

EIDBI services

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Legal authority	CMS-approved state plan amendment – 2017 (PDF) , CMS-approved state plan amendment – 2018 update (PDF) , CMS-approved state plan amendment – 2019 update (PDF) , Minn. Stat. §256B.0949	
Overview	<p>Every Early Intensive Developmental and Behavioral Intervention (EIDBI) service must address the person’s medically necessary treatment goals and be targeted to develop, enhance or maintain the person’s developmental skills to improve their:</p> <ul style="list-style-type: none"> • Functional communication (receptive and expressive). • Social or interpersonal interaction skills. • Interfering or complex behaviors. • Self-regulation. • Cognitive functioning. • Learning and playing skills. • Safety skills. • Self-care skills. <p>Every EIDBI intervention service must:</p> <ul style="list-style-type: none"> • Be provided by a qualified EIDBI provider. • Be supervised by a qualified supervising professional (QSP). <p>Note: Comprehensive multi-disciplinary evaluation (CMDE) providers do not need QSP supervision.</p> <ul style="list-style-type: none"> • Be person-centered. • Meet DHS billing requirements. 	
Consent to receive services	<p>The person must receive a CMDE to determine if they have a medical need for EIDBI services. They must have a completed CMDE Medical Necessity Summary Information, DHS-7108 signed and dated by the following people:</p> <ul style="list-style-type: none"> • CMDE provider who completed the CMDE. • Caregiver/guardian. • Interpreter (if applicable). <p>Once the person is determined eligible for EIDBI services, the provider agency must develop an individualized treatment plan (ITP). Before the person can start or continue receiving services, they must have a completed ITP and Progress Monitoring, DHS-7109 signed and dated by the following people:</p> <ul style="list-style-type: none"> • QSP who completed the ITP. • Caregiver/guardian. • Interpreter (if applicable). <p>The signatures on DHS-7108 and DHS-7109 serve as consent for the person to begin or continue receiving EIDBI services. The signatures must meet the requirements on EIDBI – How to complete CMDE Medical Necessity Summary Information, DHS-7108 and EIDBI – How to complete ITP and Progress Monitoring, DHS-7109.</p> <p>Note: Only people who can consent to treatment and make legal decisions can sign these forms. This may not include all caregivers. Providers must make sure the people who sign the forms have the legal authority to do so.</p>	
Person-centered services	<p>Person-centered planning ensures EIDBI services:</p> <ul style="list-style-type: none"> • Respond to the identified needs, interests, values, preferences and desired outcomes of the person and their legal representative, as outlined in the CMDE and ITP. • Respect the person’s rights, history, dignity and cultural background (refer 	

	<ul style="list-style-type: none"> • to EIDBI – Rights and responsibilities). • Improve health and quality of life. • Increase the person’s autonomy, independence and participation in their community.
Covered services	<p>The EIDBI benefit covers the following services:</p> <ul style="list-style-type: none"> • CMDE. • ITP development and progress monitoring. • Coordinated care conference. • Intervention – group, individual and higher intensity. • Observation and direction. • Family/caregiver training and counseling. • Travel time. <p>For more information, refer to the service-specific pages.</p> <p>Telehealth services A person may receive some EIDBI services via telehealth. For more information, refer to EIDBI – Telehealth services.</p> <p>Simultaneous services Multiple providers may deliver and bill for the following services at the same time:</p> <ul style="list-style-type: none"> • CMDE. • ITP development and progress monitoring. • Coordinated care conference. • Observation and direction. • Family/caregiver training and counseling. <p>Multiple providers may deliver a combination of EIDBI services at the same time (e.g., one provider delivers individual intervention and another provider delivers observation and direction). Providers are responsible to make sure codes can be billed simultaneously, including any non-EIDBI service codes, by calling the MHCP Provider Resource Center at 800-366-5411 or using DHS – Minnesota National Correct Coding Initiative</p>
Settings	<p>The person may receive EIDBI services in the following settings:</p> <ul style="list-style-type: none"> • Center. • Clinic. • Home or community environment (e.g., school). • Office. <p>For more information, including setting definitions and documentation requirements, refer to EIDBI – Settings for EIDBI services.</p>
Coordination with other services	<p>The person’s EIDBI services must coordinate with all other services to ensure they receive the most appropriate and effective combination to meet their needs.</p> <p>Educational/academic services EIDBI services are not intended to replace educational or academic services. EIDBI provider agencies and individual EIDBI providers must:</p> <ul style="list-style-type: none"> • Coordinate the person’s EIDBI services with all educational/academic services the person receives or is eligible to receive. • Not represent EIDBI services as educational or academic services. <p>This does not prevent the person from receiving EIDBI services during school hours or on school grounds. However, if the person does receive EIDBI services during school hours or on school grounds, their ITP must document the reason, including specific goals and objectives. For more information, refer to:</p> <ul style="list-style-type: none"> • EIDBI – ITP development and progress monitoring. • EIDBI – Settings for EIDBI services.

- [Minnesota Autism Resource Portal – Education – Collaboration resources.](#)

Other Medicaid-funded services

The person may receive EIDBI services in conjunction with other Medicaid-funded services, including but not limited to:

- [Behavioral health home services.](#)
- [Home and community-based services \(HCBS\) waivers.](#)
- [Home care services.](#)
- [Mental health services, including Children’s Therapeutic Services and Support \(CTSS\) \(refer to \[EIDBI – Comparison of CTSS and EIDBI benefits\]\(#\)\).](#)
- [Occupational and physical therapy.](#)
- [Personal care assistance \(PCA\) services.](#)
- [Speech and language pathology.](#)
- [Psychiatric residential treatment facility \(PRTF\).](#)

The following EIDBI services are allowable in a PRTF:

- CMDE.
- ITP development and progress monitoring.
- Coordinated care conference.
- Family/caregiver training and counseling.
- Travel time.

If the person or provider requests EIDBI and other Medicaid-funded services to be provided at the same time, the DHS medical review agent and DHS policy areas will review the request to determine if the provider established medical necessity for those services to happen concurrently. Documentation must support the medical necessity criteria for concurrent or simultaneous services. The medical review agent may request additional documentation to make a determination, if necessary.

EIDBI and HCBS service coordination

The person can receive EIDBI and HCBS waiver services at the same time. This includes, but is not limited to:

- [Community First Services and Supports \(CFSS\)/PCA services.](#)
- [Individualized home supports.](#)
- [Homemaker.](#)
- [Chore services.](#)

The EIDBI provider and HCBS provider both are responsible to make sure they provide services within the service scope, including requirements for:

- Eligibility.
- Covered services.
- Limitations.
- Provider standards.
- Billing.

Both providers must make sure they do not duplicate services. For more information about these requirements, refer to the applicable pages in this manual and the [Community-Based Services Manual \(CBSM\)](#).

Non-covered services

The EIDBI benefit does not cover:

- Provider training or supervision activities that do not meet the criteria for [observation and direction](#).
- Transportation for the person.

The EIDBI benefit does not cover services that are:

1. Conducted via mail or email.
2. Administrative tasks for the purpose of reporting, charting or record-keeping

(e.g., completing case notes, stimuli or other materials, writing programs, developing client program binders), except when they are covered through a CMDE, ITP or other EIDBI service.

3. Not documented in the person's health service record or ITP in the manner outlined in this manual or [Minn. R. 9505.2175](#).
4. Primarily for custodial, day care or respite purposes.
5. Primarily recreational and not supervised by a medical professional (e.g., sports activities, craft activities, meal/snack time, trips to community activities, tours).

Note: EIDBI may cover these activities if they are primarily for treatment and provided according to the person's ITP.

6. The responsibility of a residential or program license holder (e.g., foster care provider) according to a service agreement (SA) or administrative licensing rules.
7. Not approved by DHS' medical review agent, except for services that do not require authorization.
8. Including or replacing academic goals that are otherwise included in the person's Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP), as required under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA).
9. Provided by:
 - A parent, legal guardian or another person who is legally responsible for the person who receives services.
 - A person who does not meet the provider qualifications.
 - 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.
10. Provided in the following circumstances:
 - In violation of Medical Assistance (MA) policy as outlined in [Minn. R. 9505.0220](#).
 - To the general community (e.g., prevention and education programs).
 - When the person sleeps or naps.
 - Without the required supervision.
11. Not provided (e.g., late to appointments or appointment no-shows).
12. Not provided directly to a person who is present either physically or via interactive video, with the exception of the following services that do not require the person to be present:
 - Coordinated care conference.
 - Family/caregiver training and counseling.
 - CMDE when it is integral to a covered CMDE service.
 - ITP development when it is integral to a covered ITP service.

Transferring agencies

Families have the right to transfer or change EIDBI provider agencies for any reason.

New agency's responsibilities

The new agency is responsible to work with the family to gather discharge information from the previous agency. When a family chooses to transfer or a provider recommends a transfer, the new agency should ask the family to sign a release of information form to gather previous records. The new agency can use either [General Consent/Authorization for Release of Information, DHS-3549 \(PDF\)](#) an agency-developed release form.

The new agency should review the records and determine if the person's previous CMDE and ITP are still valid. If the CMDE is still valid, the new agency

may use the CMDE to determine medical necessity. The new agency must update the ITP with its information but may reference the previous ITP. The new agency should complete a CMDE and ITP, as instructed on [EIDBI – How to complete CMDE Medical Necessity Summary Information, DHS-7108](#) and [EIDBI – How to complete ITP and Progress Monitoring, DHS-7109](#), in any of the following situations:

- The forms are no longer valid.
- The new agency cannot access the forms.
- The new agency determines it is medically necessary to complete a new evaluation and ITP.

If the person has already used the set number of CMDE units, the new agency may submit [EIDBI Authorization Request, DHS-3806](#) to request authorization of additional services beyond the service limit threshold.

For service authorization instructions, billing limits and additional information, refer to [MHCP Provider Manual – EIDBI benefit](#).

For EIDBI agency contact information, refer to [DHS – MHCP Provider Directory](#). At the time of the authorization request, the new agency must make sure the previous agency has either:

- Ended their SA or prior authorization before the requested EIDBI dates of service through the new agency.
- Provided a discharge summary that includes a discharge date and the previous agency’s signature.

If the new agency does not have the above information, DHS’ medical review agent will reject the request. DHS’ medical review agent will only approve EIDBI services after the discharge date if they determine the transition is medically necessary.

Previous agency’s responsibilities

The previous agency should provide the new agency with all the following information:

- CMDE(s).
- ITP(s) with an updated transition plan and discharge summary.
- Any other relevant records or documentation.

The previous agency should notify DHS’ medical review agent and request to end the person’s service authorization, effective on the date of discharge. This will prevent SA overlap and denial of authorization requests.

Providers must follow EIDBI policy, as described throughout the [EIDBI Policy Manual](#), and consult with the person’s caregiver/guardian about the transition plan.

Completing DHS-7109A

When the person transfers agencies, the QSP at the previous agency should download and complete [EIDBI transition and/or discharge summary, DHS-7109A](#) electronically. For more information, including instructions to complete the form, refer to the DHS-7109A section on [EIDBI – How to complete ITP and Progress Monitoring, DHS-7109](#).

For additional information and instructions, refer to [EIDBI Provider Manual – Service authorization](#).

Termination of services

The EIDBI provider agency may terminate the person’s EIDBI services if they meet one of the [medical necessity termination criteria](#).

The provider must send notice of termination to the person or their legal representative. The transition period begins when the person or their legal representative receives notice of termination and ends on the last date of EIDBI

services. DHS allows up to 30 days of continued service during the transition period. Services during the transition period must be consistent with services documented in the ITP (refer to [EIDBI – How to complete ITP and Progress Monitoring, DHS-7109](#)).

Transition plan
 The transition plan, documented in the person’s ITP, must include:

- Discharge criteria.
- Protocols for changing service when medically necessary.
- Information about how the transition will occur.
- The time allowed to make the transition.
- A description of how the person or their legal representative will be informed of and involved in the transition.

Completing DHS-7109A
 When the provider agency terminates services, the QSP should download and complete [EIDBI transition and/or discharge summary, DHS-7109A](#) electronically. For more information, including instructions to complete the form, refer to the DHS-7109A section on [EIDBI – How to complete ITP and Progress Monitoring, DHS-7109](#).

Note: DHS-7109A is separate from the transition plan documented in the person’s ITP.

Additional resources

- [EIDBI – Clinical supervision](#)
 - [EIDBI – CMDE](#)
 - [EIDBI – Comparison of CTSS and EIDBI benefits](#)
 - [EIDBI – Coordinated care conference](#)
 - [EIDBI – Eligibility for EIDBI services](#)
 - [EIDBI – Family/caregiver training and counseling](#)
 - [EIDBI – How to complete CMDE Medical Necessity Summary Information, DHS-7108](#)
 - [EIDBI – How to complete ITP and Progress Monitoring, DHS-7109](#)
 - [EIDBI – Intervention](#)
 - [EIDBI – ITP development and progress monitoring](#)
 - [EIDBI – Medical necessity criteria](#)
 - [EIDBI – Observation and direction](#)
 - [EIDBI – Overview of EIDBI providers](#)
 - [EIDBI – Rights and responsibilities](#)
 - [EIDBI – Settings for EIDBI services](#)
 - [EIDBI – Telehealth services](#)
 - [EIDBI – Travel time to deliver EIDBI services](#)
 - [EIDBI Provider Manual – DHS billing requirements](#)
 - [EIDBI Provider Manual – Service authorization](#)
 - [CBSM – Person-centered practices](#)
 - [DHS – MHCP Provider Directory](#)
 - [DHS – Minnesota National Correct Coding Initiative](#)
 - [MHCP Provider Manual – EIDBI billing](#)
 - [MHCP Provider Manual – EIDBI service authorization](#)
 - [Minnesota Autism Resource Portal – Education – Collaboration resources](#)
- Forms**
- [CMDE Medical Necessity Summary Information, DHS-7108](#)
 - [EIDBI Authorization Request, DHS-3806](#)
 - [EIDBI ITP and Progress Monitoring, DHS-7109](#)
 - [EIDBI Transition and/or Discharge Summary, DHS-7109A](#)
 - [General Consent/Authorization for Release of Information, DHS-3549 \(PDF\)](#)