***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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MassHealth

Managed Care Entity Bulletin 24

April 2020

**TO**: Accountable Care Partnership Plans, Managed Care Organizations Participating in MassHealth, and the MassHealth Behavioral Health Vendor

**FROM**: Amanda Cassel Kraft, Acting Medicaid Director [Signature of Amanda Cassel Kraft]

**RE: Temporary Rate Increases ​Due to COVID-19 National Emergency**

# Background

MassHealth’s mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members. MassHealth partners with a wide variety of service providers, including vital safety net providers, in order to offer its members access.

In light of the state of emergency declared in the Commonwealth due to the 2019 novel Coronavirus (COVID-19) outbreak, MassHealth is disbursing critical stabilization funding to support health care providers impacted by and responding to COVID-19. These providers are on the front lines of caring for MassHealth members. MassHealth has temporarily increased fee-for-service rates for impacted providers as part of the stabilization efforts. Additionally, through this bulletin, MassHealth is directing Managed Care Organizations (MCOs), Accountable Care Partnership Plans (ACPPs), and the MassHealth Behavioral Health Vendor (referred to here collectively as “managed care plans”) to institute temporary rate increases as set forth in this bulletin. These directed payments will ensure that providers receive this crucial stabilization funding for serving members enrolled in managed care. MassHealth will update the managed care plans’ capitation payment rates to support the increased provider rates in the coming weeks.

MassHealth anticipates providing additional guidance regarding more financial stabilization funding through the managed care plans in the coming week.

**Temporary Rate Increases**

MassHealth is directing managed care plans to increase payment rates temporarily to providers of the services specified in the table below. The rate increases apply to services delivered in-person and via telehealth, as applicable. The managed care plan must apply the percentage increases indicated in the table to the plan’s current contracted rates with providers, regardless of whether those rates are the same as the MassHealth fee-for-service rates. For any service already subject to a directed payment requirement, the managed care plan shall apply the rate increases set forth below to the directed payment amount set forth in the managed care plan’s contract.

If a managed care plan has sub-capitated or Alternative Payment Methodology (APM) arrangements with providers, the sub-capitated or APM payments to providers should be increased by the equivalent of the rate increases that would be required for fee for service payments.

## Plans will not subject the required rate increases to any withhold arrangement with providers; the plans will ensure that providers receive the full rate increases in payments made for the services listed in the table below. MassHealth will amend the plans’ contracts to reflect these rate increase requirements in the coming weeks.

## Rate Increases by Service

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Covered Service** | **Increase** | **Rate Increase Effective Date** | **Rate Increase End Date** | **ACPP/**  **MCO** | **MBHP** |
| **Acute Hospital services - DRG specific** (See Appendix A for the specific DRGs subject to the rate increase)\*^ | 20% increase to weights for those DRGs | 3/10/2020 | 7/31/20 |  |  |
| **Acute Hospital services -** (inpatient and outpatient)\*^ | 7.5% for base rates for inpatient (including capital operating standard) and outpatient | 4/1/2020 | 7/31/20 |  |  |
| **Ambulance services** (See Appendix B for the codes subject to the rate increase) | 50% rate increase | 4/1/2020 | 7/31/20 |  |  |
| **Home Health services** (See Appendix C for the codes subject to the rate increase) | 10% rate increase | 4/1/2020 | 7/31/20 |  |  |
| **Physician services** (See Appendix D for the codes subject to the rate increase) | 15% rate increase | 4/1/2020 | 7/31/20 |  |  |
| **Diversionary and Outpatient Behavioral Health services**  **(**See Appendix E for the codes subject to the rate increase) | 10% rate increase | 4/1/2020 | 7/31/20 |  |  |
| **Early Intervention services** (See Appendix F for the codes subject to the rate increase) | 10% rate increase | 4/1/2020 | 7/31/20 |  |  |

\* The “Acute Hospital - DRG Specific services” and “Acute Hospital (inpatient and outpatient) services” rate increases apply to all acute hospitals, including pediatric hospitals, hospitals with pediatric specialty units and specialty cancer hospitals.  The rate increases included in this bulletin do not change the requirements found in Section 2.7.D.6 of the ACPP and MCO contracts related to payment rates for hospitals.

^ For clarity, the “Acute Hospital - DRG Specific services” and “Acute Hospital (inpatient and outpatient) services” rate increases may apply multiplicatively to payment (e.g., for inpatient discharges with DRGs in Appendix A, where the base rate increases by 7.5% and the weight by 20%).

**Additional Requirements for Temporary Rate Increases**

### Plans must implement these rate increases and begin disbursing funds to providers by April 30, 2020. Managed care plans must pay the increased rate for services delivered on or after the rate increase effective date in the table above, including claims submitted prior to the effective date of this bulletin. All rate increases are effective through July 31, 2020.

### All encounter file claim paid amounts with dates of service between the rate increase effective date and the rate increase end date must reflect the specified rate increases no later than June 1, 2020.

### Managed care plans shall certify on a monthly basis in a form and format specified by MassHealth to compliance with the rate increase requirements described in this bulletin. Such certification shall include certification that the plan has made timely payments which include these required increases, with no offsets to provider payments through withholds, sub-capitated payment arrangements or other APMs.

# MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

To sign up to receive email alerts when MassHealth issues new bulletins and transmittal letters, send a blank email to [join-masshealth-provider-pubs@listserv.state.ma.us](Mailto:join-masshealth-provider-pubs@listserv.state.ma.us). No text in the body or subject line is needed.

# Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988‑8974.

# Appendix A: Acute Hospital Service DRGs

| **DRG and SOI** | **DRG Description** | |
| --- | --- | --- |
| 4-1 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE | |
| 4-2 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE | |
| 4-3 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE | |
| 4-4 | TRACHEOSTOMY W MV 96+ HOURS W EXTENSIVE PROCEDURE | |
| 5-1 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | |
| 5-2 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | |
| 5-3 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | |
| 5-4 | TRACHEOSTOMY W MV 96+ HOURS W/O EXTENSIVE PROCEDURE | |
| 113-1 | INFECTIONS OF UPPER RESPIRATORY TRACT | |
| 113-2 | INFECTIONS OF UPPER RESPIRATORY TRACT | |
| 113-3 | INFECTIONS OF UPPER RESPIRATORY TRACT | |
| 113-4 | INFECTIONS OF UPPER RESPIRATORY TRACT | |
| 120-1 | MAJOR RESPIRATORY & CHEST PROCEDURES | |
| 120-2 | MAJOR RESPIRATORY & CHEST PROCEDURES | |
| 120-3 | MAJOR RESPIRATORY & CHEST PROCEDURES | |
| 120-4 | MAJOR RESPIRATORY & CHEST PROCEDURES | |
| 121-1 | OTHER RESPIRATORY & CHEST PROCEDURES | |
| 121-2 | OTHER RESPIRATORY & CHEST PROCEDURES | |
| 121-3 | OTHER RESPIRATORY & CHEST PROCEDURES | |
| 121-4 | OTHER RESPIRATORY & CHEST PROCEDURES | |
| 130-1 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | |
| 130-2 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | |
| 130-3 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | |
| 130-4 | RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS | |
| 131-1 | CYSTIC FIBROSIS - PULMONARY DISEASE | |
| 131-2 | CYSTIC FIBROSIS - PULMONARY DISEASE | |
| 131-3 | CYSTIC FIBROSIS - PULMONARY DISEASE | |
| 131-4 | CYSTIC FIBROSIS - PULMONARY DISEASE | |
| 133-1 | RESPIRATORY FAILURE | |
| 133-2 | RESPIRATORY FAILURE | |
| 133-3 | RESPIRATORY FAILURE | |
| 133-4 | RESPIRATORY FAILURE | |
| 134-1 | PULMONARY EMBOLISM | |
| 134-2 | PULMONARY EMBOLISM | |
| 134-3 | PULMONARY EMBOLISM | |
| 134-4 | PULMONARY EMBOLISM | |
| 136-1 | | RESPIRATORY MALIGNANCY |
| 136-2 | | RESPIRATORY MALIGNANCY |
| 136-3 | | RESPIRATORY MALIGNANCY |
| 136-4 | | RESPIRATORY MALIGNANCY |
| 137-1 | | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-2 | | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-3 | | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 137-4 | | MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS |
| 138-1 | | BRONCHIOLITIS & RSV PNEUMONIA |
| 138-2 | | BRONCHIOLITIS & RSV PNEUMONIA |
| 138-3 | | BRONCHIOLITIS & RSV PNEUMONIA |
| 138-4 | | BRONCHIOLITIS & RSV PNEUMONIA |
| 139-1 | | OTHER PNEUMONIA |
| 139-2 | | OTHER PNEUMONIA |
| 139-3 | | OTHER PNEUMONIA |
| 139-4 | | OTHER PNEUMONIA |
| 140-1 | | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 140-2 | | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 140-3 | | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 140-4 | | CHRONIC OBSTRUCTIVE PULMONARY DISEASE |
| 141-1 | | ASTHMA |
| 141-2 | | ASTHMA |
| 141-3 | | ASTHMA |
| 141-4 | | ASTHMA |
| 142-1 | | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 142-2 | | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 142-3 | | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 142-4 | | INTERSTITIAL & ALVEOLAR LUNG DISEASES |
| 143-1 | | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 143-2 | | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 143-3 | | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 143-4 | | OTHER RESPIRATORY DIAGNOSES EXCEPT SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 144-1 | | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 144-2 | | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 144-3 | | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 144-4 | | RESPIRATORY SIGNS, SYMPTOMS & MINOR DIAGNOSES |
| 145-1 | | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 145-2 | | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 145-3 | | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 145-4 | | ACUTE BRONCHITIS AND RELATED SYMPTOMS |
| 720-1 | | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-2 | | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-3 | | SEPTICEMIA & DISSEMINATED INFECTIONS |
| 720-4 | | SEPTICEMIA & DISSEMINATED INFECTIONS |

# Appendix B: Codes for Certain Ambulance Services

|  |  |
| --- | --- |
| **Code** | **Description** |
| A0425 | Ground mileage (per statute mile) (Loaded Mileage) |
| A0426 | Ambulance service, Advanced Life Support, non-emergency, level 1 (ALS 1) |
| A0427 | Ambulance service, Advanced Life Support, emergency, level 1 (ALS 1 - Emergency) |
| A0428 | Ambulance service, Basic Life Support, non-emergency (BLS) |
| A0429 | Ambulance service, Basic Life Support, emergency (BLS-Emergency) |
| A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) |
| A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) |
| A0433 | Advanced Life Support, Level 2 (ALS 2) |
| A0434 | Ambulance service Specialty Care Transport (SCT) |
| A0998 | Ambulance response and treatment; no transport (Used for medically necessary visits to patients to obtain and transport specimens for COVID-19 diagnostic testing) |

# Appendix C: Codes for Home Health Services

|  |  |  |
| --- | --- | --- |
| **Code** | **Modifier** | **Service Description** |
| G0299 |  | Services of an RN in home health setting (one through 30 calendar days) |
| G0299 | UD | Services of an RN in home health setting (31+ calendar days) |
| G0299 | XX | Nursing care visit for temporary emergency PCA services |
| G0300 |  | Services of an LPN in home health setting (one through 30 calendar days) |
| G0300 | UD | Services of an LPN in home health setting (31+ calendar days) |
| G0300 | XX | Nursing care visit for temporary emergency PCA services |
| G0493 |  | Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition (PA required prior to start of care) |
| T1502 |  | Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.) |
| T1503 |  | Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.) |
| G0156 |  | Services of Home Health Aide in the home health setting |
| G0156 | UD | Services of home health aide in the home health setting (ADL support) (15 minute units) (PA required prior to start of care) |
| G0151 |  | Services of Physical Therapist in the home health setting |
| G0152 |  | Services of Occupational Therapist in the home health setting |
| G0153 |  | Services of Speech-Language Pathologist in the home health setting |
| 99509 |  | Home health aide visit for temporary emergency PCA services |

# Appendix D: Codes for Certain Physician Services

**Surgery and Anesthesia**

00170

00731

00790

00840

01961

01967

17110

20610

31231

43239

45380

45385

47562

59400

59409

59410

59426

59510

59514

66984

88305

88307

**Medicine**

95810

95951

96110

98941

99202

99203

99204

99205

99212

99213

99214

99215

99217

99219

99220

99221

99222

99223

99231

99232

99233

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99348

99349

99350

99381

99385

99391

99392

99393

99394

99395

99396

99460

99462

99468

99469

99472

99479

99480

**Radiology**

70450

70551

70553

71045

71046

71260

72148

73721

74176

74177

76801

76811

76816

76817

76819

76830

76856

77067

78815

# Appendix E: Codes for Certain Diversionary and Outpatient Behavioral Health Services

| **Service** | **Code** | | **Description** | |
| --- | --- | --- | --- | --- |
| Applied Behavior Analysis | H2019-U2 | | Therapeutic behavioral services, per 15 minutes (Direct instruction by a paraprofessional working under the supervision of a licensed professional.) | |
| Applied Behavior Analysis | H2012-U2 | | Behavioral health day treatment, per hour (Direct instruction by a licensed professional/parent training for home services by a licensed professional.) | |
| Applied Behavior Analysis | H0031-U2 | | Mental health assessment, by nonprofessional (Assessment and case planning for home services by a licensed professional. 15-minute rate.) | |
| Applied Behavior Analysis | H0032-U2 | | Mental health service plan development by nonphysician (Supervision for home services by a licensed professional. 15-minute rate.) | |
| Children’s Behavioral Health Initiative | H0038 | | Self-help/peer services, per 15 minutes (parent-caregiver peer-to-peer support service provided by a family partner) | |
| Children’s Behavioral Health Initiative | H2011-HN | | Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional) | |
| Children’s Behavioral Health Initiative | H2011-HO | | Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician) | |
| Children’s Behavioral Health Initiative | H2014-HN | | Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician) | |
| Children’s Behavioral Health Initiative | H2014-HO | | Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician) | |
| Children’s Behavioral Health Initiative | H2019-HN | | Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician) | |
| Children’s Behavioral Health Initiative | H2019-HO | | Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician) | |
| Children’s Behavioral Health Initiative | T1027-EP | | Family training and counseling for child development, per 15 minutes (therapeutic mentoring service) | |
| Children’s Behavioral Health Initiative | H0023-HT | | Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day | |
| Program for Assertive Community Treatment | H0040 | | Assertive community treatment program, per diem (PACT programs with 50 slots) | |
| Program for Assertive Community Treatment | H0040 | | Assertive community treatment program, per diem (PACT programs with 80 slots) | |
| Program for Assertive Community Treatment | H0040 | | Assertive community treatment program, per diem (Forensic program) | |
| Adult Residential Rehabilitation Services | H0019 | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) | |
| Family Residential Rehabilitation Services | H0019-HR | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) | |
| Adult Residential Rehabilitation Services | | H0019 | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) | |
| Family Residential Rehabilitation Services | | H0019-HR | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) | |
| Youth Residential Rehabilitation Services | | H0019-HA | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) | |
| Transitional Age Youth and Young Adult Residential Rehabilitation Services | | H0019-HF | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (substance abuse program) | |
| Pregnant Residential Rehabilitation Services | | H0019-TH | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem | |
| Co-Occurring Enhanced Residential Rehabilitation Services | | H0019-HH | | Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem | |
| Opioid Treatment Services | | H0020 | | Alcohol and/or drug services; methadone administration and/or service (Dosing) | |
| Opioid Treatment Services | | H0020/T1006 | | Alcohol and/or drug services; methadone administration and/or service (Family/couple counseling); 1 unit = 60 minutes | |
| Opioid Treatment Services | | H0020/H0005 | | Alcohol and/or drug services; methadone administration and/or service (Group counseling); 1 unit = 60 to 90 minutes | |
| Opioid Treatment Services | | H0020 | | Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 30 minutes | |
| Opioid Treatment Services | | H0004 | | Alcohol and/or drug services; methadone administration and/or service (Individual counseling); 1 unit = 15 minutes | |
| Acute Treatment Services | | H0011\* | | Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (Medically Monitored Inpatient Detoxification Services, Facility) | |
| Clinical Stabilization Services | | H0010\* | | Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services) | |
| Psychological Testing Services | | 96116 | | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour (Doctoral level) | |
| Psychological Testing Services | | 96121 | | Each additional hour (List separately in addition to code for primary procedure) (Doctoral level) | |
| Psychological Testing Services | | 96130 | | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | |
| Psychological Testing Services | | 96131 | | Each additional hour (List separately in addition to code for primary procedure) | |
| Psychological Testing Services | | 96132 | | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour | |
| Psychological Testing Services | | 96133 | | Each additional hour (List separately in addition to code for primary procedure) | |
| Psychological Testing Services | | 96136 | | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes (Test administration and scoring by professional) | |
| Psychological Testing Services | | 96137 | | Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by professional) | |
| Psychological Testing Services | | 96138 | | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | |
| Psychological Testing Services | | 96139 | | Each additional 30 minutes (List separately in addition to code for primary procedure) (Test administration and scoring by technician) | |

\*Note: The rate increases described above apply to all code(s) used by managed care plans for this service.

# Appendix F: Codes for Early Intervention Services

|  |  |  |
| --- | --- | --- |
| **Service** | **Code** | **Description** |
| Early Intervention | H2015 | Child visit – day care |
| Early Intervention | H2015 | Child visit – hospital |
| Early Intervention | H2015 | Child visit |
| Early Intervention | T1015 | Center-based individual |
| Early Intervention | 96165-U1 | EI-only child group (15 minutes) |
| Early Intervention | 96164-U1 | EI-only child group (30 minutes) |
| Early Intervention | 96165-U2 | Community child group (15 minutes) |
| Early Intervention | 96164-U2 | Community child group (30 minutes) |
| Early Intervention | T1027 | Parent-focused group |
| Early Intervention | T1023 | Screening |
| Early Intervention | T1024 | Assessment |