referred, screened, and/or evaluated in the following areas:

	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)



Documentation

1

- Individualized Family Support Plan (IFSP)

2

- Progress Notes

3

- Plan of Care



What is the Individualized Family Support Plan (IFSP)?

- The Individualized Family Support Plan (IFSP) guides and documents the discovery process, and ensures that the role of Early Steps in the life of each family is uniquely tailored to meet the priorities of each family.
- The IFSP process begins at the time of referral, where the family's identified resources, priorities, concerns, interests and daily activities are woven together throughout the process.
- The IFSP is developed by a multidisciplinary team.



IFSP Components

- The IFSP document can be found as an Attachment in Early Steps Policy, Component 5 at http://www.floridahealth.gov/AlternateSites/CMS-Kids/home/resources/es_policy/es_Policy.html and includes the following pages:
 - Your Family’s Information
 - Getting to Know Your Child and Family
 - Health Status & Insurance
 - Your Child’s Service Coordination/Targeted Case Management Plan
 - Family’s Routines/Concerns/Priorities/Resources
 - Your Child’s Assessment/Eligibility Determination Part I
 - Your Child’s Assessment/Eligibility Determination Part II
 - Outcomes
 - Services Needed to Achieve Early Intervention Outcomes
 - Transition



Progress Notes & Plan of Care

- Providers must maintain progress notes that include:
 - Whether an individual or group session was provided
 - Detail of activities provided during the session
 - Follow-up activities suggested for the family to work on between sessions
 - Progress achieved during the session
- A Plan of Care must be developed and updated every six months (or upon a change in services) that includes:
 - Description of the recipient's medical diagnosis
 - Developmental domain(s) related to service provision
 - Measurable objectives and completion dates for each goal
 - Summary of activities to achieve goals or outcomes
 - The amount, frequency, and duration of each service
- The IFSP can serve as the Plan of Care if it contains all of the Plan of Care requirements



Who Can Provide EIS?

- Outlined in the coverage policy:

Florida Medicaid
Early Intervention Services Coverage 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 early intervention services.

3.2 Who Can Provide

Services must be rendered by one of the following:

- Infant, Toddler, Developmental Specialists certified by DOH or its designee.
- Practitioners licensed within the scope of their practice in Florida, including:
 - Advanced Registered Nurse Practitioners
 - Audiologists
 - Clinical Psychologists
 - Clinical Social Workers
 - Marriage and Family Counselors
 - Mental Health Counselors
 - Nutrition Counselors
 - Physical Therapists
 - Physicians
 - Physician Assistants
 - Occupation Therapists
 - Registered Dietitians
 - Registered Nurse
 - School Psychologists
 - Speech and Language Pathologist



Infant, Toddler, Developmental Specialist (ITDS) Certification

- The Department of Health offers a ITDS certificate for providers to become specialized in children with special needs and their families under the Early Steps Program.
 - More information on ITDS training can be found on CMS website:
http://www.floridahealth.gov/alternatesites/cms-kids/providers/early_steps/training/itds/itds.html
- Health plans must network with ITDS certified providers, and other specialists as listed in the coverage policy to render EIS.



Procedure Codes – Fee Schedule

CODE	MOD 1	MOD 2	DESCRIPTION OF SERVICE AND LIMITS	MAXIMUM FEE
T1023			Screening (Maximum 3 per calendar year per child)	\$50.00
T1024	GP	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GO	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TL		Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by a Licensed Early Intervention Professional (Maximum 1 per lifetime per child)	\$37.50 30 minute unit— maximum 4 units
T1024	HN	UK	Initial Interdisciplinary Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 1 per lifetime per child)	\$27.75 30 minute unit— maximum 4 units
T1024	GP	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Physical Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GN	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a Speech Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	GO	TS	Follow-up Psychosocial and Developmental Evaluation rendered by an Occupational Therapist (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TL	TS	Follow-up Psychosocial and Developmental Evaluation rendered by a licensed Early Intervention professional (Maximum 3 per calendar year per child)	\$37.50 30 minute unit— maximum 4 units
T1024	TS		Follow-up Psychosocial and Developmental Evaluation rendered by an ITDS (Maximum 3 per calendar year per child)	\$27.75 30 minute unit— maximum 4 units
T1027	SC		Early Intervention Individual Session Provided by an EIS professional (Maximum 1 hour per day)	\$12.50 15 minutes maximum 4 units per day
T1027	TT	SC	Early Intervention Group Session Provided by an EIS professional (Maximum 1 hour per day)	\$6.25 15 minutes maximum 4 units per day

January 1, 2018



Health Plan Responsibilities



Health Plan Responsibilities

- To ensure a smooth transition, the Agency built in specific plan contractual requirements related to:
 - Screening and Evaluation Services
 - Multidisciplinary Team Meetings
 - Service Delivery Model
 - Service Authorization
 - Coordination of Care
 - Provider Network
 - Continuity of Care
 - Provider Reimbursement



Screening & Evaluation Services

- Prior authorization is not needed for screening and evaluation services.
- Health plans cannot impose barriers to an enrollee's receipt of the screening or evaluation service.



Multidisciplinary Team Meetings

- Health plans must participate in the multidisciplinary team meetings where the IFSP is developed in order to facilitate quick and timely authorization of medically necessary services



Service Delivery Model

- Parent-coaching model
- Services must be provided to the family and child where they live, learn and play.
 - Most services will be provided in the home or daycare settings
- Health plans should NOT review the services on the IFSP from a purely medical model.
- Collaboration between health plans, DOH Early Steps, and LESs



Service Authorization of EIS

- Health plans may not implement service authorization requirements for early intervention *screening* or evaluation services. However, health plans may implement service authorization for all other EIS, at the plan's discretion.
- Health plans shall make its authorization criteria/process transparent for participants of the multidisciplinary team (including EIS providers).
- Service authorizations must be completed within contractually required timeframes:
 - 7 days for standard authorizations
 - 3 days for expedited authorizations
- Plans are permitted to accept the IFSP as authorizing document in lieu of separate authorization process.



Coordination of Care

- Florida Medicaid covers targeted case management (TCM) for children receiving EIS to meet the federal requirement that children in Early Steps must have their services coordinated.
- Case managers providing EIS TCM must be certified/trained by the DOH Early Steps program, or their designee.
- These providers are employed or contracted by LESs.
- Health plans are required to cover these services.



Provider Network

- Providers of EIS must be certified by DOH Early Steps, and it is the health plan's responsibility to ensure providers in their network have completed this certification process.
- If all EIS/TCM provider network agreements are not in place when a region is implemented, health plans must enter into single case agreements with existing providers to honor continuity of care requirements for any EIS enrollees who were previously receiving EIS (at the time of transition).



Continuity of Care During the Transition

- To ensure no disruption in current services, the health plans are responsible for continuity of care for new enrollees transitioning into the plan.
- Health care providers should not cancel appointments with current patients. Health plans must honor any ongoing treatment, for up to 60 days after MMA and LTC starts in each region, that was authorized prior to the recipient's enrollment into the plan.
 - MMA: up to 60 days, OR until the enrollee's primary care practitioner or behavioral health provider reviews the enrollee's treatment plan.



Continuity of Care During the Transition (cont.)

- **Providers will be paid.**
 - Providers should continue providing any services that were previously authorized, including authorized services under fee-for-service, regardless of whether the provider is participating in the plan's network.
 - Plans must pay for previously authorized services for up to 60 days after MMA and LTC starts in each region.
 - Plans must pay providers at the rate previously received for up to 30 days.



Provider Reimbursement

- Health plans and EIS providers may negotiate mutually agreement rates for the provision of 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.
- Health plans must reimburse non-participating providers at the rate they received for services rendered to the enrollee immediately prior to the enrollee transitioning for a minimum of thirty (30) days, unless said provider agrees to an alternative rate.



Resources



Helpful Links

- DOH Early Steps: <http://www.floridahealth.gov/programs-and-services/childrens-health/early-steps/index.html>
- Early Steps Policies: http://www.floridahealth.gov/alternatesites/cms-kids/home/resources/es_policy/es_Policy.html



AHCA Website

- Coverage Policies:

http://ahca.myflorida.com/medicaid/review/specific_policy.shtml

- Fee Schedules:

http://ahca.myflorida.com/medicaid/review/fee_schedules.shtml

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Medical and Behavioral Health Coverage Policy

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Pharmacy Policy

Program Policy

Florida KidCare

Rules

The Rules Unit is responsible for coordinating and providing support to Florida Medicaid staff related to administrative rules promulgated in the Florida Administrative Code.

Below you can access rule information about adopted rules and rules currently in the promulgation process including, any incorporated reference material such as coverage policies (formally handbooks), fee schedules, forms and drafts.

Rules in Process

- Draft Florida Medicaid rule reference materials, if available, for the public to access during the rule promulgation process. These documents are not final until they are adopted into rule. Agendas for the public meetings/workshops/hearings are available on this page.

Adopted Rules

- General Policies - Rules that are universally applicable to the Florida Medicaid program.
- Service-Specific Policies - Rules for individual Florida Medicaid covered services and waiver programs.
- Other Policies - Rules pertaining to other aspects of the Florida Medicaid program.
- Reimbursement Policies and Fee Schedules - Rules pertaining to submitting claims for reimbursement and reimbursement methodologies.
- Fee Schedules and Billing Codes - Florida Medicaid fee schedules and billing codes
- Florida Medicaid Forms - Forms pertaining to the Florida Medicaid program.



Where Can I Find This Presentation?

http://ahca.myflorida.com/medicaid/statewide_mc/index.shtml

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MMA Physician Incentive Program

HEALTH PLANS

Health Plan Resources

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Performance Measure Data
2012-2018 Model Contract
Health Plan Contract Actions

SMMC PROGRAM CHANGES

Changes coming in 2018

- Plan Roll-out Schedule - **New**
- Plans by Region - **New**
- Plan Contacts for Providers - **New**
- Outreach and Presentations - **New**
- SMMC Re-enrollment
- 2018-2023 SMMC Plan Model Contract - **New**

The Agency for Health Care Administration is responsible for administering the Statewide Medicaid Managed Care (SMMC) program. Most Florida Medicaid recipients are enrolled in the SMMC Program. The SMMC program has three components, the Long-Term Care (LTC) program, the Managed Medical Assistance (MMA) program, and the Dental Program.



Questions?

