

## **Early Intervention (EI) Initial Targeted Case Management**

Early Intervention targeted case management (TCM) services may be initiated and will be reimbursed by Medicaid while EI eligibility is being determined by the Infant & Toddler Connection of Virginia (local system) for children who have Medicaid/FAMIS coverage, including those for whom it was not in place initially, but was retroactive to include the date of the initial intake visit. EI TCM may be billed from the date of the initial intake visit and may continue up to one of three dates, depending on the outcome of the child's Part C eligibility determination.

1. 90-days from the EI Intake Date. EI eligibility has not been determined within 90-days from the EI Intake date.
2. The Part C Eligibility Determination Date. The date that the child was determined ineligible for EI services and is less than 90-days.
3. IFSP Date. The child was determined to be EI eligible. The TCM services will be authorized from the date of the initial intake visit to the IFSP effective date to ensure that the process for developing the IFSP is completed.

EI TCM is the only EI service that is reimbursable by Medicaid prior to determination of EI eligibility. The Assessment for Service Planning and the IFSP meeting are the only other EI services that are reimbursable by Medicaid prior to the IFSP date. The Medicaid EI benefit will be entered in the Medicaid data system (VaMMIS) after the initial intake visit for those children who have Medicaid/FAMIS coverage at the time or after Medicaid/FAMIS eligibility is determined.

Funding for EI TCM may come from either Medicaid/FAMIS or Part C, depending on whether the child is/becomes Medicaid/FAMIS eligible.

1. If the child has Medicaid/FAMIS at the time of the EI Intake date, funding will be from Medicaid, whether the child does or does not become EI eligible.
2. If the child does not have Medicaid/FAMIS at the time of the EI Intake date, funding will be from Medicaid only if the child becomes Medicaid/FAMIS eligible.
3. If the child does not have Medicaid/FAMIS at the time of the EI Intake date and the child does not become Medicaid/FAMIS eligible, funding will be from Part C.

The local lead agency (LLA) must provide the Initial Intake Visit Date to the Part C Office as the begin date of EI services. If the child is determined to not meet EI criteria, the Eligibility Determination Date or the end of three months from the Intake Visit Date, whichever one is sooner, will be the end date of EI eligibility. The LLA will be responsible for notifying the Part C Office of the outcome, and if applicable, the end date. The Part C Office is working to modify ITOTS to streamline this process.

If a child does not have Medicaid/FAMIS at time of the EI Intake visit, but the family applies for Medicaid/FAMIS coverage for the child, the begin date for the EI benefit will

be the date of the EI Intake Visit or the date Medicaid/FAMIS became effective, whichever is last. If the child is determined to not meet EI criteria, the Eligibility Determination Date or the end of three months from the Intake Visit Date, whichever one is sooner, will be the end date of EI eligibility. The LLA will be responsible for notifying the Part C Office of the outcome and if applicable, the end date.

If the child meets EI eligibility, the initial case management service will be active up to the IFSP date. This will allow TCM services to continue from the eligibility determination decision to the IFSP date, at which time EI TCM services will be in place based on the IFSP.

If the child does not have Medicaid/FAMIS at the time of the EI Intake visit date and eligibility is not determined within 90-days months from the date of the EI Intake visit date, or the child does not meet Medicaid/FAMIS eligibility, Part C will be responsible for covering the cost of service coordination/case management.