WAIVER FOR REIMBURSEMENT

 **GUIDANCE DOCUMENT**

 **November 2019-New Client System**

The following document is intended to provide guidance to Early Intervention Providers requesting a waiver for reimbursement for billing for services provided outside of the DPH Early Intervention Operational Standards and the EI Reimbursement Policy Manual.

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

If EI agencies/programs have a rare and extraordinary clinical circumstance in which they feel that EI services cannot follow the EI 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 EI Reimbursement Requirements***.*** These should be ***rare*** occurrences, based on the needs of the child and family.

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

Requests for reimbursement beyond the billing allotment will be made through the DPH Early Intervention Client System (EICS) as an Ad Hoc Task. The form is intended to be completed by the service coordinator who then submits (within the Client System) to the Program Director for approval. The Program Director has the ability to adjust/make comments, ensure all required information is complete, and then chooses either to submit to DPH or return back to the Service Coordinator. When the request has been reviewed by DPH, it will be listed as Approved or Denied in the Service Coordinator’s and Program Director’s dashboards.

**CURRENT WAIVERS FOR REIMBURSEMENT:**

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| **REQUEST FOR REIMBURSEMENT** | **ALLOWED BILLING ALLOTMENT**  | **NOTES** |
| Co-Treatment more than 1 time per month | 2 hours per session per EI Specialist maximumOne co‐treatment per month per enrolled childBilled by two different disciplined EI Specialists | Needs a ***distinct extraordinary circumstance*** clinical justification  |
| Child group more than 2 ½ hours per week | Combination of time for both Community & EI‐Only Group services 2.5 hours per week maximum 2 sessions per week maximum | Needs a ***distinct extraordinary circumstance*** clinical justification |
| Home visit exceeds two hours in duration | 2 hours per session per day maximumThere are no restrictions on the number of home visit sessions per day. | Needs a ***distinct extraordinary circumstance*** clinical justification |
| Center-based individual visit exceeds two hours in duration | 2 hours per session per day maximum | Needs a ***distinct extraordinary circumstance*** clinical justification |
| Assessment hours exceed ten per year | 10 hours maximum per year New assessment hours are available one year from the date of the first billed assessment service.If the child does not have any assessment hours left after the 10 hour maximum then bill assessment services as an assessment home visit. | Waiver with a ***distinct extraordinary circumstance*** is approved in cases of clinical judgment or transfer with less than required hours needed to establish eligibility.Up to six hours will be approved, following the 2 hour/3 person suggested model, for the specific date the assessment is scheduled. **Do not put a date range.**Include how previously billed hours have been used, and how many, if any, assessment hours remain. |
| Increased Parent Group Billing | 1.5 hours per session maximum1 session per week maximumSibling groups are billed as parent groups and must meet all parent group requirements. | Needs a ***distinct extraordinary circumstance*** clinical justification |
| Child receiving services on or past 3rd birthday  | Early Intervention programs provide services to eligible children between the ages of birth to three years old. | Waivers are only approved for ***distinct extraordinary circumstances*** such as snow storms that require an LEA to reschedule after 3rd birthday.  |
| Family receiving services following the death of the enrolled child | The program may provide support to the family during the initial grieving process with a waiver from the Department of Public Health. | This is a ***distinct extraordinary circumstance.*** |

**NO LONGER A WAIVER FOR REIMBURSEMENT:**

**Please note these activities should only occur under distinct extraordinary circumstances. DPH will monitor program practice.**

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| **PREVIOUS REQUEST FOR REIMBURSEMENT:** | **NOTES** | **CAN WE PROVIDE THIS SERVICE?** | **IS THIS A CHANGE IN CLINICAL PRACTICE?** |
| “Clinical Judgment” extended for another 6-month period | The evaluation team determines eligibility. **EICS Ad Hoc Task - Waiver no longer needed to extend** | **Yes** – instead of a waiver, it is now available within the client system. This should still occur under a ***distinct extraordinary circumstance***. DPH will continue to monitor program practice. | **No change in clinical practice**. Eligibility for CJ still needs to occur at 6 month intervals. |
| Child is receiving services from more than one EIP | A secondary program, once family has given consent, can be added within the client system with Regional Specialist approval.**EICS Ad Hoc Task - Waiver no longer needed** | **Yes** – instead of a waiver, it is now available within the client system. This should still occur under a ***distinct extraordinary circumstance***. DPH will continue to monitor program practice. | **No change in clinical practice**. Programs still need parent/guardian consent to share information with secondary programs  |
| Family does not want child’s name transmitted to DPH through EIIS system | It is now an option within the Client System to withhold child’s name. **Waiver no longer needed** | **Yes** – instead of a waiver, it is now available within the client system.  | **No change in clinical practice**. |
| Two staff of the same discipline provide services | **No longer a request for reimbursement** | **No -**  two staff of the same discipline providing the same service can no longer occur as a billable service at the same time or on the same day | **This is a change** in clinical practice. Expertise of two staff of the same discipline providing the same service **can no longer occur as a billable service** at the same time or on the same day (unless the service is an IFSP meeting and/or assessment)  |
| Billing allowed for additional staff – excluding IFSP meetings | **No longer a request for reimbursement** | **No –** visits with additional staff should be completed only as an assessment or an IFSP meeting  | **No change** in clinical practice but if appropriate for multiple staff to be present, IFSP and program planning should occur as an IFSP meeting. It cannot be billed as a service other than IFSP meeting. |
| Family receiving services prior to the birth of a child | **No longer a request for reimbursement**  | **No -** Federal regulations allow for services to begin once the child is born. Programs cannot bill for services for a child who has not yet been born.  | **This is a change** in clinical practice. Programs can still connect with families to explain EI services and supports but this is **not** a billable service |