



Georgia Medicaid Children's Intervention Services Frequently Asked Questions

Q. What are Children's Intervention Services (CIS)?

A. Children's Intervention Services offers coverage for restorative and/or rehabilitative services to eligible Medicaid members in non-institutional settings, such as your home or a therapist's office. Services include, but are not limited to: speech, occupational and physical therapies.

Q. I have heard DCH is planning to reduce the availability of CIS services. Is this true?

A. No. DCH does not plan to cut, reduce or eliminate therapy services to Medicaid eligible children. The Department began requiring a medical review for services above a certain number of units effective September 1, 2006.

Q. Why is the state changing its policy on CIS?

A. DCH wants to ensure the right care is provided to the right children at the right time. A child's need for therapy can change over time, and by standardizing the Prior Authorization (PA) review process and assuring medical necessity, DCH can be more certain that each individual child's medical needs are met through the program.

Q. How will the CIS therapy change?

A. The change in the policy is that the Georgia Medical Care Foundation, which provides medical reviews for DCH, will be reviewing whether therapy services are medically necessary earlier than before and across medical disciplines. In the past, a medical review submitted by the therapy provider was completed after 20 units of any one therapy per month, or 20 units of combined therapies per month. Beginning September 1, prior authorization was required for units over eight per member per month for therapy in the same specialty. These units include the evaluation visit. Prior authorization is based on medical necessity and is effective for up to 90 days.

Q. What is a Prior Authorization (PA)?

A. A Prior Authorization is an approval process that a provider must complete before additional services can be rendered to ensure that the requested service is medically necessary.

Q. Why is Georgia requiring a Prior Authorization for CIS?

A. Georgia Medicaid has required prior approval for the services in the CIS program for some time. This is not a new practice for the state. What is new was beginning September 1, prior authorization was required for units over eight per member per month for therapy in the same specialty.

Q. What is a medical review process?

A. The review is based on confirmation from the patient's physician that he/she approves the plan of care and the proposed therapy is medically necessary. Once completed, the medical review team will review medical documentation to determine if the prescribed therapy service is medically necessary and is based on the needs of the member. The **medically necessary therapy** can be prescribed for three months at a time. Continuation of care beyond that the initial 3 months is assessed in the same manner each quarter. The prior authorization process can be obtained in advance at least 30 days before therapy services are rendered (for the next three months) to avoid interruption of care - if additional months of care are anticipated.

Q. Who performs the medical review or prior approval?

A. The revised medical review process will be conducted by the state's clinical review organization utilizing a team of Medical Directors including a Pediatrician and Pediatric Neurologist, Bachelor, and Master prepared pediatric nurses, and therapists representing the three disciplines (Occupational Therapy, Physical Therapy and Speech and Language Pathologist).

Q. What does this mean to the children served by this program?

A. Services can be approved for any eligible child if they are medically necessary and have been documented as appropriate based on recommendations by a physician.

Q. Will children be able to continue to get these services?

A. If the services are found to be medically necessary and all the required documentation by the provider are submitted for prior approval, services will be approved beyond the 8 unit threshold.

Q. Can a member be seen by an enrolled Medicaid provider and a school therapist?

A. Therapy services can be rendered under both the CIS and the CISS programs to the same member. Medicaid reserves the right to review the members' Individualized Education Plan (IEP) to avoid duplication of services.

Q. I am concerned that my child might regress if he or she loses services.

A. If the services are determined to be a medical necessity, there should be no problem.

Q. My child is eligible for Medicaid under the Katie Beckett/Deeming waiver. Does this policy change apply to my child?

A. Yes. While the eligibility documentation showed that your child was receiving therapy services, it did not evaluate if prescribed therapies are medically necessary.

Q. What do I, as a parent, need to do to secure services for my child?

A. Parents should work with their therapist(s) and doctors to ensure that prescriptions from physicians are submitted to therapists in a timely fashion so that PAs can be issued to therapists as soon as possible. However, you as the parent should explain to your therapists clearly what other therapists your child is seeing, if more than one, and how often they are seeing them. Be sure to keep each therapist informed.

Q. What if no PA is given for additional services?

- A. If a service is determined to not be medically necessary, it is considered a non-covered service. If a condition or situation changes, the PA may be resubmitted by your therapist with updated documentation.