

 VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES CHILD DEVELOPMENT DIVISION	<h1>GM-21.</h1>
Children's Integrated Services Guidance Manual	Chapter 21: CIS Billing
Updated as of: September 23, 2016	Part C CIS-EI Obligation in paying for Specialty Evaluations

The below situation is happening frequently around the state, so to clarify:

A private OT provider performed an evaluation to determine if a child was eligible. The child wasn't found eligible, so was a referral and a NOPR

This is what we sent out in the notes from both the March and April EI Monthly Calls (3/24, 4/28) -- **“Specialty Evaluations are not used for finding eligibility** – first you screen, then do 5 domain evaluation to determine eligibility. Then, if needed to drill down to identify goals that will address the finer needs of a child, a specialty evaluation may be ordered. Specialty evaluations are not needed for determining Part C eligibility due to our broad standard of eligibility.” VT Spec. Ed. Rule **2360.5.4 Evaluation of the Child and Assessment of the Child and Family** (34 CFR 303.321); VT Spec. Ed. Rule **2360.5.4.1 Procedures for Evaluation of the Child**

Fundamentally, CIS-EI pays for initial evaluations used to determine eligibility. Until a child is found eligible, and a specialty eval ordered on the service grid with parent consent obtained, specialty evaluations should not be conducted and are not covered by Part C funds. It is only with an ‘active’ record in Part C can we access Part C funds to pay for specialty evaluations. If the family is ‘lost to contact’ or declines services at any point after being made active and having a specialty evaluation performed, that is fine – during the period the child is ‘active’ with our program, Part C funds can be accessed to pay for services planned on the service grid and signed off on by the family. If the family desires as specialty evaluation, and they are not currently active with CIS-EI, they need to obtain a doctor’s referral and that service is billed to their insurance (private/Medicaid).

A specialist serving a child not yet found eligible for Part C services needs to understand that Part C is not responsible for payment until eligibility is determined. In such cases, specialists need to seek reimbursement through the family’s insurance provider through normal means.

If a specialty therapist is used as the ‘second set of eyes’ in conducting a 5 Domain assessment using one of the State approved tools, they would be reimbursed from the funds paid out to the EI Agency via that Agency’s evaluation invoicing to the State (the State pays \$700 through invoice for 2 disciplines to conduct a 5-domain using one of the State approved tools).