Chapter 36

Early Intensive Developmental and Behavioral Intervention (EIDBI) Services

NOTE: *Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at* MHCP Provider Manual.

Billing Information – Please review the South Country Provider Manual Chapter 4 Provider Billing for general billing processes and procedures.

The Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit offers medically necessary services and supports to people under the age of 21 on Medical Assistance (MA) with autism spectrum disorder (ASD) or related conditions. The purpose of the EIDBI benefit is to:

- Educate, train and support parents and families of people with ASD and related conditions;
- Promote people's independence and participation in family, school and community life; and
- Improve long-term outcomes and quality of life for people and their families.

South Country is contractually obligated by DHS to:

- Deliver case management services for all enrollees who may be eligible for EIDBI services.
- Review each Individual Treatment Plan (ITP) to ensure all statutory components are included in all treatment plans.
- Review each Comprehensive Multi-Disciplinary Evaluation (CMDE) for completeness and to confirm medical necessity for services.

Eligible Providers

EIDBI providers must:

- Be an enrolled Minnesota Health Care Programs (MHCP) provider;
    - To enroll as an EIDBI provider with MHCP, follow the instructions on the Early Intensive Developmental Behavioral Intervention (EIDBI) Provider Enrollment page.
- Meet all applicable provider qualifications and requirements, including conducting a criminal background study using NETStudy 2.0 on all individuals, including sub-contractors, volunteers and temporary staff, who have direct contact with the person or the person's legal representative.

- Meet provisional licensing requirements. Visit the EIDBI Licensing webpage for application details and more information.

Eligible Members

- Have a diagnosis of Autism Spectrum Disorder (ASD) or other related condition;
- Has had a comprehensive multi-disciplinary evaluation (CMDE) that establishes his/her medical need for EIDBI services;
- Is enrolled in Medical Assistance (MA) or MinnesotaCare; and
- Is under age 21.

Covered Services

- Comprehensive Multi-Disciplinary Evaluation (CMDE);
- Individual Treatment Plan (ITP) development and monitoring;
- Intervention – Group, Individual and higher intensity;
- Observation and direction;
- Family/Caregiver Training and Counseling;
- Coordinated Care Conference;
- Telehealth; and
- Travel time.

Non-Covered Services

- Provider training activities that do not meet the criteria for observation and direction.
- Transportation for the member.
- Services that are conducted via mail or email.
- Administrative tasks for purposes of reporting, charting or record keeping (except when this is integral to a covered CMDE or ITP service).
- Not documented in member's health service record or ITP in the manner outlined by this policy manual or MN Rules Part 9505.2175.
- Primarily for custodial, day care or respite purposes.
- Primarily recreational and not supervised by a medical professional, such as:
    - Sports activities;
    - Craft activities;
    - Meal or snack time;
    - Trips to community activities; and
    - Tours.
    - Exception: EIDBI may cover these activities if they are primarily for treatment and provided according to the person's ITP.

- Services that are the responsibility of a residential or program license holder (foster care providers) per a service agreement or administrative licensing ruling.
- Include or replace academic goals that are otherwise included in the member's IEP or IFSP, as required under the Individual with Disabilities Education Improvement Act of 2004.

EIDBI benefit does not cover services that are provided:

- by a parent, legal guardian or another person legally responsible for the member;
- by a person who does not meet the provider qualifications;
- by a person who has a relationship that violates ethical guidelines for dual relationship or would result in a conflict of interest, as defined by the modality or licensure;
- in violation of Medical Assistance policy as outlined in MN Rules 9505.0220;
- to the general community, such as prevention and education;
- when the member is sleeping or napping; and
- without the required supervision.

EIDBI benefit also does not cover services that are not provided (no-shows) or not provided directly to a member who is present, either physically or via interactive video with the exception of the following services:

  - coordinated care conference;
  - family / caregiver training and counseling;
  - ITP development when it is integral to a covered ITP service; and
  - CMDE when it is integral to a covered CMDE service.

Provider Breaks

A provider break is any period during which the provider stops actively delivering EIDBI services. A break occurs when the provider is no longer engaged in implementing the treatment plan or performing therapeutic activities that directly support the treatment session. During a provider break, billing must stop and may resume only when active service delivery resumes.

Examples of provider breaks include but are not limited to:

- Restroom use
- Eating or snack breaks
- Personal or work-related phone calls
- Completing administrative tasks, such as emails, scheduling, or documentation not directly related to the current treatment session
- Leaving the treatment area to retrieve supplies
- Any other period during which the provider is not actively engaged in delivering medically necessary EIDBI services.

Any break or accommodation must be managed through scheduling and is not billable unless medically necessary EIDBI services are actively being delivered.

Requirements for Continuous Service Delivery

Documentation must reflect continuous intervention, provider engagement, and purposeful therapeutic activity throughout the billable period. To bill for EIDBI services, the provider must remain actively engaged in implementing the treatment plan or performing therapeutic activities that directly support the treatment session.

Examples include:

- Collecting or analyzing treatment data
- Directing or modifying intervention strategies based on the individual's response
- Delivering or managing reinforcement procedures identified in the treatment plan
- Preparing materials needed for the next planned intervention
- Facilitating opportunities for skill generalization
- Coaching caregivers as part of the training session
- Monitoring the individual's participation and safety while remaining actively engaged in treatment.

If the provider stops actively delivering treatment or stops performing therapeutic activities that directly support implementation of the treatment plan, billing must pause until active service delivery resumes.

Clinical Supervision Standards

Beginning January 1, 2026, the EIDBI agency (i.e. QSP, Level I or Level II provider) must provide at least one hour of clinical supervision for every 16 hours of direct treatment, unless otherwise specified in the member's Individual Treatment Plan (ITP).

Observation and direction requirements

- Observation and direction must be provided at least once per month for each person receiving services.
- Observation and direction must be person-centered, tied to treatment goals, and proportionate to total direct intervention (i.e. 20% or less of the person's total of direct intervention services).
- Exceptions greater than 20% of the person's total direct intervention services require a clear, person-specific justification based on medical necessity.
- Cannot provide more than two consecutive months of observation and direction via telehealth for each person receiving services.
- The EIDBI provider MUST use and fully complete updated ITP forms that include a section on clinical supervision requirements.
- If the 1:16 supervision ratio is not met, providers must include an alternate supervision plan within each ITP.

Documentation Audit

The Department of Human Services (DHS) requires South Country Health Alliance to audit ITPs and other clinical information as necessary to ensure the supervision requirements are met.

South Country expects providers to document the supervision plan on the ITP and will reach out to providers as needed for any missing information.

Authorization - Cannot exceed a 180-day time span

Prior Authorization is required: Use form #4894 for the following services:

- Intervention – individual, group and higher intensity;
- Family/caregiver training and counseling; individual and group;
- observation and direction; and
- Travel time.

NO Prior Authorization is required for the following services:

- Individual Treatment Plan: initial and progress monitoring.
- The Comprehensive Multi-Disciplinary Evaluation (CMDE), once per year per person without authorization. (The CMDE is not required every year but is required at least once every three years or as clinically necessary).
- Coordinated care conferences.

All requests for authorization must be submitted with the most recent CMDE (DHS-7108) and ITP (DHS-7109). An EIDBI provider agency may submit a CMDE for medical necessity when the family or another provider gives the EIDBI provider agency a complete copy of the CMDE.

Having an approved authorization is not a guarantee payment. The provider must meet all medical necessity and statutory requirements.

Service Thresholds

- See EIDBI Benefit Grid found in the MHCP provider manual.

Billing

- See EIDBI Benefit Grid found in the MHCP provider manual for details on thresholds and codes.
- EIDBI services are classified as Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, therefore, EIDBI providers are not required to bill a member's commercial insurance carrier before billing the Medicaid plan for services. South Country Health Alliance will seek reimbursement from third parties whenever claims have been paid for which there is Third Party Liability. This is also referred to as the “pay and chase” method.
- Providers may only bill for time during which medically necessary EIDBI services are actively being delivered by qualified providers. Billing must stop immediately when service delivery stops and may resume only when service delivery continues.
- Providers may not bill for any time period the provider is not physically present and actively engaged in delivering EIDBI services. A provider billing time used for breaks constitutes inaccurate billing and may result in payment recoupments, audits findings, or additional program integrity actions from South Country Health Alliance.

Telehealth

Certain EIDBI services are eligible to be provided via telehealth. Services provided via telehealth have the same service thresholds, reimbursement rates and authorization requirements as services delivered in -person. Bill for services delivered via telehealth with the place of service 02. South Country does not reimburse for connection charges, or origination, set-up or site fees.

Refer to EIDBI telehealth services webpage found in the MHCP provider manual for more information.

Transition and/or Discharge from an agency

The qualified supervising professional (QSP) may notify South Country of the discharge or transfer of a member by submitting form DHS-7109A – EIDBI Transition and/or Discharge Summary. This form can be found on the MHCP manual page for EIDBI services. This form is optional but recommended to complete when a discharge or transition occurs.

Resources

Refer to the Comprehensive multi-disciplinary evaluation (CMDE) and the Individual treatment plan (ITP) development and progress monitoring EIDBI Benefit Policy Manual webpages for instructions on how to complete the CMDE and ITP forms.

Refer to the Early Intensive Developmental and Behavioral Intervention (EIDBI) Compliance and Program Integrity Guide (DHS-8632) (PDF) for important links to training and tools to support compliance with EIDBI program standards. Review this document to ensure your agency is aligned with current expectations and best practices.