# Idaho Early Intervention System

## System of Payments Policies

<p>| ADMINISTERING ENTITY | The Idaho Department of Health and Welfare (DHW), as the Governor appointed lead agency, is responsible for the development and implementation of the Idaho Infant Toddler Program (ITP), the early intervention system for infants and toddlers who have disabilities or developmental delays and their families. Idaho consistent with Part C of the Individuals with Disabilities Education Act (IDEA) has established a system of payments for early intervention services, including federal, state and private resources. |
| INFANT TODDLER PROGRAM SYSTEM OF PAYMENTS FOR EARLY INTERVENTION SERVICES | Early intervention services provided to eligible infants and toddlers and their families are financed through multiple funding sources. Early intervention services as defined under Part C are provided at no cost to the families served. Families have an option to allow the Idaho Infant Toddler Program to use private insurance to pay for Part C services. It is important to note that if a family allows the Idaho Infant Toddler Program to use private insurance or public benefits (Medicaid) to pay for Part C services, they are not charged family fees, copayments, or deductibles associated with receipt of early intervention services. Families may be responsible to pay any insurance premiums they incur if applicable per their insurance plan or other long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under their insurance policy. Idaho’s system of payment does not, at this time, include family fees or sliding fees. |
| PERMISSIVE USE OF FUNDS BY THE LEAD AGENCY (§303.501) | Consistent with §§303.120 through 303.122 and §§303.220 through 303.226, the Idaho Infant Toddler Program may use funds under this part for activities or expenses that are reasonable and necessary for implementing Idaho’s early intervention program for infants and toddlers with disabilities including funds: |
| | • For direct early intervention services for infants and toddlers with disabilities and their families under this part that are not otherwise funded through other public or private sources (subject to §§303.510 through 303.521); and |
| | • To expand and improve services for infants and toddlers with disabilities and their families under this part that are otherwise available. |
| | • Idaho does not provide services under §303.204 for at-risk infants and toddlers, defined in §303.5. Idaho will strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers, including establishing linkages with appropriate public and private community-based organizations, services, and personnel for the purposes of: |
| | a) Identifying at-risk infants and toddlers; |
| | b) Making referrals for the infants and toddler |</p>
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<tr>
<th>Section</th>
<th>Description</th>
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<tr>
<td>303.501(e)(1)</td>
<td>Identified and evaluated under §303.501(e)(1); and</td>
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<td>Conducting periodic follow-up on each referral to determine if the status of the infant or toddler involved has changes with respect to the eligibility of the infant or toddler for services under §303.501.</td>
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<td>303.510</td>
<td>PAYOR OF LAST RESORT (§303.510) Except as provided in paragraph (b) of this section (§303.510(a), funds under this part may not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including any medical program, administered by the Department of Defense, but for the enactment of Part C of the Act. Therefore, funds under this part may be used only for early intervention services that an infant or toddler with a disability needs but is not currently entitled to receive or have payment made from any other federal, state, local or private source (subject to §303.520 and §303.521). If necessary to prevent a delay in the timely provision of appropriate early intervention services to a child or the child’s family, funds under this part may be used to pay the provider of services (for services and functions authorized under this part, including health services, as defined in §303.16 (but not medical services), functions of the child find system described in §§303.115 through 303.117 and §§303.301 through 303.320, and evaluations and assessments in §303.321), pending reimbursement from the agency or entity that has ultimate responsibility for the payment. (§303.510(b))</td>
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<td>303.511</td>
<td>METHODS TO ENSURE THE PROVISION OF AND FINANCIAL RESPONSIBILITY FOR PART C SERVICES (§303.511) The Idaho Infant Toddler Program ensures it has in place methods for State interagency coordination. Under these methods, the Chief Executive Officer must ensure that the interagency agreement or other method for interagency coordination is in effect between each Idaho public agency and the Idaho Infant Toddler Program in order to ensure: 1. The provision of, and establishing financial responsibility for, early intervention services provided under Part C of IDEA; and 2. Such services are consistent with the requirement in section 635 of IDEA and the Idaho application under section 637 IDEA, including the provision of such services during the pendency of any dispute between state agencies. The methods listed above must meet all requirements in this section and be set forth in one of the following: 1. Idaho law or regulation; 2. Signed interagency and intra-agency agreements between</td>
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respective agency officials that clearly identify the financial and service provision responsibilities of each agency, or entity within the agency; or

3. Other appropriate written methods determined by the Governor, or the Governor’s designee, and approved by the Secretary through the review and approval of Idaho’s application.

Each method include procedures for achieving a timely resolution of intra-agency and interagency disputes about payments for a given service, or disputes about other matters related to Idaho’s early intervention system. Those procedures include a mechanism for resolution of disputes within agencies and for the Governor, Governor’s designee, or the Idaho Infant Toddler Program to make a final determination for interagency disputes, which determination is binding upon the agencies involved. The method:

1. Permits the agency to resolve its own internal disputes, based on the agency’s procedures that are included in the agreement, so long as the agency acts in a timely manner; and
2. Includes the process that the Idaho Infant Toddler Program will follow in achieving resolution of intra-agency disputes, if a given agency is unable to resolve its own internal disputes in a timely manner.

If during the Idaho Infant Toddler Program’s resolution of the dispute, the Governor, Governor’s designee, or Idaho Infant Toddler Program determines that the assignment of financial responsibility under this section was inappropriately made:

1. The Governor, Governor’s designee, or Idaho Infant Toddler Program must reassign the financial responsibility to the appropriate agency; and
2. The Idaho Infant Toddler Program must make arrangements for reimbursement of any expenditures incurred by the agency originally assigned fiscal responsibility.

The methods adopted by Idaho under this section:

1. Include a mechanism to ensure that no services that a child is entitled to receive under this part are delayed or denied because of disputes between agencies regarding financial or other responsibilities; and
2. Are consistent with the written funding policies adopted by the Idaho under this subpart and include any provisions Idaho has adopted under §303.520 regarding the use of insurance to pay for Part C services.

Each method includes any additional components necessary to ensure effective cooperation and coordination among, and the Idaho Infant Toddler Program’s general supervision (including monitoring), of EIS providers (including all public agencies) involved in Idaho’s early intervention system.

| USE OF PUBLIC BENEFITS OR PUBLIC INSURANCE TO PAY FOR PART C SERVICES | In Idaho there are no required costs associated with the State’s using a child’s or parent’s public benefits or public insurance to pay for part C services (such as copayments, deductibles, or required |
The Idaho Infant Toddler Program may not use the public benefits or insurance of a child or parent to pay for Part C services unless Idaho provides written notification, consistent with §303.520(a)(3), to the child’s parents and Idaho meets the no-cost protections identified in §303.520(a)(2).

With regard to using the public benefits or insurance of a child or parent to pay for Part C services, Idaho:

- May not require a parent to sign up for or enroll in public benefits or insurance programs as a condition of receiving Part C services and must obtain consent prior to using the public benefits or insurance of a child or parent if that child or parent is not already enrolled in such a program;
- Must obtain consent, consistent with 303.7 and 303.420(a)(4), to use a child’s or parent’s public benefits or insurance to pay for Part C services if that use would:
  a) Decrease available lifetime coverage or any other insured benefit for that child or parent under that program;
  b) Result in the child's parents paying for services that would otherwise be covered by the public benefits or insurance program;
  c) Result in any increase in premiums or discontinuation of public benefits or insurance for that child or that child's parents; or
  d) Risk loss of eligibility for the child or that child's parents for home and community-based waivers based on aggregate health-related expenditures.
- If the parent does not provide consent under §303.520(a)(2)(i) or §303.520(a)(2)(ii), Idaho still makes available those Part C services on the IFSP to which the parent has provided consent.

Prior to using a child’s or parent’s public benefits or insurance to pay for Part C services, the Idaho Infant Toddler Program provides written notification (at least one time) to the child’s parents. The notification includes:

- A statement that parental consent must be obtained under §303.414, if that provision applies, before the Idaho Infant Toddler Program or EIS provider discloses, for billing purposes, a child’s personally identifiable information to Idaho’s Department of Health and Welfare responsible for the administration of Idaho’s public benefits or insurance program (e.g., Medicaid);

NOTE: In Idaho, Medicaid (the program managing public benefits in Idaho) and the Infant Toddler Program are both housed within the same agency; the Department of Health and Welfare. The consent obtained by Medicaid when the family applies for public benefits allows sharing information between programs within the agency. This consent provides the necessary authorization to share personally identifiable information for billing purposes.
A statement of the no-cost protection provisions in §303.520(a)(2) and that if the parent does not provide the consent under §303.520(a)(2), the Idaho Infant Toddler Program still makes available those Part C services on the IFSP for which the parent has provide consent;

A statement that the parents have the right under confidentiality of information provisions (303.414) to withdraw their consent to disclosure of personally identifiable information to the Idaho Department of Health and Welfare, responsible for the administration of Idaho’s public benefits or insurance program (e.g., Medicaid) at any time; and

A statement that families are not charged fees for any early intervention services and do not incur any costs when using public insurance (i.e., Medicaid) or private insurance. Co-payments or deductibles are covered by the Idaho Infant Toddler Program. Families may be responsible to pay any insurance premiums they incur if applicable per their insurance plan or other long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under their insurance policy.

| USE OF PRIVATE INSURANCE TO PAY FOR PART C SERVICES (§303.520(b-e)) | The Idaho Infant Toddler Program may not use the private insurance of a parent of a child with a disability to pay for Part C services without receipt of written consent from the child's parents that is consistent with §§ 303.7 and 303.420(a)(4), to use private insurance to pay for Part C services for his or her child or Idaho meets one of the exceptions in §303.520(b)(2). This includes the use of private insurance when such use is a prerequisite for the use of public benefits or insurance. Parental consent is obtained:

1. When the Idaho Infant Toddler Program or EIS providers seeks to use the parent’s private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and

2. Each time consent for services is required under §303.420(a)(3) due to an increase in frequency, length, duration, or intensity in the provision of services in the child’s IFSP. These changes are authorized by the parent on the IFSP Addendum form.

Consent to use insurance is obtained on the Financial Resources for Early Intervention form and is completed at IFSP development prior to provision of initial services and reviewed annually.

Idaho does not require a parent to pay any costs that the parent would incur as a result of the state's use of private insurance to pay for early intervention services (such as copayments, or deductibles). Families may be responsible to pay any insurance premiums they incur if applicable per their insurance plan or other long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under their insurance policy. |
When obtaining parental consent to use the parent’s private insurance or benefits to pay for the initial provision of an early intervention service in the IFSP; and each time consent for services is required due to an increase (in frequency, length, duration, or intensity) in the provision of services in the child’s IFSP as required in §303.520(b)(1)(iii), the Idaho Infant Toddler Program provides the parents a copy of Idaho’s system of payments policy that identifies the potential costs that a parent may incur when their private insurance is used to pay for early intervention services under this part (such as copayments, or deductibles or other long-term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps under the insurance policy).

Parents may choose to allow use of their private and public insurance to pay for early intervention services. For families who are dually insured by both public and private insurance, parents are informed that Medicaid is required to seek reimbursement from the family’s private insurance prior to claims being paid by Medicaid. Because of this, for families covered by both public (Medicaid) and private insurance, Idaho does not bill Medicaid without also having written consent to disclose information and to access the family’s private insurance.

Idaho has not enacted a statute regarding private insurance coverage for early intervention services under Part C of the Act. The parental consent requirements in §303.520(b)(1), are, therefore, in place.

If a parent or family of an infant or toddler with a disability is determined unable to pay under the States definition of definition of inability to pay under §303.521.(a)(3) and does not provide consent under §303.520(b)(1), the lack of consent may not be used to delay or deny any services under this part to that child and family.

NOTE: In Idaho, families are not charged family fees, co-payments, or deductibles for any early intervention services; therefore, Idaho is not required to have a definition of “ability to pay.”

Proceeds or funds from public insurance or benefits or from private insurance are not treated as program income for purposes of 34 CFR 80.25.

If Idaho receives reimbursement from Federal funds (e.g., Medicaid reimbursement attributable directly to Federal funds) for services under Part C of IDEA, those funds are considered neither State nor local funds under §303.225(b).

Funds spent from private insurance for services under Part C of IDEA are considered neither State nor local funds under §303.225.

The Idaho Infant Toddler Program does not receive funds from a parent or family member under Idaho’s system of payment established under §§§303.520(e)(1-3); therefore this is not included in these fiscal policies.
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<th>SYSTEM OF PAYMENT AND FEES</th>
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Families are not charged family fees, copayments, or deductibles associated with receipt of early intervention services. At this time, the Idaho Infant Toddler Program does not collect family fees and has not implemented a sliding fee schedule as part of Idaho’s System of Payment. Idaho’s System of Payment includes using only the family’s public insurance or benefits or private insurance.

Idaho’s System of Payment is in writing and specifies which functions or services, if any, are subject to the system of payments (including any fees charged to the family as a result of using one or more of the family’s public insurance or benefits or private insurance) and includes the following:

1. The functions or services that are subject to billing private insurance and/or public insurance (Medicaid) under the system of payments include the following:
   a) Special Instruction
   b) Speech evaluations and therapy
   c) Occupational evaluations and therapy
   d) Physical therapy and evaluations
   e) Hearing evaluations
   f) Language interpretation

   NOTE: If the above services are being provided by IESDB, they will not be subject to the billing of public or private insurance.

2. Families are not charged family fees, co-payments, or deductibles for any early intervention services. Co-payments and deductibles related to use of private insurance for any early intervention services are covered by the Idaho Infant Toddler Program.

3. As a result of families not being charged family fees, copayments, or deductibles associated with receipt of early intervention services the Idaho Infant Toddler Program does not have a definitions of ability to pay and inability to pay at this time.

4. An assurance that:
   a) Fees are not charged to parents for the services that a child is otherwise entitled to receive at no cost (including those services identified in §§303.521(a)(4)(ii), (b), and (c);
   b) The inability of parents of and infant or toddler with a disability to pay for services will not result in a delay or denial of services under this part to the child or the child’s family such that, if the parent or family meets States definition of inability to pay, the infant or toddler with a disability is provided all Part C services at no cost;
   c) Families are not charged more than the actual cost of the Part C service (factoring in any amount received from other sources for payment for that service); and

   NOTE: In Idaho, families are not charged family fees, co-payments, or deductibles for any early intervention services.
d) Families with public insurance or private insurance will not be charged disproportionately more than families who do not have public insurance or benefits or private insurance.

NOTE: In Idaho, families are not charged family fees, co-payments, or deductibles for early intervention services.

5. Provisions that permit, but do not require, the Idaho Infant Toddler Program to use Part C funds or other funds to pay for costs such as premiums, deductibles, or co-payments.

The following are required functions and services that must be provided at public expense and for which no fees may be charged to parents:

1. Implementation of Child Find requirements including Public Awareness and Referral in §§303.301 through 303.303.
2. Evaluation and Assessment in accordance with §303.320, and the functions related to evaluation and assessment in §303.13(b).
3. Service Coordination services as defined in §§303.13(b)(11) and 303.33.
4. Administrative and coordinative activities related to:
   a) The development, review and evaluation of IFSPs and Interim IFSPs in accordance with §§303.342 through 303.345;
   b) The implementation of Procedural Safeguards in subpart E of this part and the other components of the statewide early intervention system in subpart D of this part and subpart.

Idaho does not have state mandate to serve children over three years of age with a disability; nor does Idaho’s Part C program use Part B funds to serve infants and toddlers with disabilities under the age of three.

Although early intervention services are provided at no “out of pocket” expense to families, the following written procedural safeguards are in place for informing parents that a parent who wishes to contest the imposition of a fee, or Idaho’s determination of the parent’s ability to pay, may do one of the following:

1. Participate in mediation in accordance with §303.431.
2. Request a due process hearing under §303.436 or §303.411, whichever is applicable.
3. File a state complaint under §303.434.
4. Use any other procedure established by Idaho for speedy resolution of financial claims, provided that such use does not delay or deny the parent’s procedural rights under this part, including the right to pursue, in a timely manner, the redress options described in paragraphs (e)(2)(i) through (e)(2)(iii) of §303.521(e).

Idaho informs parents of these procedural safeguard options by either:
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<td>1.</td>
<td>Providing parents with a copy of Idaho’s system of payment policies when obtaining consent for the provision of early intervention services under §303.420(a)(3); or</td>
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<td>2.</td>
<td>Including this information with the notice to parents under §303.421.</td>
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