

## Natural Environments

Individualized Family Service Plan (IFSP) services are required to be provided in natural environments, including home and community routines, activities, and settings in which children without disabilities would typically participate. When services are provided in natural environments, they are focused on training the parent(s) and other family members and are provided as part of a family’s typical routines and activities. The provision of early intervention services for any infant or toddler may occur in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

## Procedures for Identifying Settings on the IFSP

It is the responsibility of the Service Coordinator to ensure the family and child receive services in natural environments. For the initial and annual IFSPs, and any change review in which a service is added or changed, the Service Coordinator will facilitate discussion among all members of the IFSP team about service settings. The results of the state-approved family and child assessments will provide the IFSP team with information about difficulties a child is having in fully participating in the routines and activities of the family. Any IDEA/Part C services identified to support full participation must be provided during the routines and activities the family has prioritized.

Service settings for children in IDEA/Part C are reported each year to the U.S. Department of Education, Office of Special Education Programs. The setting must be identified for each service needed to support attainment of IFSP outcomes. On the BRIDGES’ Planned Services screen, the Service Coordinator will choose the setting in which the service will most often be delivered. BRIDGES will display the following options for service settings:

<b>Natural Environment Settings</b>	<b>Non-Natural Environment Setting</b>
<ul style="list-style-type: none"><li>• Community</li><li>• Day Care Center</li><li>• Day Care Home</li><li>• Early Childhood Center</li><li>• Home</li></ul>	<ul style="list-style-type: none"><li>• Early Intervention Center (self-contained/segregated setting, or primarily other children with disabilities)</li><li>• Hospital/Clinic</li><li>• Other (Phone, Office, etc.)</li></ul>

## Exceptions to Natural Environments

The following IDEA/Part C services are automatically exempted from the natural environment requirement due to the nature of the service:

- Fitting of Assistive Technology Devices
- Audiological services
- Medical Services:
  - Services provided by a licensed physician for diagnostic or evaluation purposes to determine a child’s developmental status and need for early intervention services.

- o Medical or other professional services provided by a licensed ophthalmologist or optometrist necessary for the habilitation or rehabilitation of visual functioning disorders, or both.
- Intake Coordination
- Service Coordination
- Activities related to initial eligibility for IDEA/Part C.
- Development and delivery of IFSP services prior to discharge from NICU.

All other services must be delivered in a natural environment setting. If the parent and all other members of the IFSP team agree the child is not making satisfactory progress due to the service setting, the IFSP team may choose a non-natural environment on a short-term basis. This option requires the Service Coordinator and other members of the IFSP team to:

- Provide data and documentation of concerns regarding the child’s progress in the family’s typical routines and activities.
- Provide a justification for services outside the natural environment on the Planned Services screen in BRIDGES that includes the steps the IFSP team will take to return the child to the natural environment.
- Review the justification within six months at the next periodic or annual review of the IFSP.

### **Special Considerations: All Early Intervention Services**

Under no circumstances should an Early Intervention Service (EIS) provider change the service location from a natural to a non-natural environment without first pursuing a change to the IFSP. If an EIS provider has concerns about a child’s progress, he or she must inform the Service Coordinator so that an IFSP Change Review meeting can be held. Changing a setting without an IFSP Change Review may result in recoupment of EIS provider reimbursement, termination of the EIS provider agreement, or both.

In the event there are no EIS providers in the area where the child lives, the Service Coordinator may temporarily utilize providers working in non-natural environments. When an EIS provider becomes available to serve the child in the natural environment, Service Coordinator must call an IFSP Change Review meeting to change the provider and service setting in the IFSP.

- If the parent chooses to use a non-natural environment provider when an EIS provider who provides natural environment services is available, the Service Coordinator must inform the family that all costs associated with the service become their responsibility.
- The Service Coordinator would then conduct a change review of the IFSP to remove the service from Planned Services and document the change on the IFSP screen in BRIDGES, Section 5, “Other Services.”

### **Special Considerations: Specific Early Intervention Services**

#### **AUDIOLOGY**

The audiological evaluation (AE) consists of two steps: a hearing screening, and if indicated, a comprehensive diagnostic evaluation. The entire AE (both steps) may be completed within the initial appointment or may require additional appointments to obtain conclusive diagnostic information.

Screening – Upon initial referral for audiology services, the child should receive a hearing screen and middle ear assessment, if indicated. If the child passes the screening, the child is discharged from audiological follow-up and results are reported in writing to the Service Coordinator.

If the child fails the screening, actions might include:

- Referral for medical evaluation (not covered by IDEA/PART C) with re-evaluation after treatment.

- Proceed with comprehensive audiological diagnostic evaluation.

Comprehensive Diagnostic Evaluation – A comprehensive audiological diagnostic evaluation should be performed using IDEA/Part C approved billing codes. If the outcome indicates normal hearing, the infant is discharged from audiological follow-up. Results should be reported in writing to the child’s IDEA/Part C Service Coordinator.

**The following must be considered in delivery of this service:**

- Children who have Medicaid or are below 250% of the federal poverty level and have a hearing loss that requires amplification are eligible for the SCDHEC Hearing Program. SCDHEC will provide hearing aids for eligible children, and cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.
- When the child is referred for audiological services, IDEA/Part C will pay for one screening (if child passes) OR one comprehensive audiological diagnostic evaluation if child fails screening.
- IDEA/Part C does not cover routine follow-up visits necessary to monitor a child at risk for progressive or delayed on-set hearing loss unless this need is established by the IFSP team and incorporated into the child’s IFSP.
- Proof of the manufacturer’s invoice price for hearing aids is required prior to IDEA/Part C issuing reimbursement.
- Any costs directly related to cochlear implant use, maintenance, and training is not covered.
- IDEA/Part C will not cost share the price of the hearing aid(s) or services. This means that the total cost of the hearing aids must not exceed the IDEA/PART C established rate.
- Sign language interpretation services may be requested through the South Carolina School for the Deaf and the Blind, Division Outreach Services.

**FOREIGN LANGUAGE INTERPRETATION AND TRANSLATION**

**Responsibilities include:**

- Treating all information learned during the interpretation as confidential, not divulging any information obtained through any assignments, including but not limited to information gained through interviews or access to documents and other written materials.
- Transmitting the message in a thorough and faithful manner, considering linguistic variations in both languages, and conveying the tone and spirit of the original message. A word-for-word interpretation may not convey the intended idea. The interpreter/translator must determine the relevant concept and say in a language that is readily understandable and culturally appropriate to the listener.
- During meetings, ask the EIS provider and/or family to clarify unfamiliar or confusing words, terms, meanings, etc. The interpreter should not attempt to interpret when he or she is not clear about what is being said.
- Explain cultural differences or practices to the provider(s) and clients when appropriate.
- Interpret everything accurately, even if the interpreter/translator disagrees with what is being said or thinks it is wrong, a lie, or immoral.
- Not influencing the opinion of the client(s) by telling them or offering them advice as to what action to take during or after the interpreting/translating assignment.
- Treat each client equally with dignity and respect regardless of race, color, gender, religion, nationality, age, political persuasion, or life-style choice.
- Suggest that the EIS providers use the same interpreter for all their transactions to promote interpretation consistency and to reduce potential interpreter distortions.

**NOTE: Interpreters are permitted to translate written text from one language to another only after providing proof of certification or other testing to the IDEA/Part C State Office.**

**The following must be considered in delivery of this service:**

- IDEA/Part C services must be approved by the child’s IFSP team and placed on the IFSP in advance of the service being delivered.
- The Service Coordinator adds the need for Interpreter/Translator services when other identified services to address the child’s IFSP outcomes are added to IFSP. The expected frequency and duration of services to be provided as listed on the IFSP.
- The service is added to the Planned Services section of the IFSP and the provider is given an Interpreters Services Log with the top portion completed by the Service Coordinator.
- At the end of each service delivery session, the Contracted Interpreter will ask the EIS provider (i.e., early interventionist, therapist, etc.) for which interpretation is being provided to sign and verify the delivery of the interpretation service.
- At the end of the authorization period, the interpreter will keep a copy of the Interpretative Services Log, signed by the interpreter, for their records in case of audit.
- If the service is an offsite service (i.e., telephone conversation, translation of the IFSP, etc.) the interpreter will list the EIS provider requesting the service in the professional verification block on the Interpretative Services Log.
- Should the need arise for rescheduling an appointment or for immediate communication with the family/caregiver, one additional hour of offsite time per week will be available in addition to the frequency listed on the *IFSP for service coordination activities and phone calls*.

**Limitations:**

- Interpreters/Translator services are ONLY to be used in conjunction with IDEA/Part C services listed on IFSP (e.g., interpretation during a physical therapy visit that is listed on the IFSP). Interpreters/Translators must be listed on the child’s IFSP by the Service Coordinator prior to providing any services.
- IDEA/Part C will NOT pay for interpreter/translator services for routine doctor’s visits, visits to DSS, or other agencies to apply for services, services during hospitalizations, etc.
- Travel time to and from the site where the service is provided may not be counted as billable hours.
- Interpreter/Translator services that would otherwise be provided at no charge to the family or bilingual interpretation by the same person rendering an IDEA/PART C service are not covered.

**HEALTH SERVICES**

**Limitations:**

Consultation by physicians unfamiliar with a child and their IFSP are not covered, nor is medical diagnostic evaluation of unknown conditions or diseases.

Health Services under IDEA/Part C do not include the following:

- Services that are surgical in nature (i.e., cleft palate surgery, surgery for club foot, shunting of hydrocephalus, etc.).
- Services that are purely medical in nature (i.e., hospitalization for management of congenital heart ailments, prescribing of medicine or drugs for any purpose, etc.).
- Devices necessary to control or treat a medical condition.
- Medical-health services, (i.e., immunizations, “well-baby” care, etc.) that are routinely recommended for all children.

## **NUTRITION**

### **Limitations:**

Children in need of nutrition services should be referred to DHEC Family Support Services (FSS).

## **OCCUPATIONAL THERAPY, PHYSICAL THERAPY, AND SPEECH-LANGUAGE PATHOLOGY SERVICES**

Services must be provided with the parent or other primary caregiver present and actively involved. EIS providers must document adaptations and interventions provided to the family/caregiver to support the child's participation in activities and routines that occur in home and community settings. Ongoing consultation/training to family members, caregivers and other team members will be documented in the child's progress notes by the therapist.

### **Limitations:**

Services will be provided as established on the IFSP and as scheduled with the parent/caregiver. Direct service should never be provided without consultation to family members, caregivers, and other team members. Some children have sustained acute injuries that have resulted in developmental delays (i.e., fractured leg, car accident, orthopedic surgery, etc.). Acute rehabilitative therapy is a medically based service outside IDEA/Part C.

## **SERVICE COORDINATION**

The Service Coordinator is responsible for the following when authorizing services on an IFSP:

- Ensuring that Part C dollars are used only as payor of last resort.
- Ensuring that referrals for IDEA/PART C services are only made to qualified personnel.
- Ensuring that services being authorized are listed on the IFSP.

## Appendix A: Assistive Technology Services and Devices

### **Assistive Technology Overview:**

An assistive technology device is any item, piece of equipment, or product system (e.g., a communication system or a seating system), whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability.

The IDEA/Part C System covers assistive technology (AT) that are directly related to the developmental and educational needs of the child and **excludes** devices, services and/or surgery necessary to treat or control a medical condition or assist a parent or caregiver with a disability. Equipment that is not designed to increase, maintain, or improve the functional capabilities (i.e., the Early Childhood Outcomes) of a child, or does not meet the definition of AT under IDEA/Part C, may still be needed by a child and his or her family, but will not be covered by IDEA/Part C. It is the responsibility of the child's Service Coordinator to coordinate with medical and health providers as well as assist the family in locating services and devices outside of the IDEA/Part C System.

### **Identification of an Assistive Technology Need:**

Any IFSP team member (including the parent) may propose that an AT service or device be added to the plan as a need. The Service Coordinator should be contacted to schedule an IFSP change review and provide prior written notice of the IFSP team meeting.

### **IFSP Change Review to Add AT:**

All members of the IFSP team must be invited to the formal change review of the plan. The provider(s) requesting the AT are required to be in attendance; participation by written evaluation is prohibited for this assessment. All EIS providers are encouraged to participate in the IFSP team meeting to ensure integration of the assistive technology across EIS services and may do so in person or by phone.

The IFSP team will:

- Complete the AT Screening and Assessment form. If there are any "no" answers marked on the screening portion of AT Screening and Assessment form, the device does not meet the definition of assistive technology as defined by IDEA/Part C and will not be approved. The meeting should be documented, but no further steps need to be taken.
- If all answers in the screening portion of the AT Screening and Assessment form are yes, the IFSP Team should add or update the appropriate outcomes and services on the IFSP.
- Should consider or try simple, low- or non-tech modifications or solutions then build up to mid-tech and to high-tech modifications or devices as needed.
- Discuss all available funding sources for the device (the Consent to Use Insurance Resources form must be current).

### **Submitting an AT Purchase Request Packet:**

After the Service Coordination Supervisor reviews, the following documents should be submitted to the IDEA/Part C State Office via secure email (please see instructions for the required forms to ensure the AT Purchase Request Packet can be processed without delays):

- Assistive Technology Screening and Assessment.
- Assistive Technology Purchase Request.
- Vendor quote and manufacturer's pricing Information.
- Prescription or recommendation for the device from the child's physician, occupational therapist, physical therapist, or speech-language pathologist.

The following documentation must be current in BRIDGES **prior** to submission of the AT request:

- IFSP: Documentation of Change Review Meeting
  - o A clear description of the type of device, its purpose, and where it is to be used (activities, locations, time of day) should be included in the meeting note.
- IFSP Outcome(s) have been updated to have include the AT service and device needed to support functional participation in the family’s home and community routines and activities.
- Planned Services: The AT service/device should be added to planned services
- Financial Support: The parent’s private insurance and Medicaid information and consent status should be current.
- Payor Source: Enter the payor source for the AT service/device. If the parent has consented to use of private insurance for the AT service and you find an error, complete and submit the SCDHHS [Health Insurance Information Referral Form](#) (HIIRF) per [instructions](#).

**Hearing Aid Requests:**

SCDHHS and IDEA/Part C will utilize the SCDHEC Hearing Program guidelines and fee schedule for coverage of initial and replacement hearing aids. Children who have Medicaid or are below 250% of the federal poverty level and have a hearing loss that requires amplification are eligible for the SCDHEC Hearing Program. SCDHEC will provide hearing aids for eligible children, and also cover ear molds, hearing aid kits, replacement batteries, etc., up to allowable program limits.

If the child is not eligible for Medicaid, the Service Coordinator is required to determine if the child meets income requirements for the SCDHEC Hearing Program as payor of first resort prior to requesting IDEA/Part C funds for hearing aids.

SCDHEC Hearing Program Guidelines (includes link to family income requirements):

<https://www.scdhec.gov/health/child-teen-health/services-children-special-health-care-needs/hearing-program>

SCDHEC Hearing Program Equipment and Fee Schedule:

<https://www.scdhec.gov/sites/default/files/docs/Health/docs/SNC-HearingFee.pdf>

If the request is for purchase of hearing aids, the AT purchase request must include:

- Documentation from an audiologist that hearing loss meets IDEA/Part C criteria, and hearing aid use is recommended; or
- The family has obtained a prescription for hearing aids from an ENT.

A new AT Purchase request for replacement ear molds and new ear impressions is not needed if the hearing aid(s) have been previously approved.

The hearing aid request does not have to include:

- Specific IFSP outcome to address the use of hearing aids.
- Participation of all IFSP team members in the IFSP change review meeting (Service Coordinator and parent may complete the meeting and notify the other team members).

**Online Orders:**

Some AT devices are not available through a durable medical equipment provider and may be purchased online by IDEA/Part C State Office. These requests require an IFSP change review meeting, as well as a completed AT request packet. If approved, the item will be mailed to the Service Coordinator who will be responsible to deliver the item to the family. Please see AT job aid for instructions regarding how to add online order to planned services in BRIDGES.

**IDEA/Part C State Office Approval:**

When an AT request is approved, IDEA/Part C State Office will send an approval letter to the Service Coordinator and the parent. The approval letter will also be sent to the vendor except in the case of an online order. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the AT request has been approved and will detail what (if any) funding sources will be used before IDEA/Part C payment will be made.

The Service Coordinator is responsible for ensuring that the item is delivered to the family. The Service Coordinator should document the receipt of the item in the communication log in BRIDGES.

**IDEA/Part C State Office Denial:**

When an AT request is denied, IDEA/Part C State Office will send a denial letter to the Service Coordinator. The Service Coordinator is responsible for notifying the parent of the denial. The IDEA/Part C State Office designee will enter a communication log in BRIDGES stating that the AT request has been denied.

Determining whether a piece of equipment meets the definition of assistive technology under IDEA/Part C must occur on an individual basis and be based on the child’s needs, the family’s concerns, and the IFSP outcomes. Some devices might be therapeutic or make caring for the child easier or safer but do not contribute to enhancing or maintaining the child’s functional capabilities. Consequently, these may not be AT but may be appropriate to acquire these devices through other channels.

If the AT purchase request is denied by IDEA/Part C State Office, the Service Coordinator must hold an IFSP Change Review meeting to update all outcomes and services related to the AT request.

**Payment Information:**

IDEA/Part C funds AT devices and services as the payor of last resort. All possible funding sources must be exhausted prior to IDEA/Part C payment. These sources include Private Insurance, Medicaid (including the EPSDT benefit), Child Rehabilitative Services (CRS), the South Carolina Assistive Technology Program (SCATP) exchange program, and other community programs. See “Resource Information for Assistive Technology” for more information.

- AT provided prior to a child’s eligibility for IDEA/Part C will not be covered.
- All AT requests must receive IDEA/Part C State Office approval before the delivery of the item or service can be arranged for IDEA/Part C funds to be used. If required by private insurance billing guidance, orthotics may be delivered prior to seeking approval for IDEA/Part C funding.
- IDEA/Part C State Office may fulfill AT requests by providing comparable equipment, used equipment, or may choose an alternate vendor to conserve funds.
- The vendor must accept Medicaid payment as payment in full.
- IDEA/Part C cannot reimburse families for their AT purchases.

## Appendix B:

Information required to be entered in BRIDGES for IDEA/Part C State Office authorization of ASD services:

### **Evaluation/Assessment Screen:**

- Select the domain to add new evaluation.
- Select Service Coordinator health summary.
- Select the correct type of evaluation/assessment based on the current IFSP.
- Select the diagnosis Autism Spectrum Disorder (ASD) (Pervasive Developmental Disorder)-F84.0 (choose the diagnosis without the 'z' in front).
- Enter the date of verification as the date the evaluation/screening was done.
- Enter the health status. If the child is found to be at risk or has been diagnosed with an ASD, select major concern.
- Enter the clinical observation which would include date the report was received; what type of assessment was done and the result of that assessment.
- Enter the name of the evaluator who completed the assessment as well as their credentials (Psychologist, Developmental Pediatrician, DDSN Regional Staff etc.).
- Enter any recommendations from the examiner and any follow up that is to occur.

### **Screening Page (to be completed any time the MCHAT or STAT is completed):**

- Enter the date the screening was conducted.
- Enter the informant's name and relationship to the child.
- Enter to type of screening procedure that was used.
- Enter any previous screenings that have been completed.
- Enter the type of autism screening that was completed and the date it was done.
- Enter the screening results.
- Enter any action that is to follow.

### **Planned Services Screen:**

The IFSP team will determine the frequency and limits to be authorized based on the individual child. The codes and limitations are listed below. List only the codes that IFSP has approved.

#### Behavior identification assessment (ABA):

- CODE: 97151.
- Unit Limitation: 32 units per year (15-minute units).
- Previously referred as the "workshop".
- Entered into bridges as 1 time semiannually for 8 hours.
- Can only be authorized one time per year.

#### Line therapy: Adaptive Treatment Behavior by Protocol:

- CODE: 97153.
- Unit Limitation: 160 units per week (15-minute units).
- Previously referred to as "paraprofessional treatment".
- Entered into Bridges as one time per month for 160 hours.

#### Adaptive Behavior Treatment with Protocol Modification:

- CODE: 97155.
- Unit Limitation: 64 units per Month (15-minute units).
- This service was not previously included.
- Entered into bridges as 1 time per month for 16 hours.

Family Training Family Adaptive Behavior Treatment Guidance:

- CODE: 97156.
- Unit Limitation: 48 units per year (15-minute units).
- This service was not previously included.
- Entered into bridges as 1 time semiannually for 6 hours.

IFSP meetings must also be authorized in planned services.

**Documentation and Billing information for Contracted Providers:**

Program Consultants (or designee) will be responsible for all documenting and billing of any autism services within the child's record in BRIDGES. Autism paraprofessional services will be summarized, and documentation entered on a weekly basis.

**Payment information:**

Payment will only be made to EIBI providers who have valid provider agreements with Medicaid **and** IDEA/Part C, and who are enrolled as users in the BRIDGES system. All reimbursement will be made directly to the provider, who is then responsible for payment for paraprofessional services as appropriate.

For additional information, please see the Autism Spectrum Disorder (ASD) Services Manual on the SCDHHS website at: <https://www.scdhhs.gov/provider-manual-list>.

**Appendix C:**

**Appendix D:**

**Appendix E:**

**Appendix F:**

**Appendix G:**

**Appendix H:**

**Appendix I:**