

Requirements for Early Intervention Targeted Case Management Reimbursement

EI Allowable activities include but are not limited to:

1. Coordinating the initial Intake and Assessment of the child and planning services and supports, to include history-taking, gathering information from other sources, and the development of an Individualized Family Service Plan, including initial IFSP, periodic IFSP reviews, and Annual IFSPs. This does not include performing medical assessments, but may include referral for such assessment;
2. Coordinating services and supports planning with other agencies and providers;
3. Linking the child and family to services and supports specified in the Individualized Family Service Plan;
4. Assisting the child and family directly for the purpose of locating, developing, or obtaining needed services and resources;
5. Enhancing community integration through increasing the child and family's community access and involvement;
6. Making collateral contacts to promote implementation of the Individualized Family Service Plan and allow the child/family to participate in activities in the community. A collateral contact is defined as "Contact with the child's significant others to promote implementation of the service plan and community participation, including family, non-family, health care entities and others related to the implementation and coordination of services";
7. Monitoring implementation of the Individualized Family Service Plan through regular contacts with service providers, as well as periodic Early Intervention visits;
8. Instruction and counseling which guides the family in problem-solving and decision-making and develops a supportive relationship that promotes implementation of the Individualized Family Service Plan. Counseling in this context is defined as problem-solving activities designed to enhance a child's ability to participate in the everyday routines and activities of the family within natural environments where children live, learn, and play;
9. Submit to the client's physician (semi annually) the "Health Status Indicators" Questionnaire. Based upon the results of the questionnaire from the physician, follow-up with the family/caregiver to inform and/or assist in obtaining needed medical services;
10. Coordinating the child/family's transition from Part C early intervention services;
11. At a minimum a phone, or email, or a face-to-face contact with the family every three calendar months, or documented attempts of such contacts. Such contracts shall be person-centered with the choice of contact method determined by the family. The contacts shall begin the next month after the month that the IFSP is signed; and
12. Face-to-face interaction with the individual and family/caregiver at a minimum at the initial development of the IFSP and the annual IFSP. Other face-to-face contact as needed.

Documentation requirements:

1. IFSP completed and signed by required parties, including IFSP reviews and Annual IFSPs;
2. Contact Notes of all allowable activities;
3. Documentation of rights and procedural safeguards and Medicaid right to appeal; and
4. Contact Notes written within five business days of service rendered.

Monthly Requirements for Reimbursement:

DMAS may be billed for a monthly Service Coordination/Case Management unit when the following minimum requirements are met:

1. At least one of the allowable activities as listed above, documented appropriately, by the SC/CM during the month with the child, the family, service providers, or other organizations on behalf of the child/family. The contact must be relevant to the child/family needs and the Individualized Family Service Plan (IFSP). The service may not duplicate any other Medicaid service;
2. The contact or communication is documented completely and correctly, as outlined in requirements for acceptable Contact Notes;
3. At a minimum a phone, or email, or a face-to-face contact with the family every three calendar months, or documented attempts of such contacts. Such contacts shall be person-centered with the choice of contact method determined by the family. The contacts shall begin the next month after the month that the IFSP is signed; and
4. For reimbursement for the initial development of the IFSP and the annual IFSP a face-to-face contact is required and documented.