



Department
of Health

Early Intervention Proposed Regulation Amendments

EICC Meeting
March 23, 2021

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**Process,
Definitions, and
Qualified Personnel**



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Process

- Concept approval document was reviewed at the December 16, 2020 meeting of the Department's Regulatory Advisory Committee



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Highlights of Proposed Amendments

- Section 69-4.1
 - Two new definitions will be added: collateral visits and group early intervention services.
 - Subdivision 69-4.1(q) will be amended to add the word “directed” to the term family assessment.



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Highlights of Proposed Amendments

- Section 69-4.1
 - Add four mental health provider types to EI qualified personnel: licensed mental health counselors, licensed marriage and family therapists, licensed psychoanalysts, and licensed creative arts therapists
 - Remove school psychologists as EI qualified personnel
- Section 69-4.3
 - Clarify options for follow-up screening or diagnostic audiological evaluation after a failed newborn hearing screening



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Highlights of Proposed Amendments

- Section 69-4.3
 - Reduce the definition of elevated venous blood lead level from 15 mcg/dl to 5 mcg/dl.
- Section 69-4.4
 - Update the timeline for completion of service coordination training to within four weeks following Department approval and prior to furnishing services.



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Provider Approval



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Highlights of Proposed Amendments

- Section 69-4.5
 - Reduce the number of documented clock hours of experience delivering services to children under five years of age from 1,600 hours to 1,000 hours



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Highlights of Proposed Amendments

- Section 69-4.5
 - Eliminate the requirement for discipline-specific quality assurance (QA) plans and require an overall QA plan developed and overseen by the agency director or county Early Intervention Official, as applicable
 - Require an agency to have all required staff in its employ before being granted Department authorization to provide EI services



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Highlights of Proposed Amendments

- Section 69-4.5(b)
 - Will be repealed to remove references to ABA aides
 - Departmental approval for applied behavior analyst aides to provide Early Intervention services was not implemented in the EIP.
 - Because licensed behavior analysts and certified behavior analyst assistants are now recognized as qualified providers of Early Intervention services, there is no need for this provision.



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Evaluations



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Highlights of Proposed Amendments

- Paragraph (2) of subdivision (e) of section 69-4.8 will be amended to clarify that evaluation instruments must be administered following all protocols in the examiner's manual.



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Service Delivery



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Highlights of Proposed Amendments

- Section 69-4.10
 - will be amended to clarify that sites where group early intervention services are provided must be identified in the provider's initial or amended application and documented in the provider's current Department approval
 - will be amended to clarify the term frequency to mean the number of days or sessions per week the service will be provided.



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Highlights of Proposed Amendments

- Subparagraph 69-4.20(b)(1)(i) is amended to clarify that parental objection to notification of the CPSE must be in writing, to align with federal OSEP requirements.



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Highlights of Proposed Amendments

- Section 69-4.26
 - Will be amended to clarify that written orders apply to multidisciplinary and supplemental evaluations for the purposes of this section.
 - Will be amended to clarify that parents are to sign service logs, not session notes.
 - Will be amended to require session notes to include the date the session note was created.



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Reimbursement



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Highlights of Proposed Amendments

- 69-4.30
 - Will be amended to clarify that supplemental evaluations are driven by the individualized family service plan (IFSP). If the multidisciplinary evaluation team determines that supplemental evaluations are necessary, they are to be included in the IFSP.
 - Provides that supplemental audiological evaluations are permitted prior to an IFSP for infants who refer on newborn hearing screening and are suspected of having hearing loss, to determine whether hearing loss is present.



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Highlights of Proposed Amendments

- 69-4.30
 - Will be amended to clarify multidisciplinary evaluation reimbursement and additional multidisciplinary or supplemental evaluations provided within a twelve-month period.
 - Additional multidisciplinary or supplemental evaluations provided subsequent to the child's initial IFSP must be required by and performed in accordance with the IFSP.



Highlights of Proposed Amendments

- 69-4.30
 - Will be amended to specify service coordination should be delivered in accordance with the child's Individualized Family Service Plan (IFSP).



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Highlights of Proposed Amendments

- 69-4.30
 - Will be amended to clarify that collateral visits are intended to provide the parent and/or caregiver with the tools needed to assist their eligible child.
- 69-4.30
 - Will be amended to clarify that a basic visit must be a minimum of 30 minutes in duration.



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Highlights of Proposed Amendments

- Group Early Intervention Services
 - Paragraphs 69-4.30(c)(8) will be amended and 69-4.30(c)(9)-(11) will be repealed
- 69-4.30
 - Group early intervention service visit is defined as the provision of physical therapy, occupational therapy, speech-language therapy, applied behavior analysis, or special instruction early intervention services by appropriate qualified personnel to eligible children in a group



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Highlights of Proposed Amendments

- Billing for group EI services
 - Up to 120 minutes per day as specified in an approved IFSP
 - Group EI service sessions – minimum of 60 minutes in length and maximum of 120 minutes in length in accordance with the child's IFSP



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Highlights of Proposed Amendments

- Group size: two to six children; maximum number of children participating in a group that require a 1:1 aide is limited to four
- Groups shall be provided by, at a minimum, one approved and appropriately qualified early intervention provider and an assistant
- Groups should consist of children with similar IFSP outcomes and include appropriate therapeutic approaches
- Children participating in a group EI services cannot also receive individual services (including push-in/pull-out services) while the group is in session



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Highlights of Proposed Amendments

- Session notes for group EI services shall be provided for each child in the group and include, at a minimum:
 - Eligible child's name
 - Specific type of service provided
 - Group size
 - Setting in which the group service was rendered
 - Date and time the service was rendered, including start and end times
 - Brief description of the child's progress made by receiving the service during the session
 - Name, title, signature and credentials of the person furnishing the service, and
 - Signature and credentials of supervising clinician as appropriate, dated within 45 days of the date of service.



Highlights of Proposed Amendments

- 69-4.30
 - The Early Intervention Official shall approve and notify the department of any visits provided in addition to those described in paragraphs (5) through (13) as may be required by and provided in accordance with the child's IFSP. If such additional visits are necessary, such notice shall be provided on a monthly basis on forms provided by the department.

