

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 349.00: RATES FOR EARLY INTERVENTION PROGRAM SERVICES

Section

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349.01: General Provisions

- (1) Scope. 101 CMR 349.00 governs rates of payment to be used by all governmental units making payment to eligible providers for Early Intervention program services to publicly assisted clients. 101 CMR 349.00 does not govern the rates for specialty services, which are governed by 101 CMR 358.00: *Rates of Payment for Applied Behavior Analysis*.
- (2) Effective Date. Rates are effective for dates of service on or after the dates as listed in 101 CMR 349.04(4).
- (3) Disclaimer of Authorization of Services. 101 CMR 349.00 is not authorization for or approval of the substantive services for which rates are determined pursuant to 101 CMR 349.00. The Department of Public Health, which is designated as the lead agency, is responsible for the definition, authorization, and approval of services extended to publicly assisted clients by eligible providers.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 349.00

349.02: Definitions

As used in 101 CMR 349.00, unless the context requires otherwise, terms have the meanings in 101 CMR 349.02.

Approved Program Rates. The rates per service unit approved by EOHHS. The rates of payment that have been certified by the Commonwealth and filed with the Secretary of the Commonwealth are to be used for services governed by 101 CMR 349.00.

Assessment. A comprehensive evaluation of the child's developmental status and family situation, involving the use of a normed developmental assessment tool and measuring fine and gross motor skills, cognitive ability, communication skills, affect and temperament, self-care and feeding skills, socialization, family interactions, and social and economic support systems available to the family. An assessment is limited to ten working hours per 12-month period.

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Biological Risk. The presence of a documented history of prenatal, perinatal, neonatal, or early developmental events or conditions suggestive of damage to the central nervous system or of later atypical development.

Center-based Individual Visit. A face-to-face meeting at an Early Intervention program's site, of one client or one client's caregiver, or both, with professional staff member(s) for the purpose of furthering the client's developmental progress. Center-based individual visits must be provided for a scheduled period of time ranging from one to two hours. Center-based individual visits provided in conjunction with group services, however, may be provided for a period of time that is less than one hour.

Child Visit. A face-to-face meeting at the client's home or at an approved setting outside of the center-based site, with the client, the client's caregiver, or both, and professional staff member(s) for the purpose of furthering the client's developmental progress. A child visit must be provided for a scheduled period of time not to exceed two hours.

Client Resources. Revenue received in cash or in-kind from publicly assisted clients to defray all or a portion of the cost of program services.

Clients. Recipients of services provided by an Early Intervention program.

Co-treatment. A child visitor center-based individual visit that involves two professional staff members and the client, the client's caregiver, or both. Co-treatment sessions are billed on the basis of working hours and are limited to four working hours per session.

Community Child Group. A face-to-face meeting at a community site, as defined in 101 CMR 349.02, facilitated or co-facilitated by professional staff members and designed to further the client's developmental progress. The meeting must include both children enrolled and not enrolled in Early Intervention. Community child groups will be provided for a scheduled period of time ranging from one to 2 ½ hours, not more than two times weekly.

Community Site. Any location where all young children are welcome and typically spend time, and where services are provided in natural environments, as defined in federal law and regulation, in which children without disabilities participate. This may include, but is not limited to, child-care settings, playgrounds, libraries, and community centers.

Complete Filing. A filing of the cost report, containing no major deficiencies.

Cost Report. The document used to report cost and other financial and statistical data, the Uniform Financial Statements and Independent Auditor's Report, when required.

Early Intervention (EI) Program. A program that shows evidence of having met the Early Intervention Operational Standards of the Department of Public Health and that provides services

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such as medical, therapeutic, educational, developmental, and social services for children and their families. Services are provided to children from birth through three years old, and who are at biological, environmental, or established risk.

EI-only Child Group. A face-to-face meeting of a group of children enrolled in Early Intervention, facilitated or co-facilitated by professional staff members and designed to further the client's developmental progress. EI-only child groups will be provided for a scheduled period of time ranging from one to 2 ½ hours, not more than two times weekly.

Eligible Provider. Any partnership, corporation, trust, or other legal entity that meets the conditions established for Early Intervention programs by the Department of Public Health.

Environmental Risk. The presence of an environmental factor that may pose a serious threat to a child's development such as, but not restricted to, limited maternal and family care, inadequate health care, poor nutrition, limited opportunities for expression of adaptive behaviors, and a lack of physical and social stimulation.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Established Risk. The presence of a developmental delay or deviation of unknown etiology, or the likelihood of a developmental delay or deviation due to a diagnosed medical disorder of known etiology.

Governmental Unit. The Commonwealth, any department, agency, board, or division of the Commonwealth, and any political subdivision of the Commonwealth.

Parent-focused Group. A face-to-face meeting of a group of clients' parents and persons filling the role of parents (for example, a grandparent, foster parent, or guardian, but not a day-care worker) with professional staff members, for the purpose of support and guidance. A parent-focused group must be provided for a scheduled period of time not to exceed two hours per session and one session per week.

Professional Staff Member. Any certified Early Intervention specialist defined in M.G.L. c. 175, § 47C, and in the *Early Intervention Operational Standards* published by the Department of Public Health.

Publicly Assisted Client. A person who receives program services for which a governmental unit is responsible in whole or in part, under a statutory program of financial assistance.

Screening. An initial face-to-face meeting of a client and client's caregiver with a professional staff member to determine whether the client would be appropriately placed in two working hours.

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Specialty Services. Specialty services are a subgroup of Early Intervention services for children with a confirmed diagnosis of an autism spectrum disorder. These services are designed to meet the developmental needs of each eligible child and the needs of the family related to enhancing the child's development around the core characteristics of autism spectrum disorder, and are selected in collaboration with the family in conformity with an individualized family service plan. The services are provided by qualified personnel working in a specialty service provider program.

Specialty Services Provider. A specialty service provider serves children with conditions like autism spectrum disorder, and their families, and may be either a supervisor-level clinician with an appropriate graduate degree or a bachelor's-level clinician with at least two years of supervised experience, or a bachelor's-level associate clinician with a preferred one year of supervised experience. These providers must satisfy the certification requirements of the Department of Public Health.

Unit. Fifteen minutes of service provided to a client. In the case of a community child group, EI-only child group, and/or a parent-focused group, one unit is 15 minutes of service provided to an individual client. In the case of a child visit and/or a center-based individual visit, one unit is 15 minutes of service provided to an individual client, except for situations defined under co-treatment. In the case of a screening and/or assessment, one unit is 15 minutes of service provided by one professional staff member.

Working Hours. One hour worked on a screening, assessment, or co-treatment session by one professional staff member. For example, if three professionals work together for one hour to complete the assessment, the assessment lasts three working hours.

349.03: Filing and Reporting Requirements

- (1) Reporting for Annual Review. Unless exempted, each operating agency must, on or before the 15th day of the fifth month after the end of its fiscal year, file a
 - (a) Uniform Financial Statements and Independent Auditor's Report completed in accordance with the filing requirements of the Operational Services Division, Executive Office for Administration and Finance; and
 - (b) supplemental program questionnaire or any other data collection form if requested by EOHHS.
- (2) General Provisions.
 - (a) Accurate Data. All reports, schedules, additional information, books, and records made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the executive director or chief financial officer of the operating agency.
 - (b) Examination of Records. Each operating agency must make available all records relating to its operation and all records relating to a realty service or holding company or any entity in which there may be a common ownership or interrelated directorate upon request of EOHHS for examination.

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(c) Field Audits. EOHHS may conduct field audits. EOHHS will attempt to schedule an audit at a convenient time for both parties.

(3) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 349.03(3).

349.04: Rate Provisions

(1) Services Included in the Rate. The approved rates include payment for all care and services that are or have been customarily part of the Early Intervention program of the eligible provider, including necessary administration, supervision, travel, transportation, and support services, subject only to the terms of the purchase agreement between the eligible provider and the purchasing governmental units.

(2) Payment Terms.

(a) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by one or more purchasing governmental units for services rendered, accept the approved program rates as full payment and discharge of all obligations for the services rendered, subject only to appellate rights as set forth in M.G.L. c.118E. There must be no duplication of or supplemental payment in excess of the approved program rates from sources other than those expressly recognized or anticipated in the computation of the rates. Any client resources not expressly recognized or anticipated in the computation of the rate will reduce, by that amount, the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(b) Payment Limitations. Except as provided in 101 CMR 349.03(3), 349.04(2)(a), and 349.04(3), no purchasing governmental unit may pay less than, or more than, the approved program rate.

(3) Approved Program Rates. The rates of payment for authorized services are the lowest of the eligible provider's usual charge to the general public for Early Intervention services, the amount accepted as payment from another payer, or the rate listed in 101 CMR 349.04(3).

(a) Early Intervention Program Service Rates Effective January 1, 2020.

Service Code	Service Description	Per Unit
H2015	Child visit – day care	\$23.50
H2015	Child visit – hospital	\$23.50
H2015	Child visit	\$23.50
T1015	Center-based individual	\$19.66
96165-U1	EI-only child group (15 minutes)	\$6.85

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Service Code	Service Description	Per Unit
96164-U1	EI-only child group (30 minutes)	\$13.70
96165-U2	Community child group (15 minutes)	\$9.00
96164-U2	Community child group (30 minutes)	\$18.00
T1027	Parent-focused group	\$8.79
T1023	Screening	\$27.41
T1024	Assessment	\$31.46

(b) Early Intervention Program Service Rates Effective July 1, 2020.

Service Code	Service Description	Per Unit
H2015	Child visit – day care	\$25.28
H2015	Child visit – hospital	\$25.28
H2015	Child visit	\$25.28
T1015	Center-based individual	\$21.15
96165-U1	EI-only child group (15 minutes)	\$7.37
96164-U1	EI-only child group (30 minutes)	\$14.74
96165-U2	Community child group (15 minutes)	\$9.68
96164-U2	Community child group (30 minutes)	\$19.36
T1027	Parent-focused group	\$9.46
T1023	Screening	\$29.49
T1024	Assessment	\$ 33.84

(c) Specialty Services. For therapeutic behavioral services, refer to 101 CMR 358.00: *Rates of Payment for Applied Behavior Analysis* for the appropriate rate schedule.

349.05: Severability

The provisions of 101 CMR 349.00 are severable. If any provision of 101 CMR 349.00 or application of such provision to any operating agency or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 349.00, or application of such provisions to operating agencies or fiscal intermediaries in circumstances other than those held invalid.

Final Adoption
December 27, 2019

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REGULATORY AUTHORITY

101 CMR 349.00: M.G.L. c.118E.