



Iowa Department of Human Services

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INFANTS AND TODDLERS PROGRAM MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **INFANTS AND TODDLERS PROGRAM MANUAL**, Chapter III, *Provider-Specific Policies*, Contents (page 2), revised; and pages 1, 27, 30, 36, 38, 47, and 48, revised.

Summary

The **INFANTS AND TODDLERS PROGRAM MANUAL** is revised to:

- ◆ Align with current policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

Date Effective

Immediately.

Material Superseded

This material replaces the following pages from the **INFANTS AND TODDLERS PROGRAM MANUAL**:

| <u>Page</u> | <u>Date</u> |
|---------------------------|---------------|
| Chapter III | |
| Contents (page 2) | April 1, 2014 |
| 1, 27, 30, 36, 38, 47, 48 | April 1, 2014 |

Additional Information

The updated provider manual containing the revised pages can be found at:
<http://dhs.iowa.gov/sites/default/files/InfTodd.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



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CHAPTER III. PROVIDER-SPECIFIC POLICIES

A. CONDITIONS OF PARTICIPATION

An infant and toddler program is eligible to participate in the Medicaid program when it is an agency in good standing under the Infants and Toddlers with Disabilities Program under Subchapter III of the federal Individuals with Disabilities Education Act. In Iowa, this program is known as "Early ACCESS."

The provider must agree to remit an amount equal to the non-federal share of the Medicaid payment to the Department of Human Services.

1. Personnel

Services shall be provided by personnel who meet the applicable professional licensure requirements.

Local education agency and area education agency providers must meet the licensure requirement for the Department of Education rule 281 Iowa Administrative Code (IAC) 41.401(256B,34CFR300) and 281 IAC 120.119(34CFR303), to the extent that their certification or license allows them to provide these services.

2. Treatment Plan Requirements

All services must be specific to a Medicaid-eligible child who:

- ◆ Is less than 36 months of age.
- ◆ Has a developmental delay or has an established condition that could result in a developmental delay later.
- ◆ Has an Individual Family Service Plan (IFSP) developed by the service coordinator, pursuant to Department of Education rule 281 Iowa Administrative Code (IAC) 41.401(256B,34CFR300) and 281 IAC 120.119(34CFR303), or is being assessed for eligibility for Early ACCESS services.

Early ACCESS services provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting where children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

The IFSP must indicate measurable goals and outcomes and the type and frequency of services provided.



Only the actual time spent providing service by the physical therapist or physical therapy assistant under the supervision of a physical therapist, is considered therapy. Activities or follow-through performed by others cannot be called physical therapy.

(3) Consultative Service Model

In the consultative service model, the physical therapist participates in collaborative consultation with the teacher, other staff, parents, and when appropriate, the student regarding child or student-specific issues as identified in the IFSP outcomes.

Physical therapy appears as a primary service on the IFSP and is associated with a specific treatment plan goal or objective, although the physical therapist is not the primary individual responsible for carrying out these activities.

The physical therapist's unique expertise is often needed for staff and parent training related to the IFSP outcome. The physical therapist's input is typically needed to determine:

- ◆ Appropriate expectations
- ◆ Environmental modifications
- ◆ Assistive technology
- ◆ Possible learning strategies

The intervention activities, which are delegated to others, do not require the therapist's expertise and should not be identified as physical therapy.

d. Direct Physical Therapy Service in a Group

Direct physical therapy to a group includes the same models as described under [Direct Physical Therapy to an Individual](#), but only when in or linked to a child's IFSP.

e. Contracted Physical Therapy Services

Contracted physical therapy services include screening, assessment, and therapy services which are rendered by a qualified practitioner who is a contractor, rather than an employee, of the provider. The requirements for documentation, records maintenance, and medical necessity remain unchanged.



A *Functional Behavioral Assessment*, *Behavioral Intervention Plan*, and behavioral service must appear on the IFSP. Since the therapist is not the primary person responsible for carrying out the interventions, at least one other person is also linked to the outcome or goal. The time the therapist will spend in collaborative consultation shall appear on the IFSP.

f. Contracted Psychological Services

Contracted psychological services include individual psychological assessment and direct psychological services to an individual or in a group that are rendered by a qualified practitioner who is a contractor, rather than an employee, of the provider. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

11. Service Coordination

Payment will be made for medically necessary assistance and services provided by a service coordinator/case manager to a child receiving infant and toddler services and the child's family.

The coordinator serves as the single point of contact in assisting parents to obtain the services and assistance needed. The service coordinator assists the child and family to receive the rights, procedural safeguards, and services that are authorized to be provided under the infant and toddler program.

Service coordination assists children in gaining access to needed medical, social, educational, and other services. The service is intended to address the complexities of coordinated service delivery for children with medical, developmental, or psychosocial needs. The service coordinator should be the focus for coordinating and overseeing the effectiveness of all providers and programs in responding to the assessed need.

The service coordinator is responsible for:

- ◆ Explaining the infants and toddlers with disabilities program.
- ◆ Coordinating all services across agency lines.
- ◆ Identifying the family concerns related to the child's needs.
- ◆ Coordinating the performance of evaluations and assessments.
- ◆ Participating in Early Access data collection activities.



12. Social Work Services

Social work services include assessment, diagnosis, and treatment services including, but not limited to:

- ◆ Administering and interpreting clinical assessment instruments.
- ◆ Completing a psychosocial history.
- ◆ Obtaining, integrating, and interpreting information about child behavior.
- ◆ Planning and managing a program of therapy or intervention services.
- ◆ Providing individual, group, or family counseling.
- ◆ Providing emergency or crisis intervention services.
- ◆ Providing consultation services to assist other service providers or family members in understanding how they may interact with a child in a therapeutically beneficial manner.

Medicaid covers the following services when they are in the child's IFSP or are linked to a service in the IFSP:

- ◆ [Social work screening](#)
- ◆ [Social work assessment](#)
- ◆ [Direct services to an individual](#)
- ◆ [Direct services in a group](#)
- ◆ [Contracted social work service](#)

For services to be covered, they must be provided by a certified school or licensed social worker.

a. Social Work Screening

Screening is the process of surveying a person through observation or group testing in order to verify problems and determine if further assessment is needed.

Document referrals for evaluation or treatment services identified through the screening.

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d. Direct Services in a Group

Services to a group include the following therapeutic services:

- ◆ **Group therapy.** This service is designed to enhance socialization skills, peer interaction, and expression of feelings.
- ◆ **Family therapy.** This service consists of sessions with one or more family members, for the purposes of effecting changes within the family structure, communication, and clarification of roles.

Early ACCESS service provided to a specific child must be provided in that child's "natural environment" unless the child's goals and outcomes cannot be met in "the home or community setting when children of the same age without disabilities participate." A justification statement must be included on the IFSP if service is provided in another setting.

e. Contracted Social Work Service

Contracted services include clinical assessment and services to an individual or in a group that are rendered by a qualified practitioner who is a contractor, rather than an employee, of the agency. The requirements for documentation, records maintenance, and medical necessity remain unchanged.

13. Speech-Language Therapy

The following speech-language services are covered when they are in the IFSP or are linked to a service in the IFSP:

- ◆ [Speech-language screening](#)
- ◆ [Individual speech-language assessment](#)
- ◆ [Speech-language services to an individual](#)
- ◆ [Speech-language service in a group](#)
- ◆ [Contracted speech-language services](#)

To be covered, services must be provided by either:

- ◆ A licensed speech-language pathologist, or
- ◆ A speech pathology assistant who is supervised by a licensed speech-language pathologist.



E. PROCEDURE CODES AND NOMENCLATURE

Medicaid recognizes Medicare's National Level II Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. However, not all HCPCS and CPT codes are covered.

Providers who do not have Internet access can obtain a copy of the provider-specific fee schedule upon request from the IME or Iowa Department of Education.

It is the provider's responsibility to select the procedure code that best describes the item dispensed. A claim submitted without a procedure code and a corresponding diagnosis code will be denied.

Important Information Regarding Modifiers

In certain instances, two-digit modifiers are applicable. They should be placed after the five-position procedure code. Possible modifiers are shown below:

| <u>Modifier</u> | <u>Definition</u> |
|------------------------|--|
| AH | Clinical psychologist |
| AJ | Social worker |
| GN | Speech pathologist |
| GO | Occupational therapist |
| GP | Physical therapist |
| HQ | Group setting |
| TD | RN |
| TE | LPN |
| TL | Early intervention contracted services |
| U9 | Other health associate |
| UA | Audiologist |



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F. BILLING POLICIES AND CLAIM FORM INSTRUCTIONS

Claims for the Infant and Toddler Program are billed on federal form CMS-1500, *Health Insurance Claim Form*.

Click [here](#) to view a sample of the CMS-1500.

Click [here](#) to view billing instructions for the CMS-1500.

Refer to [Chapter IV. Billing Iowa Medicaid](#) for claim form instructions, all billing procedures, and a guide to reading the Iowa Medicaid Remittance Advice statement.

The Billing Manual can be located online at:
<http://dhs.iowa.gov/sites/default/files/All-IV.pdf>