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1.0 Description of Services

The Children's Developmental Service Agencies (CDSAs) (formerly known as Developmental Evaluation Centers [DECs]) are the local lead agencies for the North Carolina Infant-Toddler Program, under Part C of the Individuals with Disabilities Education Act (IDEA). The responsibilities of the local lead agency are to provide oversight of all the North Carolina Infant-Toddler Program services. This includes receiving all referrals for the North Carolina Infant-Toddler Program, contacting families of young children with special needs who may be eligible for the program, determining eligibility status of children referred, and providing initial and continuing services through their staff and public and private contract agencies, including the provision and appropriate review of the Individualized Family Service Plan (IFSP) for each child and family served under the program. Medicaid covered services include the following.

1.1 Audiological Services

Audiological services include any services or equipment that may be needed to address a child's needs with relation to his auditory skills. Audiological services include:

- a. the identification of children with audiological (hearing) impairment(s) through the utilization of risk criteria and appropriate audiological screening techniques;
- b. a determination of the range, nature, and degree of hearing loss and communication functions through the use of appropriate audiological screening procedures;
- c. a referral for medical and any other services that may be necessary for the habilitation or rehabilitation of children who have a hearing impairment;
- d. the provision of auditory training, aural rehabilitation, speech reading, and listening device orientation and training, and any other related, necessary services;
- e. the provision of services for the prevention of hearing loss; and
- f. a determination of the child's need for amplification, including the selection, fitting, and dispensing of appropriate listening and vibrotactile devices, followed by an evaluation of the effectiveness of those devices.

1.2 Nutrition Services

Nutritional services include:

- a. the completion of individual assessments in:
 1. nutritional history and dietary intake
 2. anthropometric, biochemical, and clinical variables
 3. feeding skills and feeding problems
 4. food habits and food preferences
- b. the development and monitoring of appropriate plans established to address the nutritional needs of the child, based on the individual assessment; and
- c. the referral of the child to appropriate community resources in order to carry out nutritional goals.

1.3 Occupational Therapy Services

Occupational therapy includes the services necessary to address the functional needs of children related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development. The intent of these services is to assist in the improvement of a child's functional ability to perform tasks in home, school, and community settings. These services include:

- a. identification, assessment, and intervention;
- b. adaptation of the environment, and the selection and design of assistive and orthotic devices whose purpose is to facilitate development and promote the acquisition of functional skills; and
- c. the prevention or minimization of the impact of initial or future impairment, delay in development, or the loss of any functional ability.

1.4 Physical Therapy Services

Physical therapy includes those services necessary to address the promotion of:

- a. sensorimotor function through the enhancement of musculoskeletal status
- b. neurobehavioral organization
- c. perceptual and motor development
- d. cardiopulmonary status
- e. effective environmental adaptation

These services include:

- a. the screening, evaluation, and assessment of infants and toddlers for the purpose of identifying movement dysfunction;
- b. the attainment, interpretation, and integration of information appropriate for the alleviation, prevention, or compensation for movement dysfunction and related functional problems; and
- c. the provision of individual services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems.

1.5 Psychological Services

Psychological services include:

- a. the administration of psychological and developmental assessments and other evaluation procedures;
- b. the interpretation of assessment results;
- c. obtaining, integrating, and interpreting information about child behavior, and child and family conditions that are related to learning, mental health, and development; and
- d. the planning and management of a program of psychological services, including psychological counseling for children and parent, family counseling, consultation on child development, parent training, and educational programs.

1.6 Speech/Language Services

Speech/language therapy includes:

- a. the identification of children with communicative or oropharyngeal disorders and delays in the development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- b. the referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in the development of communication skills; and
- c. the provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in the development of communication skills.

1.7 Medical Services

Medical services in the Infant-Toddler Program refer to services only for evaluation or diagnostic purposes for the determination of a child's eligibility, developmental status, and need for early intervention services.

1.8 Clinical Social Work Services

Clinical social work services include assessment and may also include treatment. Clinical social work assessment includes interviewing and observation and may include testing to assess the following:

- a. Family social history, which may include identifying information, family composition, child's home environment, child-care arrangements, daily routine, transportation, financial or legal issues, and involvement in community support programs.
- b. Social/emotional development and/or adaptive behavior of the child, including the child's emotional development within the family, ability to interact with peers and in community settings, ability to respond to verbal and non-verbal cues, self-help skills, and/or behavior.
- c. Child and family functioning, which may include parent's understanding of previous testing (diagnosis), parent's perspective of child's strengths and needs, parent's expectations for the CDSA evaluation, parenting skills and need for supportive services, family dynamics including parent-child relationship and/or family's response to and ability to use assistive technology.

Clinical social work treatment includes individual or family therapies to ameliorate identified emotional and/or behavioral dysfunction, promote healthy child and family relationships and functioning, and/or assist the family in coping with and managing an identified disability. Within this therapeutic context, it may also include the provision of instruction to the child or family

1.9 Multidisciplinary Evaluations and Assessments

Multidisciplinary evaluation and assessment services are screening, evaluation, and assessment procedures used to determine a child's initial and continuing eligibility for early intervention services, the child's level of functioning in the developmental domains, and a medical perspective on the child's development. This service is used to determine the child's strengths and needs and services appropriate to meet those needs, and the

resources and concerns of the family and the supports and services necessary to enhance the family's capacity to meet their child's developmental needs.

1.10 Case Management

Case Management services include assessment and periodic reassessment to determine types and amounts of services needed; development and implementation of an individualized case management service plan with the client; consistent with SSA 1902(a)(23), coordination and assignment of responsibilities among staff and service agencies; and monitoring and follow-up to ensure that services are received and are adequate for the client's needs.

1.11 Community Based Rehabilitative Services

This service is provided to meet the cognitive, communication, social/emotional, and adaptive development needs of the child.

- a. Cognitive – This refers to the acquisition, organization, and ability to process and use information.
- b. Communication – This includes expressive and receptive communication skills, both verbal and non-verbal.
- c. Social/Emotional Skills – This refers to interpersonal relationship abilities. This includes interactions and relationships with parent(s) and caregivers, other family members, adults and peers, as well as behavioral characteristics, e.g., passive, active, curious, calm, anxious, and irritable.
- d. Adaptive Development – This refers to the ability to function independently within the environment and the child's competency with daily living activities such as sucking, eating, dressing, playing, etc., as appropriate for the child's age.
- e. Physical [gross and fine motor] – This service refers to abilities with tasks requiring large and small muscle coordination, strength, stamina, flexibility, and motor development appropriate for the developmental age.

1.12 Developmental Testing

Developmental testing is generally used as a screening tool to identify children who should receive a more intensive diagnostic evaluation and assessment. This service is provided by an Educational Diagnostician, Psychologist, certified Infant Toddler Family Specialist, other clinical staff who meets the qualifications of an educational diagnostician, or other clinical staff who holds typically a master's degree and has demonstrated competence in developmental testing to the satisfaction of the CDSA. This service is not for education purposes but to determine if there is risk for or determined developmental delay for referral to health related services such as occupational therapy, physical therapy, speech therapy, etc.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

Medicaid-eligible children from birth to age 3 who are referred to and/or determined to be eligible for the Infant-Toddler Program are eligible for services through the CDSA.

2.3 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT and Prior Approval Requirements

- c. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- d. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the Service Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

All services must be medically necessary and provided as outlined in an IFSP.

Refer to **Section 3.0** of **Clinical Coverage Policy #10A, *Outpatient Specialized Therapies***, for medical necessity criteria for physical therapy, occupational therapy, and speech/language-audiology therapy.

4.0 When the Service Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

Services are not covered when the services provided are not outlined in the IFSP and the following policy guidelines are not met.

5.0 Requirements for and Limitations on Coverage

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

5.1 Location of Services

Location of service is identified on the ISFP.

5.2 Prior Approval

Specialized therapy services (physical therapy, occupational therapy, audiology, and speech-language therapy) are allowed for up to six months after the physician's initial order without prior approval from The Carolinas Center for Medical Excellence (CCME) (<http://www.thecarolinascenter.org>).

A prior approval request form signed by the provider must be faxed to CCME for specialized therapy services to be continued. If appropriate, CCME will authorize services for a specific number of units through a specific length of time. Units should be requested based on the CPT code billed. If the CPT code is billed by event, then one unit should be requested. If the CPT code is billed by 15-minute increments with 15 minutes equaling one unit, then the number of units to be provided should be requested. Once these limits have been reached, prior approval must again be requested for continued treatment.

Refer to **Section 5.0 of Clinical Coverage Policy #10A, *Outpatient Specialized Therapies***, for information on the prior approval process for continued treatment for specialized therapy services.

6.0 Providers Eligible to Bill for the Service

In the service delivery process, the role of the CDSA is to share with families the listing of qualified providers for each of the IFSP services. Any willing provider who meets the provider criteria can enroll with the CDSA and the Division of Medical Assistance (DMA) as a Medicaid provider. The family makes the choice of providers utilized for their needs, and the providers bill Medicaid directly for the services they provide.

Staff of the CDSA, private or public providers providing services to Medicaid recipients through a contract with the CDSA, must meet the following requirements, as appropriate to the discipline:

- a. A Qualified Professional in early intervention is an individual in any of the following categories:
 1. Individual holds a master's degree in a human service field, has one year of full time post baccalaureate experience with young children and their families in the provision of child health, early childhood, special education, family development, and /or early intervention or related services, with Infant/Toddler/Family Specialist [ITFS] Certification, or is working toward this certification at the required rate. If the individual does not have the required number of years experience in the aforementioned areas described, the individual must be supervised by a Certified ITFS or an individual approved by the CDSA, in accordance with an individual supervision plan in order to function as a Qualified Professional.
 2. Individual holds a bachelor's degree in a human service field, has two years of full time post graduate experience with young children and their families in the provision of child health, early childhood, special education, family development, and/or early intervention or related services, with Infant/Toddler/Family Specialist [ITFS] Certification, or is working toward this certification at the required rate. IF the

individual does not have the required number of years experience in the aforementioned areas described, the individual must be supervised by a Certified ITFS or an individual approved by the CDSA, in accordance with an individualized supervision plan in order to function as a Qualified Professional.

3. Individual is a registered nurse, licensed in the state of North Carolina, with two years of full time post graduate experience with young children and their families in the provision of child health, early childhood, special education, family development, and/or early intervention or related services, with Infant/Toddler/Family Specialist [ITFS] Certification, or is working toward this certification at the required rate. If the individual does not have the required number of years experience in the aforementioned areas described, the individual must be supervised by a Certified ITFS or an individual approved by the CDSA, in accordance with an individualized supervision plan, in order to function as a Qualified Professional.
- b. As defined in 42 CFR 440.110, a **Speech Pathologist** who has a valid license issued by the N.C. Board of Examiners for Speech and Language Pathologists and Audiologists and has a certificate of clinical competence from the American Speech and Hearing Association; has completed the equivalent educational requirements and work experience necessary for the certificate; or has completed the academic program and is acquiring supervised work experience to qualify for the certificate.
- c. As defined in 42 CFR 440.110, an **Audiologist** who has a valid license issued by the N.C. Board of Examiners for Speech and Language Pathologists and Audiologists.
- d. As defined in 42 CFR 440.110, an **Occupational Therapist** who is registered by the American Occupational Association; or a graduate of a program in occupational therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Occupational Therapy Association and, where applicable, licensed by the state.
- e. As defined in 42 CFR 440.110, a qualified **Physical Therapist** is an individual who is a graduate of a program of physical therapy approved by the Committee on Allied Health Education and Accreditation of the American Medical Association and engaged in the supplemental clinical experience required before registration by the American Physical Therapy Association or its equivalent; and where applicable, licensed by the State.
- f. A **Nutritionist/Dietitian** registered with the American Dietetic Association's Commission on Dietetic Registration or licensed by the N.C. Board of Dietetics/Nutrition.
- g. A **Pediatrician** or **Physician's Assistant**, in accordance with the scope of the North Carolina Medical Practice Act, or a **Nurse Practitioner** within the scope of the Nurse Practice Act.
- h. A **Licensed Clinical Social Worker (LCSW)** or a **Licensed Clinical Social Worker-Provisional (LCSW-P)**, in accordance with the Ethical Guidelines of the Social Worker Act (General Statutes of North Carolina, Chapter 90B) and the NASW Code of Ethics.
- i. An **Educational Diagnostician**, with a master's degree in special education or related field, with at least six hours of coursework and two years experience in educational/developmental testing, or a bachelor's degree in special education or related field, with at least six hours of coursework and three years experience in educational/developmental testing.
- j. A **Psychologist**, licensed by the N.C. Psychology Board, in accordance with the North Carolina Psychology Act.

- k. Any qualified provider who meets the following criteria can enroll with the CDSA and DMA as a Medicaid **provider of Community Based Rehabilitative Services**.

An eligible provider of Community Based Rehabilitative Services must receive endorsement from the CDSA and enroll with DMA as a Medicaid individual provider or group provider who employs or contracts with individuals who hold a valid and active license in the healing arts in full force and effect to practice in the state of North Carolina, or a professional who meets the certification requirements for the Infant Toddler Family Specialist (ITFS) as delineated in the *North Carolina Infant Toddler Program Procedures for Personnel Certification*. The Division of Public Health, through CDSA, documents and verifies the qualifications, training, and certification of the ITFS, verifies the valid licensure status, and endorses the provider for Medicaid participation. Community Based Rehabilitative Service providers must be a:

1. licensed psychologist as defined in 10A NCAC 27G.0104(16);
2. licensed clinical social worker as defined in 10A NCAC 27G.0104(10);
3. a qualified mental health professional (QMHP), including a licensed marriage and family therapist as defined in 10A NCAC 27G.0104(18);
4. a certified ITFS or an individual working toward certification at the required rate; or a paraprofessional, as defined in 10A NCAC 27G.0104(14), may also enroll as a provider if he/she meets the certification requirements for ITFS as delineated in the *North Carolina Infant Toddler Program Procedures for Personnel Certification* and is under the direct supervision of a professional certified according to these procedures. All providers of this service must possess the ITFS certification or be working toward certification at the required rate.

7.0 Additional Requirements

7.1 Documenting Services

Each provider must maintain and allow DMA to access the following documentation for each individual:

- a. The patient's name and Medicaid identification number.
- b. A copy of the treatment plan with clearly defined goals and measurable baselines.
- c. A copy of the physician's order for treatment services. The date that the order was signed must precede the treatment dates.
- d. Progress notes with achievements or measurable progress; description of services performed, and dates of service.
- e. The duration of service (i.e., length of assessment and/or treatment session in minutes).
- f. The signature of the person providing each service.
- g. A copy of each test performed or a summary listing all test results and the written evaluation report.
- h. A copy of the completed prior approval form with the prior approval authorization number.

CDSAs are responsible for ensuring that salaried and/or contracted personnel adhere to these requirements.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines including obtaining appropriate referrals for recipients enrolled in Medicaid Managed Care programs.

Refer to Section 8.0 of Clinical Coverage Policy #10A, *Outpatient Specialized Therapies*, for information on billing for specialized therapy services.

8.1 Claim Type

CMS-1500 (through HSIS)

8.2 Diagnosis Codes that Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis code(s) to the highest level of specificity that supports medical necessity.

8.3 Procedure Code(s)

H0036 HI	H0036 TL	H0036	H0036 HQ
H0036 HM	H0036 UI	90804	90806
90808	90810	90812	90814
90846	90847	92506	92507
92508	92526	92551	92552
92553	92555	92556	92557
92567	92568	92569	92579
92583	92585	92588	92589
92590	92591	92592	92593
92594	92595	92610	92626
92627	92630	92633	96101
96110	96111	96116	96118
97001	97002	97003	97004
97010	97032	97110	97112
97113	97116	97124	97140
97530	97533	97535	97542
97750	97802	97803	99201
99202	99203	99204	99205
99211	99212	99213	99214
99215	99241	99242	99243
99244	99245	99271	99272
99273	99274	99275	H0031
T1023	T1017 HI		

8.4 Reimbursement Rate

Providers must bill their usual and customary charges. A copy of the reimbursement rate schedule may be obtained from the Division of Medical Assistance Financial Operations Section using the Fee Schedule Request form. The form is available on DMA's Web site at <http://www.ncdhhs.gov/dma/forms.html>.

9.0 Policy Implementation/Revision Information

Original Effective Date: September 1, 2003

Revision Information:

Date	Section Revised	Change
10/14/03	1.3, Child Service Coordination	The first sentence was corrected to read "...provided by a Child Service Coordinator to a child referred to or eligible under the Infant-Toddler Program...."
10/14/03	Section 6.0, item 1.	Item 1 was corrected to read "Infant, Toddler, and Family certification . . ."
11/14/03	Section 7.1, 3 rd bullet	Deleted text pertaining to verbal orders; effective with date of policy publication 09/01/03.
12/01/03	Section 5.0	The section was renamed from Policy Guidelines to Requirements for and Limitations on Coverage.
12/01/03	Section 8.0	This section was reformatted into three subsections; there was no change to the content.
3/1/05	Section 1.0	Deleted the following services from policy: 1.1 Assistive Technology Services and Devices, 1.3 Child Service Coordination, 1.4 Early Identification and Screening, and 1.5 Family Counseling and Therapy Services; effective with date of State Plan Amendment 7/1/03.
3/1/05	Section 1.0	Added the following services to policy: 1.9 Multidisciplinary Evaluations and Assessments, 1.10 Case Management, 1.11 Community Based Rehabilitative Service and 1.12 Developmental Testing; effective with date of State Plan Amendment 7/1/03.
3/1/05	Section 2.0 Eligible Recipients	Added text pertaining to the two services the CDSA may provide to 3 and 4 year olds who are transitioning from the N.C. Infant-Toddler Program to Preschool services; effective with date of State Plan Amendment 7/1/03.
3/1/05	Section 6.0 Eligible Providers	Revised text in item 1 to broaden definition, revised text in items 2,3 and 4 to include requirements set forth in 42 CFR 440.110; effective with date of State Plan Amendment 7/1/03.
3/1/05	Section 6.0 Eligible Providers	Added requirement #12 for providers who are eligible to enroll to provide Community Based Rehabilitative Services; effective with date of State Plan Amendment 7/1/03.

Date	Section Revised	Change
3/1/05	Section 8.3	The procedure codes listed in Attachment A were incorporated into section 8.3. Y codes were converted to national codes to comply with HIPPA. Procedure code T1016 was replaced with T1017.
3/1/05	Section 8.4	A statement was added to instruct providers to contact DMA Financial Operations for a reimbursement rate schedule.
9/1/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.3	The Web address for DMA's EDPST policy instructions was added to this section.
1/1/06	Section 5.2	This section was updated to reflect MRNC's name change to The Carolinas Center for Medical Excellence (CCME).
1/1/06	Section 8.3	CPT procedure code 95210 was end-dated and replaced with 92626, 92627, 92630 and 92633; 97520 was end-dated and replaced with 97761; 97703 was end-dated and replaced with 97762; 96100 was end-dated and replaced with 96101; 96115 was end-dated and replaced with 96116; and 96117 was end-dated and replaced with 96118.
12/1/06	Section 2.3	The special provision related to EPSDT was revised.
12/1/06	Sections 3.0, 4.0, and 5.0	A note regarding EPSDT was added to these sections.
2/1/07	Section 2.2	The statement that CDSAs may only perform evaluation services and community based rehabilitative services at the request of the Local Education Agency for 3- and 4-year olds who are transitioning from the N.C. Infant-Toddler Program to preschool services was deleted from the policy.
2/1/07	Section 6.0	The requirements for an occupation therapist were amended to indicate that, where applicable, the therapist must be licensed by the State.
5/1/07	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age.