

<b>Early Intervention Evaluation</b> <b>\$408.00</b> <b>Can be billed 2 times per year</b>	<b>Early Intervention Services</b> <b>EI Bundle: \$230.00/week</b> <b>Can be billed 1 time per week</b>	<b>Service Coordination</b> <b>\$257.35/month</b> <b>Can be billed 1 time per month</b>	<b>Decision Making</b>
<p><b>Service:</b> “Evaluation” means the procedures used by qualified personnel...to determine a child’s initial and continuing eligibility under this part, including determining the status of the child in each of the developmental areas in He-M 510.02(f).</p>	<p><b>Service:</b> “Supports and services” means a wide range of activities and material assistance that assist a child in developing and maximizing the family’s and other caregivers’ ability to care for the child and to meet their needs in a flexible manner and that includes:</p> <p>Information;</p> <p>Training;</p> <p>Special instruction;</p> <p>Evaluation;</p> <p>Therapeutic interventions;</p> <p>Financial assistance;</p> <p>Materials and equipment; and</p> <p>Emotional support.</p>	<p><b>Service: Service coordination</b> shall include assistance to a family to receive the procedural safeguards and supports and services that are available or needed by the family</p> <p><b>Service: Development of the IFSP:</b> "Individualized family support plan (IFSP)" means a written plan for providing supports and services to an eligible child and family.</p>	<p><b>When determining whether or not a service can be billed for, please consider:</b></p> <ol style="list-style-type: none"> <li>1) Was the service provided according to He-M 510?</li> <li>2) Is there clear and legible documentation that the services was provided according to He-M 510?</li> <li>3) During a Medicaid audit of services, would the documentation support billing for the service?</li> <li>4) If you were given a bill for the service and had to pay it out of your own pocket, would you think it was worth it?</li> </ol> <p><b>When billing for multiple services (i.e.: those provided on the same day), please consider:</b></p> <ol style="list-style-type: none"> <li>1) Did you provide a separate and distinct service, as outlined in He-M 510 for each of the services billed?</li> <li>2) Does the documentation demonstrate that separate and distinct services were provided?</li> </ol>
<p><b>Components:</b>  <b>Evaluation and Assessment:</b></p> <p>Be based on informed clinical opinion;</p>	<p><b>Components:</b>  <b>Family training, counseling, and home visits</b> shall include assistance to the family in understanding the special needs</p>	<p><b>Components:</b>  <b>Service Coordination:</b>  Coordinating the performance of evaluations and assessments;</p>	

<p>Be conducted by a team composed of the family, other individuals requested by the family, and professionals from 2 or more different disciplines trained to utilize appropriate methods and procedures;</p> <p>Be carried out in a setting that is convenient to the family;</p> <p>Include an evaluation of the child's level of functioning in each of the following developmental areas:</p> <p>Physical development, including vision, hearing, or both;</p> <p>Cognitive development;</p> <p>Communication development;</p> <p>Social or emotional development; or</p> <p>Adaptive development.</p>	<p>and building on the interests of the child and enhancing the child's development.</p> <p><b>Occupational therapy</b> shall be services that:</p> <p>Address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor, and postural development;</p> <p>Are designed to improve the child's functional ability to perform tasks in home, school, and community settings; and</p> <p>Include:</p> <p>Identification, assessment, and the provision of needed supports and services;</p> <p>Adaptation of the environment and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and</p> <p>Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.</p> <p><b>Physical therapy</b> shall be services that:</p> <p>Address the promotion of sensorimotor function through enhancement of:</p>	<p>Facilitating and participating in the development, review, and evaluation of individualized family support plans;</p> <p>Assisting families in identifying available service providers;</p> <p>Coordinating and monitoring the delivery of available supports and services;</p> <p>Informing families of the availability of advocacy supports and services;</p> <p>Coordinating with medical and health providers; and</p> <p>Facilitating the development of a transition plan to enable the family to access the area agency, community supports or preschool services if appropriate.</p> <p><b>Development of the IFSP:</b> At the individualized family support plan meeting, the team shall develop a written plan using information derived from the evaluation and assessment.</p> <p>The individualized family support plan shall contain:</p> <p>To the extent the family agrees, a statement of the family's concerns, priorities, and resources related to enhancing the family's capacity to meet the developmental needs of the child;</p> <p>A statement of the child's present</p>	
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	<p>Musculoskeletal status;</p> <p>Neurobehavioral organization;</p> <p>Perceptual and motor development;</p> <p>Cardiopulmonary status; and</p> <p>Effective environmental adaptation; and</p> <p>Include:</p> <p>Screening, evaluation, and assessment of children to identify movement dysfunction;</p> <p>Obtaining, interpreting, and integrating information to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and</p> <p>Providing individual and group services to prevent, alleviate, or compensate for movement dysfunction and related functional problems.</p> <p><b>Speech-language therapy</b> shall include:</p> <p>Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and evaluation of specific disorders and delays in those skills;</p> <p>Referral for medical or other</p>	<p>levels of:</p> <p>Physical development including vision, hearing, and health status;</p> <p>Cognitive development;</p> <p>Communication development;</p> <p>Social or emotional development; and</p> <p>Adaptive development;</p> <p>A statement of the major outcomes expected to be achieved for the child and family and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made;</p> <p>A detailed statement of the specific family-centered early supports and services necessary to meet the unique needs of the child and family to achieve the outcomes identified in the individualized family support plan;</p> <p>The natural settings in which the family-centered early supports and services will be provided and a justification of the extent, if any, that a support or service cannot be provided in a natural setting that includes:</p> <p>An explanation of why the supports or services cannot be achieved satisfactorily for the child in a natural setting;</p>	
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	<p>professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and</p> <p>Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communications skills.</p> <p><b>Nutrition services</b> shall include:</p> <p>Conducting individual assessments in:</p> <p>Nutritional history and dietary intake;</p> <p>Anthropometric, biochemical, and clinical variables;</p> <p>Eating skills and eating problems; and</p> <p>Food habits and food preferences;</p> <p>Developing and monitoring plans to address the nutritional needs of a child; and</p> <p>Making referrals to appropriate community resources to carry out nutrition goals.</p>	<p>A plan of action that identifies how supports and services can be provided in a natural setting in the future; and</p> <p>A time frame in which this plan will be implemented;</p> <p>The frequency, intensity, and method of delivery, and the person(s) responsible for implementing the supports and services, the projected date(s) of start-up, and the anticipated duration of such supports and services;</p> <p>A summary of the documented medical services such as hospitalization, surgery, and medication and other supports that the child needs but that are not part of family-centered early supports and services and, to the extent possible, the funding sources to be used in paying for those supports and services;</p> <p>The name, telephone number, agency, and location of the service coordinator and the names of the members of the team participating in the development of the plan; and</p> <p>A transition plan from family-centered early supports and services to the public school system, area agency services for children 3 years of age or older, or community programs.</p>	
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