WAIVER FOR REIMBURSEMENT



**GUIDANCE DOCUMENT**

**Early Intensive Behavioral Intervention (EIBI)**

The following document is intended to provide guidance to Early Intensive Behavioral Intervention (EIBI) programs requesting a waiver for reimbursement for billing for services provided outside of the DPH Early Intervention Operational Standards and Reimbursement Policy Manual.

**PURPOSE:**

This waiver is designed to help children diagnosed with autism spectrum disorder (ASD) access medically necessary services designed to remediate the symptoms of autism when their access to care is delayed for distinct extraordinary conditions.

**RATIONALE:**

Toddlers diagnosed with autism spectrum disorder should receive early intensive behavioral intervention as soon as possible to produce the best possible outcomes (e.g., Sallows & Graupner, 2005; Smith, Lovaas, 1987; McEachin, & Lovaas, 1993; Anderson, Avery, DiPietro, Edwards, & Christian, 1987).

**WHEN TO REQUEST A WAIVER FOR REIMBURSEMENT:**

If EIBI programs have a rare and extraordinary clinical circumstance in which they feel that EIBI services cannot follow the EI/EIBI Reimbursement Policy Manual, then they can submit a waiver for reimbursement of those services. Waivers for Reimbursement must be individualized and based on the functional outcomes the family has identified to achieve through the child’s experience within early intervention. Each request needs to be made on an individual basis for a child who has a ***distinct extraordinary circumstance*** that requires a service that exceeds the EIBI Reimbursement Requirements***.*** These should be ***rare*** occurrences, based on the needs of the child and family. The only waiver available to EIBI providers is the “Provide Service before Prior Authorization” waiver.

**PREQUISITES:**

The following circumstances must be in place when making this waiver request:

* The family has chosen an EIBI program to provide services to their child and family.
* The EIBI program has submitted the prior authorization request to the insurance company in accordance with the insurers policies.
* 14 calendar days have passed without prior authorization being approved.
* The provider has made good faith attempt to remedy the delay
* The EIBI provider is ready to begin service delivery and the only delay is the absence of the insurance authorization.

**REMINDERS:**

* Requests cannot be backdated.
* Waiver requests are submitted on a quarterly basis for an enrollment.

**HOW TO REQUEST A WAIVER FOR REIMBURSEMENT:**

Requests for prior authorization waivers will be made through the DPH Early Intervention Client System (EICS) as an Ad Hoc Task. Once completed, the form is submitted directly to DPH through EICS for review. When the request has been reviewed by DPH, it will be listed as Approved or Denied in the dashboard. Please note, waiver review can take up to 14 calendar days.

**CURRENT WAIVERS FOR REIMBURSEMENT:**

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| **REQUEST FOR REIMBURSEMENT** | **ALLOWED BILLING ALLOTMENT** | **APPROVAL & DENIAL CRITERIA** |
| Provide Service Before Prior Authorization Waiver | Prior Authorization (PA) from the insurance company (if required) must be obtained for EIBI services to begin.  EIBI services cannot exceed a maximum of 30 hours per week.  Maximum hours of service per week: 30 hours   * Includes combination of all treatment services: assessment, treatment planning, supervision, parent training, and direct instruction.   (DPH EI Reimbursement 837 Manual, p. 30) | A request may be approved if ALL the following criteria are met:   1. Child has insurance that covers EIBI services. 2. Request is submitted and at least two weeks has elapsed since the prior authorization request was submitted to the insurance provider in accordance with the insurers policies. 3. The requested start date is on or after date of waiver submission. *Please note actual start date will be date of waiver approval.* 4. The requested end date is less than 90 days from the requested start date. 5. The requested total hours across all service codes does not exceed 30 hours per week (or 360 hours per quarter). 6. The request includes documentation of the extraordinary circumstance and steps provider has taken to resolve it.   A Request MUST be denied if ANY of the following criteria are met:   1. Child does not have a definitive diagnosis of autism spectrum disorder (ASD). 2. Parent/Guardian has not provided consent for EIBI services. 3. Child is uninsured (waiver not necessary, follow process for uninsured). 4. Child does not have insurance that covers EIBI service (waiver not necessary in these cases, follow process for EIBI not covered). 5. Requested start date is before the waiver submission date. 6. The provider has not submitted for prior authorization or has deviated from insurers policies. 7. Request is more than 30 service hours per week (or 360 hours per quarter). |

Please note these activities should only occur under distinct extraordinary circumstances. The Massachusetts Department of Public Health retains authority to allow or deny the request. DPH will monitor program practice.