

SECTION 2
POLICIES AND PROCEDURES

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SECTION 2 POLICIES AND PROCEDURES

PROGRAM DESCRIPTION

PROGRAM OVERVIEW

Early Intervention services are therapeutic, training, and support services that facilitate the developmental progress of children between the ages of birth to six years. Children in need of Early Intervention services exhibit developmental patterns that are atypical due to the influence of certain biological and/or environmental factors. The functional areas most commonly identified in which children show significant delays are cognitive, physical, social/emotional, communication (receptive and/or expressive), and bonding. Early Intervention services include developmental assessments, treatment planning, home visits, and supports to enhance the development of the child and support his or her family in the care of the child.

Early Intervention services are “medically necessary” services. Medical necessity is defined as the need for treatment services that are necessary to diagnose, treat, cure, or which may relieve pain, improve health, or prevent an illness or disability. Medical necessity must be substantiated to justify Early Intervention services. All findings and information supporting medical necessity must be included in the child’s medical record.

Early Intervention services consist of Family Training, Targeted Case Management, and Sign Language or Oral Interpreter services for children with a developmental delay and/or disability. These services are also available to the family on behalf of the eligible child.

To the maximum extent possible, all Early Intervention services are provided in the child’s natural environment. Early Intervention services and supports should occur in settings most natural and comfortable for the eligible child and his or her family. These services should foster opportunities for the child’s development of peer and family relationships with children without disabilities. Early Intervention services must promote the development of a natural system of support within the family’s community.

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ELIGIBILITY REQUIREMENTS

Early Intervention services are available to Medicaid-eligible children when the following criteria are met:

- Birth to six years of age
- Medical necessity
- The child meets eligibility requirements for services provided through South Carolina Department of Health and Environmental Control (DHEC), Division of BabyNet, South Carolina Department of Disabilities and Special Needs (DDSN), or the South Carolina School For the Deaf and Blind (SCSDB)
- Resides with a family member, legal guardian, or in a community training home or other **non-institutional** setting

A child's Medicaid eligibility may be confirmed by calling the Medicaid Interactive Voice Response System at 1-888-809-3040. Providers may also use the South Carolina Medicaid Web-based Claims Submission Tool (Web Tool) to verify eligibility. The referring state agency is responsible for ensuring that the child's eligibility is current and for furnishing the provider with the correct Medicaid number and the child's Medicaid card.

PROVIDER REQUIREMENTS

Providers must ensure that all treatment staff, subcontractors, and other individuals under the authority of the provider rendering Early Intervention services to Medicaid beneficiaries are qualified and properly trained.

Prior to rendering Early Intervention services, providers must document that preservice orientation has been provided or approved by the provider's administrative agency including any specialized training requirements (*i.e.*, SCSDB training for servicing sensory impaired and BabyNet training for Early Interventionists servicing the BabyNet population). Providers must also ensure that newly employed staff has comprehensive training and adequate supervision.

In addition to the above requirements, SC Medicaid requires a supervising entity (physician, dentist, or any program that has a supervising health professional component) to be physically located in SC or within the 25-mile radius of the SC border.

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PROGRAM DESCRIPTION

PROVIDER REQUIREMENTS (CONT'D.)

Providers must comply with all other applicable state and federal requirements.

PROGRAM STAFF

Early Interventionists

The **Early Interventionist** must have a bachelor's degree from an accredited university or college in early childhood education, elementary education, special education, human services field (social and behavioral), allied health services or meet the requirements as a Licensed Practitioner of the Healing Arts with one year of documented experience working with infants and toddlers, early childhood development, or childhood disabilities.

Licensed Practitioners of the Healing Arts

The following list indicates the professional designations of those considered Licensed Practitioners of the Healing Arts (LPHA) for Early Intervention Services:

- Physician
- Licensed Psychologist
- Licensed Independent Social Worker
- Licensed Master Social Worker
- Licensed Nurse Practitioner
- Registered Nurse
- Licensed Doctor of Osteopath
- Licensed Professional Counselor (master's and doctoral level only)
- Licensed Marriage and Family Therapist
- Licensed Physician's Assistant
- Advanced Practice Registered Nurse
- Speech Language Pathologist
- Licensed Audiologist
- Licensed Physical Therapist
- Licensed Occupational Therapist

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Case Managers

The **Case Manager** providing **sensory impaired** services must, at a minimum, hold a master's degree from an accredited university or college in a human services field (social and behavioral), allied health, or special education field with one year of documented experience performing rehabilitation, clinical, or casework activities, preferably with sensory impaired individuals; or a bachelor's degree in the above and three years of experience in performing rehabilitation, clinical, or casework activities; or a bachelor's degree with a combination of education and experience listed above.

The **Case Manager** providing **mental retardation and related disabilities** services holds a master's or bachelor's degree from an accredited university or college in social work or a related field; or hold a bachelor's degree in an unrelated field of study from an accredited university or college with one year of documented experience working with individuals with mental retardation or related disabilities, or in a Case Management program.

If the year of experience is unrelated to working with individuals with mental retardation, or related disabilities, the case manager must participate in mental retardation and related disabilities in-service training.

The **Case Manager** providing services to the **physically handicapped** must hold a master's degree from an accredited university or college in social work, nursing, or nutrition; or a bachelor's degree from an accredited university or college in a human services field (social or behavioral), allied health, or specific education and with one year of documented experience working with physically handicapped individuals; or a Registered Nurse licensed to practice nursing in the State of South Carolina.

Case Manager Assistants

The **Case Manager Assistant** must be 18 years of age or older, have a high school diploma or GED, skills and competencies sufficient to perform assigned tasks or the capacity to acquire those skills and competencies. The case manager assistant must be under the supervision of a case manager.

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Oral Interpreters

The **Oral Interpreter** must hold a bachelor's degree from an accredited university or college in interpreting, special education, or a related field, and one year of interpreting experience; or an associate degree from an accredited university or college in interpreting and three years of interpreting experience; or high school diploma with three years of interpreting experience.

The Oral Interpreter must be certified by the National Registry of Interpreters for the Deaf (RID) for one of the following certificates:

- The Comprehensive Skills Certificate (CSC)
- The Certificate of Interpretation (CI)
- The Certificate of Transliteration (CT)

PROGRAM SERVICES

Early Intervention services include the following:

Family Training Services

T1027

Family Training services are planned interactions with the child and family in natural environments to help minimize the impact of the child's disability by fostering normal growth and development. Family Training sessions are designed to implement the goals and objectives of the Service Plan (SP)/Individualized Family Service Plan (IFSP) provided according to the frequency outlined in the SP/IFSP. Documentation must show that Family Training is a core component of the Early Intervention services provided.

The early interventionist shall meet with the family and discuss the possible outcomes of the family training. Once trained, the parent and/or caregiver should be able to reinforce the training provided by the early interventionist.

Family Training services are available for all family members and/or caregivers, including siblings and grandparents. If necessary, the training is provided after regular working hours or on weekends as indicated in the SP/IFSP. Family Training services must be provided on behalf of the child and relate to his or her treatment goals.

Family Training services will:

- Provide the appropriate parental skills and/or supports to enhance the child's developmental growth and recreational development

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PROGRAM DESCRIPTION

Family Training Services (Cont'd.)

- Encourage the child's participation in family activities
- Assist the family in maximizing the resources outlined in the SP/IFSP, including assistive technology devices, waiver supports, nutritional services, and therapies directly related to the developmental needs of the child
- Encourage overall positive parent-child interaction
- Empower the family to be aware of and know how to exercise their child's personal rights including the choice of a provider, access to a wide range of services, and other procedural safeguards
- Encourage the family and/or caregiver to become the child's primary service provider

Family Training services include an **assessment**. The assessment process is ongoing and is used to determine the strengths and the needs of a child and his/her current level of development. Assessments should always be timely, comprehensive, and multidisciplinary. An initial assessment is required for all Medicaid beneficiaries receiving Family Training services.

The assessment tools used are specifically designed to assess a child's development level and must be kept current throughout the year as needed. Information for assessments must be current and updated throughout the year as needed.

Family Training child assessments shall measure the following:

- Cognitive development
- Gross and fine motor development
- Communication
- Emotional and social development
- Adaptive/self-help skills
- Visual and auditory status

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PROGRAM DESCRIPTION

Targeted Case Management (TCM)

T1017

Targeted Case Management (TCM) is provided to help eligible children gain access to the appropriate medical, social, treatment, educational, and other needed activities. Allowable activities are those that include assistance in accessing a medical or other necessary service, but do not include the direct delivery of the service.

Targeted Case Management includes the following components:

Assessment — The assessment component focuses on needs identification of the eligible child to determine the appropriate medical, educational, social, and/or other services required. Specific assessment activities under this component include assessment of the eligible child to determine the need for any medical, educational, social, and/or other service. Specific assessment activities include recording the child's history, identifying the needs of the child, completing related documentation (*i.e.* other agency forms, schools), and gathering information from other sources such as family members, medical providers, and educators.

Care Planning — The care planning component builds on the information collected through the assessment phase. Activities include ensuring active participation of the eligible child, and working with the child and others to develop goals and identifying a course of action to respond to the assessed needs. The goals and objectives in the care plan should address medical, social, educational, and other services needed by the Medicaid child.

Referral and Linkage — The referral and linkage component includes activities that help connect eligible children with medical, social, and educational providers and/or other programs that are capable of providing the assessed, needed services. For example, making referrals to providers for the needed services and scheduling appointments may be considered Targeted Case Management.

Monitoring/Follow-up — The monitoring/follow-up component includes contact activities necessary to ensure that the care plan is effectively implemented in a way that addresses the needs of the eligible child. The activities and contacts may be with the eligible child, his or her family members, outside service providers, and other entities.

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PROGRAM DESCRIPTION

Targeted Case Management TCM (Cont'd.)

Activities may be as frequent as necessary to help determine whether services are furnished in accordance with the child's care plan, the adequacy of the services in the care plan, and changes in the needs and/or status of the child. This component includes making the necessary adjustments in the care plan and the service arrangements with outside providers.

Targeted Case Management services assure timely access to a full array of needed community services and programs that can best meet the individual needs of the child.

Program Staff

Program staff rendering TCM services shall coordinate with multiple agencies to provide the services required to meet the eligible child's needs, provide parental support, and attend staff meetings with other organizations on behalf of the child at the parent's request. The case manager provides assistance with crisis intervention and/or emergency planning, arranges appointments at the parents' or caregiver's request, and monitors access to healthcare providers as necessary.

The case manager coordinates transitions to and from other services (*e.g.*, between Early Intervention services and public school, Head Start, Early Head Start, and childcare in the community) and establishes a formal transition process to the community programs selected by the parents when the child is 30 months old. The case manager will conduct a transition conference at least 90 days prior to the child's third birthday for the purpose of developing a transition plan that is incorporated into the Service Plan/ Individualized Family Service Plan (see **Service Plan/ Individualized Family Service Plan** later in this section).

The family shall, at all times, remain free to choose any Medicaid-enrolled provider. At no time shall the case manager limit the family's choices of a primary care physician, other medical care providers, or case managers.

SECTION 2 POLICIES AND PROCEDURES**PROGRAM DESCRIPTION****Case Management/
Concurrent Service****T1016**

Concurrent Case management is provided to the eligible child with complex social and/or medical problems that requires assistance from more than one case management provider or agency. Concurrent care shall be rendered to a child by another provider that has been designated the primary case manager. The concurrent care provider will provide different and distinctive types of services from the primary case manager. The concurrent care provider must notify the primary case manager in a timely manner regarding the following:

- Changes in the child and/or family situation
- Needs, problems, or progress
- Required referrals
- Program planning meetings

**Sign Language/ Oral
Interpreter Service****T1013**

Sign Language or Oral Interpreter Service uses a system of manual, facial, or other body movements (*i.e.*, hand signs) as a means of communicating with people who are hearing impaired. The child and his or her family members shall receive training in the use of expressive and receptive sign language techniques.

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PROGRAM REQUIREMENTS

CLINICAL RECORDS

Early Intervention service providers must maintain and allow appropriate access to clinical records that fully disclose the extent of services provided to the eligible child. The clinical record must contain documentation sufficient to justify Medicaid reimbursement. Clinical records found to be incomplete or incorrect will result in recoupment of previous payments by SCDHHS. It is essential that internal record reviews be conducted to ensure that services are medically necessary and that the service delivery, documentation, and billing comply with Medicaid policies and procedures.

Providers are required to maintain a clinical record on each eligible child and include documentation of all Medicaid-reimbursable services. Clinical records must be current, meet documentation requirements, and provide a clear descriptive narrative of the services provided, as well as progress toward treatment goals. The information in the clinical service notes must be clearly linked to the goals and objectives listed on the SP/IFSP. Clinical records shall be arranged in a logical order so that clinical information can be easily reviewed, copied, and audited.

Each clinical record must include the following:

- Signed Release and Confidentiality forms
- Referral sources
- Current SP or IFSP signed/titled and dated
- Test results and evaluation reports
- Clinical service notes signed/titled and dated
- A signature sheet that identifies all staff by names, signatures, and initials

Service Plan/ Individualized Family Service Plan

Each eligible child receiving Early Intervention services must have a Service Plan/ Individualized Family Service Plan. The SP/IFSP validates the necessity and the appropriateness of the services. The SP/IFSP is developed by the multidisciplinary team that outlines the strengths and needs of the child and his or her family. The

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PROGRAM DESCRIPTION

Service Plan)/ Individualized Family Service Plan (Cont'd.)

multidisciplinary team is composed of the family, the early interventionist, and professionals who interact with the family of the child. The team participates in the annual revision and review of the IFSP and meets at locations and times convenient for the family. The family has the right to approve or disapprove the composition of the team.

The SP/IFSP includes, but is not limited to the following:

- The child's identifying information
- An outline to address the assessed needs of the child
- The current health and development status
- The child's assessment and evaluation results
- The goals and objectives
- The frequency and duration of services and activities outlined
- The schedule of reviews and annual redevelopment

The SP/IFSP shall be developed within 45 days of the initial visit and must be signed/titled and dated by the multidisciplinary team members including the parent and/or caregiver.

Clinical Service Notes

Early Intervention services must be documented in a clinical service note to be reimbursed by Medicaid. A clinical service note is a written summary of each service or activity provided to or on the behalf of the eligible child. The clinical service note must be clear and reflects the goals and objectives listed in the SP/IFSP. In the event that services are discontinued, the provider must indicate the reason on the clinical service note for discontinuing the service.

Clinical service notes must:

- Provide a pertinent clinical description of the activities that took place during the session, including an indication of the child's response as related to the goals and objectives listed in the SP/IFSP
- Reflect delivery of a specific billable service
- Document that the services rendered correspond to billing as to the date of service, the type of service

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PROGRAM DESCRIPTION

Clinical Service Notes (Cont'd.)

rendered, and the length of time of the service delivery

- Document the participation of family members and/or caregivers

All clinical service notes entries made by staff who require supervision must be co-signed by the supervisor (unless otherwise indicated for a specific Medicaid reimbursement service).

Maintenance of Clinical Records

The maintenance of adequate clinical records is regarded as essential for the delivery of appropriate and quality services. Clinical records require the following maintenance procedures:

- Each entry must be individualized and patient-specific.
- Each entry must stand on its own and may not include arrows, ditto marks, “same as above,” etc.
- All entries must be made by the provider delivering the service and shall be accurate, complete, and recorded immediately.
- All entries must be typed or legibly handwritten in dark ink. All copies must be legible and in chronological order. Photocopies are acceptable, if completely legible. Originals must be available if needed.
- All entries must be dated with month, day, and year and legibly signed by the provider of the service, with their professional title.
- Late entries (entries to provide additional documentation to supplement entries previously written) may be necessary at times to handle omissions in the documentation. Late entries should be rarely used, and then only used to correct a genuine error of omission or to add new information that was not discovered until a later date. Whenever late entries are made, providers shall adhere to the following guidelines:
 - Identify the new entry as a “late entry”
 - Enter the current date and time.
 - Identify or refer to the date and incident for which the late entry is written.

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PROGRAM DESCRIPTION

Maintenance of Clinical Records (Cont'd.)

- o Validate the source of additional information as much as possible.
- o Document all information as soon as possible.

All clinical service notes must include a narrative summary that supports the units billed. Clinical service notes must be placed in the record within seven calendar days from the date the service is rendered.

Error Correction Procedures

Clinical records are legal documents. Extreme caution should be used when altering any part of the record. Appropriate procedures for correcting errors in the clinical records are as follow:

- If an entry contains an error, clearly draw one line through the error, write “error” to the side in parentheses, enter the correction, and add signature/initials and date next to the correction. Errors in documentation should never be totally marked through, as information in error must remain legible.
- If an explanation is necessary to clarify the correction, one should be provided. In extreme circumstances, a correction and/or explanation may require a witnessed signature.
- Correction fluid, tape, or erasable ink must never be used.

QUALITY ASSURANCE

Medicaid requires providers to submit an annual evaluation report of their Medicaid programs. Providers must submit an annual report to SCDHHS no later than 60 days following the end of the fiscal year. The annual report should include the following:

- A detailed description of the program’s stated goals, and objectives
- Outcomes based on identified needs
- A summary of the consumer satisfaction surveys
- Evidence of the program’s compliance with the SP/IFSP/training timelines and procedures
- Evidence of compliance with the staff qualifications and the program guidelines under Medicaid policies and procedures

SECTION 2 POLICIES AND PROCEDURES

PROGRAM DESCRIPTION

QUALITY ASSURANCE (CONT'D.)

- Corrective action plans for compliance deficiencies

Results of the evaluations, including the corrective action plans will be used to review policies and practices and to institute changes when indicated.

Evaluations should be forwarded to:

South Carolina Department of Health and Human
Services
Division of Family Services
Program Manager Early Intervention Policy
Post Office Box 8206
Columbia, SC 29202-8206

PROCEDURAL AND DIAGNOSIS CODING

In 1996, the Centers for Medicare and Medicaid Services (CMS) implemented the National Correct Coding Initiative (CCI) to control improper coding that leads to inappropriate increased payment for health care services. The South Carolina Medicaid Program utilizes Medicare reimbursement principles. Therefore, the agency will use CCI edits to evaluate billing of Current Procedural Terminology (CTP) codes and Healthcare Common Procedure Coding System (HCPCS) codes by Medicaid providers in post-payment review of providers' records. For assistance in billing, providers may access the CCI Edit information online at the CMS Web site, <http://www.cms.hhs.gov>.

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NON-COVERED SERVICES

The following are NOT Medicaid reimbursable services:

1. Transporting a child and his/her family. **Exception:** The early interventionist is a passenger and the time spent during the transport reflects a billable service, such as role playing with the parent for the tasks ahead, or instructing the parent regarding issues with the child. This billable time must be documented and billed accordingly.
2. Traveling to and from the various locations where services are rendered
3. Copying, filing, mailing reports, and other administrative duties
4. Time spent writing clinical service notes
5. Time spent attending provider, regional, and/or central office training or other agency training
6. Developing and/or mailing form letters that do not substantiate a billable activity specific to the child and/or reflective of a child's need
7. Telephone calls, home visits, and/or other attempted face-to-face contacts; contacts with institutionalized individuals, (*i.e.*, individuals in rehabilitation centers, nursing homes, hospitals, and correctional facilities.). **Exception:** Time spent with a child and his/her parent while the child is hospitalized in a medical (nonpsychiatric) hospital may be billed if the time is spent working on issues, such as developing objectives for the SP/IFSP.
8. Re-examining records (record reviews) for the purposes of familiarization
9. Participating in recreational, leisure, or social activities with a child just for social reasons unrelated to an SP/IFSP goal
10. Participating in group activities
11. Submitting changes to any beneficiary information system, data tracking system, or review of

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NON-COVERED SERVICES

NON-COVERED SERVICES (CONT'D.)

- documents regarding such systems
12. Observing a child. **Exception:** Observation for an assessment and plan development purposes
 13. Providing emotional support. **Exception:** Providing information in a crisis situation
 14. Participating in court issues
 15. Billing for services after the SP/IFSP expires
 16. Billing for services if the provider has not completed all credential requirements within the specified time period
 17. When the child resides in a nursing home, a correctional facility, or an intermediate care facility