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INTERDEPARTMENT MEMO

TO: Director Russell S. Barron, IDHW Director and Miren Unsworth, FACS Administrator

FROM: Matt Wimmer, Medicaid Administrator

RE: Interagency Agreement for Early Intervention Services

The Divisions of FACS and Medicaid have been working on a collaborative project over the past 14 months to implement Early Intervention Services (EIS) delivered through the Individuals Disabilities Education Act Part C Lead Agency (Infant Toddler Program) to Medicaid children (ages birth through 36th months) through a new model. This project has included many changes including rules changes, State Plan Amendment, claims system changes, and provider handbook changes to support the new model. As part of this project, the project team has developed an Intra-Agency Agreement. Attorney generals for each division have conducted their reviews and provided input into this agreement. It is now ready for execution.

Once executed, this agreement will be posted to the Medicaid provider portal operated by our claims processing contractor, Molina Medicaid Solutions at idmedicaid.com. It will also be linked to the Medicaid provider handbook and appropriate pages on the IDHW website. Expedited review and execution is needed to coordinate with other components of this project to include other work products currently in motion including the following items: Medicaid Telehealth Policy, Medicaid Information Release, General Provider and Participant Handbook Changes and MMIS system changes, ITP operations go-live and service delivery of July 1, 2018.

Please sign the enclosed signature page of the agreement and return the signed page to my office via email to my management assistant Teresa Martin at teresa.martin@dhw.idaho.gov. Thank you for your support in this collaboration.

Intra-agency Agreement

Between

The Division of Family and Community Services (FACS)

And

The Division of Medicaid

Regarding the Department's Partnership to Provide Early Intervention Benefits to Infants and Toddlers of Idaho

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I. Statement on Initiative

This agreement is made by and between the Idaho Department of Health and Welfare's, Division of Family and Community Services (FACS) and Medicaid to ensure the availability and accessibility of early intervention services for all Medicaid eligible infants and toddlers, birth through the end of their 36th month who have a developmental delay or who have conditions (such as prematurity, Down Syndrome, hearing loss) that may result in a developmental delay.

II. Statement of Common Purpose

The purpose of this Intra-Agency Agreement is to delineate the roles and responsibilities for each division involved in administering EPSDT Early Intervention Services in Idaho. In order to ensure effective communication between the two divisions and to comply with federal requirements, the following must occur:

- Clarify individual agency responsibilities through interagency operating agreements;
- Recognize the federal and state authority under which both programs will operate;
- Define the Idaho Infant Toddler Program (ITP)'s responsibilities related to the delivery system of benefits;
- Define Medicaid's responsibilities related to definition of services, provider qualifications, documentation requirements, limitations and reimbursement;
- Formalize dispute resolution procedures between state agencies;
- Describe supervision and monitoring responsibilities between the two divisions; and
- Establish the terms for review of the Intra-Agency Agreement.

A. Mutual Objectives

It is agreed by both parties that each division shall support the following mutual objectives at the State and local levels through rules, policies, procedures and contracts:

- Screening, diagnostic, and early intervention services are provided at no cost to families;
- Early intervention services emphasize the best practice model and evidence-based practices for delivering services to infants and toddlers and their families;
- Services are aligned with goals of the patient-centered medical home model;
- Services will take place in the child's natural environment within the context of the family's everyday routines, activities, and settings; and
- Procedural and documentation requirements are consistent with all Medicaid services, and will be reimbursed equitably to services delivered by similar providers.

B. Mutual Agreements

In order to attain the above mutual objectives, the following will occur:

- Both divisions will participate in necessary ongoing development, implementation, and evaluation of the Intra-Agency Agreement and operations of early intervention services
- Both divisions will share information about children in the ITP to the extent necessary and consistent with state and federal confidentiality requirements, including securing signed releases of information from participants as necessary, in order to get accurate data for federal reporting and to facilitate the effective and efficient delivery of services.
- Both divisions will provide coordinated training and technical assistance for families, agency staff, and other entities as necessary and appropriate
- Both divisions will define roles and responsibilities related to service delivery and payment

- Medicaid will designate at least one person to serve on the Idaho Interagency Coordinating Council (ITCC).
- Eligibility notification for IDEA Part-C services and due process proceedings are the responsibility of the Division of FACS. However, the Division of Medicaid reserves the option to review all participant notifications on an as needed basis.

C. Mutual Outcomes

As a result of the Department's shared purpose, objectives, and agreements, the state hopes to achieve the following outcomes:

- Enhance the development of infants and toddlers and the capacity of families to support their child's development
- Increase access to early intervention services and increase family involvement with those services
- Support the participation of eligible children and their families in inclusive and culturally relevant community settings and activities
- Increase family self-sufficiency that leads to improved health outcomes, lower healthcare costs and reduced need for remedial education.

D. Common Definitions

Coaching in Natural Learning Environments – An Early Intervention Evidence Based Practice used by ITP that includes the following components:

- **Teaming using a Primary Service Provider Approach.** A family-centered process for supporting families of young children with disabilities in which one member of an identified multidisciplinary team is elected as the primary service provider who receives coaching from other team members, and uses coaching as the key intervention strategy to build the capacity of parents and other care providers to use every day learning opportunities to promote child development.
- **Activity settings within Natural Environments and Routines.** Natural environments are not places, but the everyday routines, experiences, and activities occurring in different social and nonsocial contexts as part of family and community life.
- **Coaching Style of Interaction with Families.** An adult learning strategy in which the coach promotes the learner's ability to reflect on his or her actions as means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

Early Intervention Payor of Last Resort - IDEA (34 CFR Section 303.527(a)) requires states to pursue Medicaid funding for medically necessary services for Medicaid eligible children prior to using IDEA and state funding. Additionally, the State Plan as authorized under 1902(a) authority of the Social Security Act requires Medicaid to cover all services provided in the State Plan including EPSDT services for children, as specified in 1905(r) of the Social Security Act.

EPSDT Early Periodic Screening Diagnosis and Treatment Services - Medically necessary services for eligible Medicaid participants under the age of twenty-one (21) are health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act necessary to correct or ameliorate defects, physical and mental illness, and conditions discovered by the screening services as defined in Section 1905(r) of the Social Security Act whether or not such services are covered under the State Plan. Services must be considered safe, effective, and meet acceptable standards of medical practice.

FERPA – The Family Educational Rights and Privacy Act of 1974 is federal legislation in the United States that protects the privacy of students' personally identifiable information (PII). The act applies to all educational institutions that receive federal funds. FERPA states that educational records are private. In general, the only person who can authorize publication of educational records is the student's parent(s) or an "eligible student." (Age 18)

HIPAA - The Health Insurance Portability and Accountability Act of 1996, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. HIPAA protects health insurance coverage for workers and their families when they change or lose their jobs (Portability) and protects health data integrity, confidentiality, and availability (Accountability).

IDEA, Part C - The Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1431 et seq.) is a federal law that mandates that all states must provide children, including those with disabilities, with a free, appropriate public education. Part C of IDEA provides for early intervention services for at-risk children from birth to their third birthdays. IDEA further mandates that early intervention services must be provided by qualified personnel, in natural environments and at no cost to the families.

IDEA, Part C Lead Agency - The Division of Family and Community Services' Idaho Infant Toddler Program is the lead agency for IDEA Part C. The IDEA Part C provides the regulatory provisions for lead agencies to ensure the early intervention system includes child find, monitoring, evidence-based early intervention services, and transition support for children and families.

Medically Necessary Services - Services for eligible Medicaid participants under the age of twenty-one (21) that are health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act (SSA) necessary to correct or ameliorate defects, physical and mental illness, and conditions discovered by the screening services as defined in Section 1905(r) of the SSA, whether or not such services are covered under the State Plan. Services must be considered safe, effective, and meet acceptable standards of medical practice.

III. Program Authority

The Early Intervention Program shall provide services consistent with the following state and federal regulations:

- **State Regulations:**
  - Idaho Statute – Section 39-4601 through 39-4608, Idaho Developmental Disabilities Services and Facilities Act
  - Idaho Statute – Title 16, Chapter 1, Early Intervention Services
  - Idaho Medicaid rules - IDAPA 16.03.09.585 – 587, Early Intervention Services
- **Federal Regulations:**
  - 20 U.S.C. § 1400-1409 and §1431-1444, Individuals with Disabilities Education Act (IDEA)
  - 34 CFR Part 303 (Part C), Individuals with Disabilities Education Act (IDEA), Part C
  - State Plan – 1937(a) State Option of Providing Benchmark Benefits. — [42 U.S.C. 1396u-7]

IV. Delivery System and Benefits

The ITP, as lead agency for the administration of Part C and early intervention services, is responsible to ensure requirements related to the early intervention delivery system and benefits are met. The Idaho ITP will deliver IDEA Part C services utilizing the evidence-based practice of Coaching in Natural Learning Environments.

A. Services

Early Intervention services are services provided through IDEA Part C. Early Intervention services are specialized services covered in accordance with 42 CFR 440.130(d), which are designed to meet the developmental needs of each child and the needs of the family related to enhancing the child's development. Services are provided to children from birth to age three who have a 30 percent developmental delay in one or more areas of development, atypical development, or a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Services are delivered as part of the statewide comprehensive, coordinated, multidisciplinary inter-agency system for early intervention services for infants and toddlers with disabilities and their families as defined in 34 CFR 303.100. The following components are covered for an early intervention provider:

- Screening, if applicable, as described in 303.320;
- Evaluations and assessments as described in 303.321 and 303.322;
- Development, review, and implementation of an Individualized Family Service Plan (IFSP) as described in 303.340 - 303.346;
- Early intervention services, as described in 303.13.

Based on the unique needs of each child, early intervention services shall be delivered through a combination of individualized intervention methods and strategies.

IDEA, Part C includes the following early intervention services:

- Assistive Technology Device
- Assistive Technology Service
- Audiology
- Family Training, Counseling, and Home Visits
- Health Services
- Medical Services Only for Diagnostic or Evaluation Purposes
- Nursing Services
- Nutrition Services
- Occupational Therapy
- Physical Therapy
- Psychological Services
- Service Coordination Services
- Sign Language and Cued Language Services
- Social Work Services
- Special Instruction
- Speech/Language Pathology
- Transportation and Related Costs
- Vision Services

B. Qualifications

Early intervention services for infants and toddlers enrolled in Idaho Medicaid are provided by the ITP. The ITP must hold a valid Idaho Medicaid provider agreement and comply with all provider enrollment and screening requirements as specified in IDAPA 16.03.09.

All personnel providing early intervention services must be employed by or contracted with the Idaho ITP, meet IDEA, Part C requirements, and meet all Medicaid regulations. Idaho Code, Title 16, Chapter 1, requires the ITP (as the lead IDEA, Part C Agency) to ensure individuals providing early intervention services meet Idaho's established certification or licensing standards-within the scope of their practice, and are appropriately and adequately trained.

ITP personnel providing early intervention services include the following professions or disciplines:

- Audiologist
- Developmental Specialist
- Family Therapist
- Marriage and Family Therapists
- Professional Counselor
- Occupational Therapist
- Orientation/Mobility Specialist
- Optometrist
- Pediatrician/Physician
- Physician Assistant
- Nurse Practitioner
- Physical Therapist
- Psychologist

- Registered Dietician
- Registered Nurse
- Licensed Practical Nurse
- Social Worker
- Clinical Social Worker
- Masters Social Worker
- Speech/Language Pathologist
- Teacher for Hearing and Visually Impaired

V. Procedural Safeguards and Program Documentation

The ITP, as lead agency for the administration of Part C and early intervention services, is responsible to assure the following requirements related to procedural safeguards and program documentation are met:

A. Eligibility

Regulations for Part C, IDEA, Section 303.21 defines infants and toddlers with disabilities from birth to three who need early intervention services because they are experiencing delays, as measured by appropriate diagnostic instruments and procedures, in one or more of the following areas:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development
- Adaptive development

– OR –

- Have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

When determining eligibility for IDEA Part C services, the multidisciplinary team considers evaluation results, recommendations, family information, parent recommendations, assessment results, observational information, and/or professional judgment to determine whether the child meets the above criteria for Developmental Delay or Established Medical Condition.

In addition to the categorical definitions of Developmental Delay and Established Medical Condition used to determine a child's eligibility, Informed Clinical Opinion makes use of qualitative and quantitative information to assist in forming a determination of eligibility regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention.

Notification of eligibility of services occurs by the Lead Agency and is re-verified annually to ensure ongoing necessity of early intervention services.

B. Physician Recommendations

For each Medicaid eligible child receiving early intervention services, a recommendation from a physician or other practitioner of the healing arts must be in the child's file. A physician's recommendation is required for services and/or evaluations. ITP may not seek reimbursement for services provided more than thirty (30) days prior to the signed and dated physician recommendation.

The physician recommendation is valid for the length of time indicated, not to exceed three hundred sixty-five (365) days.

This recommendation may be on a separate recommendation form or the physician may sign the IFSP. It is preferred that the recommendation is from the participant's primary care provider (PCP) if the participant is enrolled in the Healthy Connections Program.

C. Evaluation

Regulations for Part C, IDEA Section 303.321(2)(i) defines evaluation as the procedures used by appropriate qualified personnel to determine a child's initial and continuing eligibility consistent with the definition of 'infants and toddlers with disabilities." Evaluations must support services billed to Medicaid, be updated as needed to accurately reflect the child's current status and be recommended by a physician. Evaluations completed for educational services only cannot be billed.

Evaluations must include the following information:

- Summary of Findings
- Recommendations for treatment
- Signature of early intervention provider complete with date and title

D. Assessment

Regulations for Part C, IDEA Section 303.321(2)(ii) defines assessment as the ongoing procedures used by appropriate qualified personnel to identify the child's unique strengths and needs and the services appropriate to meet those needs throughout the period of the child's eligibility and the assessment of the child's family. Initial assessment is defined as the assessment of the child and the family conducted prior to the child's first IFSP meeting.

Assessments must include the following information:

- Indication the parent or legal guardian of the child were included in the assessment process
- Signature of early intervention provider complete with date and title

E. Individualized Family Service Plan (IFSP)

IDEA and Idaho Code, Title 16, Chapter 1 requires the development and implementation of an IFSP for every eligible child and family who chooses to participate in the ITP. The IFSP must be developed jointly with the family and the appropriate qualified personnel, and must be based on the multidisciplinary evaluation of the child and the resources, priorities, and concerns of the family. The IFSP outlines the services necessary to enhance the development of the child and the capacity of the family to meet the needs of the child.

The IFSP must include the type, frequency, and duration of the service(s) provided, the title of the early intervention provider(s) and the specific place of service.

The IFSP must contain measurable goals.

F. Continuing Service Report (CSR)

Documentation must be generated at the time of service provision and be available for immediate access for review and copying by the Department and its authorized agents during normal business hours. Documentation must be retained for a period of five years from the date the item or service was provided.

Daily entries must include the following:

- Name of the participant
- Date and time of service
- Duration of the session (time in and time out)
- Specific service provided
- Brief description of the specific areas addressed
- Child's response to the services provided during the session
- Signatures and credentials of the performing provider

If daily entries are not electronically filed through a CSR at the time of service provision, ITP must maintain a hard copy of each daily entry and electronically file a CSR on a regular basis. The CSR that has been electronically filed must contain all of the daily entry information and procedure codes billed.

G. Record Keeping

The Infant Toddler Program must ensure a child's record contains the following information for each child enrolled in the program:

- Eligibility Determination
- Physician recommendation
- Evaluations/Assessments
- Individualized Family Service Plan (IFSP)
- Continuing Service Report(s)
- Child specific documentation listed below in section Other Required Documentation

H. Other Required Documentation

To support claims billed to Medicaid, ITP must also maintain records that:

- Document participant reviews and/or any amendments made to the treatment plan by the appropriate professionals.
- Document supervision (including the activities that took place during the supervision) when required by ITP and/or Medicaid rules.
- Document provider qualifications, including required certificates, licenses, and resumes indicating qualifications for position held.
- Document that ITP requested the name of the child's primary care physician and requested a written consent to release and obtain information between the primary care physician.
- Document delivery of evaluations and plans to primary care physicians, community and state agencies if the ITP has obtained a written consent to obtain and release the information.

VI. Payment for Services

Medicaid, as a payor of early intervention services, is responsible to assure payment for services and reimbursement requirements are met. Medicaid's early intervention program is authorized to provide prevention, diagnostic and treatment services as specified in Section in 1905(r) of the Social Security Act. The goal of these EPSDT benefits is to assure that young children get the right care at the right time in the right setting.

Medicaid must:

- Reimburse for early intervention services in accordance with Medicaid established rates and reimbursement methodology

The ITP must:

- Accept Medicaid payment as payment in full and may not bill participants for the balance
- Ensure contracted providers do not submit a separate claim to Medicaid as the performing provider for services billed under ITP's provider number
- Pursue third party payments before billing Medicaid for all services except screening, evaluation and assessment
- Provide telehealth services in accordance with the Idaho Medicaid Telehealth Policy and applicable handbooks

Reimbursement is subject to pre-payment and post-payment review in accordance with Section 56-209(h)(j)(3), Idaho Code and recoupment in accordance with IDAPA 16.05.07. "The Investigation and Enforcement of Fraud, Abuse and Misconduct"

VII. Medicaid Reimbursable Early Intervention Services

A. Fee for Service

Reimbursement for Medicaid early intervention services will be based on the early intervention fee schedule available on the Medicaid Agency's website. IDEA Part C services reimbursed based on the early intervention fee schedule include:

Pre-Eligibility Screening

The purpose of screening is to determine the appropriateness of a child's participation in ITP. Administration of a screening instrument is the first step in detecting potential delays or impairments in any area of a child's development. Screening informs the need to refer the child for a more in-depth eligibility evaluation. The screening can be delivered through a mail-in questionnaire format, in person, or over the phone.

Children receiving this screening are not enrolled in ITP. A physician recommendation is not required. Additionally, third party liability does not apply to EPSDT screening and diagnostic services.

This service will be documented through the completion of a Continuing Service Record, and by including the screener results in the child's file in ITPKIDS.

Developmental Screening

The purpose of developmental screening is to determine the appropriateness of a child's participation in ITP, or if additional ongoing assessment is needed for children enrolled in ITP. This screening occurs prior to enrollment or throughout service delivery when the following screeners are used:

- Ages and Stages Questionnaire (ASQ)
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST)
- Bayley Infant Neuro-developmental Screen (BINS)
- Brigance Screens-II
- Child Development Inventory (CDI)
- Infant Development Inventory
- Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
- Parent's Evaluation of Developmental Status - Dev Milestones

The screening can be delivered through a mail-in questionnaire format, in person, or over the phone. A physician recommendation is not required, but ITP will share this information with the child's primary care physician. Additionally, third party liability does not apply to EPSDT screening and diagnostic services.

This service will be documented through the completion of a Continuing Service Record, and by including the screener results in the child's file in ITPKIDS.

PT, OT, SLP Evaluation

For Speech-Language Pathology and Audiology evaluation requirements, refer to the Speech, Language, and Hearing section of the Idaho Medicaid Handbook.

For Occupational Therapy and Physical Therapy evaluation requirements, refer to the Respiratory, Developmental, Rehab, Restorative Services section of the Idaho Medicaid Handbook.

Developmental Evaluation

A developmental evaluation is used by the multi-disciplinary team when necessary to determine a child's initial and continuing eligibility for ITP. This evaluation must evaluate the child's level of functioning in each of the following developmental areas, and identifies the services necessary to address developmental needs in those areas:

- Cognitive development
- Physical development, including vision and hearing
- Communication development
- Social or emotional development; and
- Adaptive development

Evaluations of each child must be conducted by personnel trained to utilize appropriate methods and procedures, be based on informed clinical opinion, and be age appropriate, reliable, and valid. The evaluation includes the following:

- Administering a standardized evaluation instrument;
- Taking the child's history (including interviewing the parent);
- Reviewing pertinent records related to the child's current health status and medical history;
- Gathering information from other sources such as family members, care-givers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs.

The Developmental Evaluation must be completed in person, and should not be used for ongoing assessment for service delivery. A physician recommendation is required for the Developmental Evaluation. However, third party liability does not apply to EPSDT screening and diagnostic services.

This service will be documented through the completion of a Continuing Service Record, and including a completed evaluation report in ITPKIDS. All evaluation reports completed for eligibility should be provided to the child's family, and the child's physician.

An evaluation report must include, but is not limited to, the following components:

- Eligibility comments,
- Summary of findings, including information contributed by the family/caregivers regarding the child and their family,
- Analysis and interpretation of the child's performance,
- The child's unique strengths and needs and recommendations to meet those needs, and
- Recommendations for treatment.

Early Intervention Assessment

ITP assessment involves activities, observations and the administration of instruments and tools to identify current needs and functioning of the child within their natural environment. These assessment activities may occur prior to and after a child has an IFSP in place. This code may be used when the following assessment activities are completed:

- Initial or ongoing assessment of the child's level of functioning in one or more developmental areas including cognitive development, physical development (including vision and hearing), communication development, social or emotional development, and adaptive development
- Annual child assessment
- Annual family assessment; and
- Early childhood outcomes assessment and/or determination

Reimbursable activities for ITP assessment include observation, interpretation, scoring, and write up time for instruments and tools utilized. Assessment instruments and procedures can be either standardized or non-standardized. Initial assessment results should include a recommendation for treatment.

This service will be documented through the completion of a Continuing Service Record, and by including assessment results in the child's ITPKIDS file. A full written report is not required.

Early Intervention

Early intervention involves individualized education, training and consultation provided to the child/family/caregivers to promote the child's age appropriate growth and development as identified in the IFSP. Providers of early intervention assist caregivers to recognize the learning opportunities in the family's daily activities, and how to apply intervention strategies so that families are supporting change between visits.

Providers of Early Intervention are broken into two reimbursement categories:

- Reimbursement Category 1 – Providers are developmental therapists, marriage and family therapists, professional counselors, orientation/mobility specialists, vision specialist, registered dieticians, licensed practical nurses, and teachers for the hearing and visually impaired.
- Reimbursement Category 2 – Providers are physical therapists, occupational therapists, speech-language pathologists, audiologists, nurses (registered nurses or nurse practitioners), psychologists, optometrists, pediatricians/physicians, and physician assistants.

Eligible children and their families receive early intervention services to support progress toward outcomes developed in the child's IFSP. The child must be present for services, and the services must be delivered in accordance to the IFSP (e.g. duration, length, frequency, location, IFSP date range). Inclusion and participation of the child and family/caregivers is required for billable intervention.

This service will be documented through the completion of a Continuing Service Record.

Joint Visit

A joint visit is a home visit in which the secondary service provider (SSP) accompanies the primary service provider (PSP) for the purpose of supporting the PSP, the child's care providers, and the child. This service is used when two interventionists meet with the caregiver and child during a visit to identify and integrate strategies that support the child's progress toward established outcomes.

To be considered billable, both early intervention providers must be an authorized care provider on the IFSP and be present for the service. Joint Visits must be planned with other MDT members/service providers before the joint visit is conducted and be at least 30 minutes in duration.

This service will be documented through the completion of a Continuing Service Record.

Teaming

Teaming occurs when there is coordination of two or more early intervention providers for the purpose of reviewing, integrating, and planning for a child's effective early intervention.

To be considered billable, at least two or more early intervention providers from Reimbursement Category 1 and/or Category 2 must be present. Meetings must be a minimum of 15 minutes and may be with or without the family present. IFSP development is not a teaming activity and should not be billed as such.

This service will be documented by the primary service provider through the completion of a Continuing Service Record. If the primary service provider is not present, a secondary service provider may document the service.

Interpretive Services

Medicaid covers interpretive services provided by the ITP to assist participants who are deaf or who do not speak or understand English when receiving a Medicaid service. Refer to the Idaho Medicaid Interpretive & Sign Language Services policy for more information.

B. IDEA Part C Services Reimbursed other than Early Intervention Fee Schedule

For children on Medicaid, some IDEA Part C services listed in section IV.A of this Intra-agency agreement may be reimbursed in ways other than the Early Intervention fee schedule. IDEA Part C services reimbursed in ways other than the early intervention fee schedule include:

Service Coordination/Infant Toddler Program

Service Coordination is provided to all families in ITP. Service Coordination services refer to activities carried out by a Service Coordinator that assist and enable a child and family to receive the multidisciplinary evaluation, IFSP development, rights, procedural safeguards, and services that are authorized to be provided by the ITP. The Service Coordinator is responsible for coordinating all services across agency lines, and serving as a single point of contact in helping families obtain needed services and assistance.

Service Coordination for Medicaid participants is reimbursed through Medicaid administrative claiming as authorized in section 1903(a)(7) of the Social Security Act. Administrative expenditures necessary for the administration of the state plan must not duplicate payment for activities that are already being offered or should be provided by other entities, or paid through other programs. Therefore, service coordination must not be reimbursed through the fee for services listed above.

Transportation

Medicaid coverage for non-emergency medical transportation services may be available to children on Medicaid when the transportation is necessary to access medically necessary services covered by Medicaid. Coverage and limitations for non-emergency medical transportation services can be found in IDAPA 16.03.09. ITP service coordinators may assist families in obtaining transportation if it is identified as a needed service for the child.

Assistive Technology

Some assistive technology devices may also meet Medicaid's definition of durable medical equipment. Medicaid coverage for durable medical equipment may be available to children on Medicaid when department standards for medical necessity are met. Coverage and limitations for durable medical equipment and supplies are in IDAPA 16.03.09 and the Idaho Medicaid Handbook. ITP service coordinators may assist families in obtaining durable medical equipment if it is identified as medically necessary for the child.

VIII. Supervision and Monitoring

As the lead agency for the administration of Part C of IDEA, the ITP is responsible for the supervision and monitoring of all early intervention services used by the State to assure compliance with state and federal regulations through the following mechanisms:

A. Advisory Council

Monitoring of agencies, institutions, organizations, and activities used by the state to implement Part C is completed by the Department with the advice and assistance of the Infant Toddler Coordinating Council and the Regional Early Childhood Committees.

B. Data System and Verification

The Idaho Infant Toddler Program's electronic data collection and management system, called ITPKIDS, is a web-based system that contains all collected child enrollment, demographic, caregiver data, as well as service coordination provision, eligibility categories, and service categories. The data system provides real-time data to both regional and Central Office personnel. System edits are in place to ensure billing requirements such as physician NPI and physician recommendations are in place prior to processing a claim for billing.

C. Family Survey

Idaho ITP utilizes results from an annual Family Outcomes Survey as part of the identification of issues and areas for improvement.

D. Self-Assessment

A regional assessment is completed by local programs annually utilizing a standardized tool called the Regional Annual Performance Report (RAPR). Self-assessment indicators developed by the state (focusing on both compliance and quality) are aligned with federal reporting and ITPKIDS.

For regional programs that identify non-compliance, the ITP will complete quarterly corrective action plan monitoring calls to assess status and progress. In instances where no progress toward expected targets is made over a period of more than two quarters, monthly monitoring, increased technical assistance, further troubleshooting, or other sanctions may result.

E. Technical Assistance for Monitoring

The ITP provides TA to regional programs on the use of ITPKIDS and in the development and implementation of corrective action plans. The ITP can require specific TA if non-compliance and improvements are not being addressed in a timely manner.

F. Analysis of Complaints and/or Due Process Resolutions for Monitoring and TA Purposes

All families are provided with information on complaint and dispute resolution processes, including the availability of mediation. Formal and informal complaints are managed by the ITP where a log of complaints and resolutions is maintained. When a formal complaint is initiated by a family, they are informed about the IDEA Part C procedural safeguards and advised on how to submit a complaint in writing. Should a family request mediation or due process, the ITP arranges for appropriate mediators/hearing officers, confirms arrangements, and facilitates connection between the family and the mediator/hearing officer.

The ITP investigates administrative complaints when filed. The ITP aggregates data/results from formal/informal complaints and due process hearings to identify or emphasize areas that need attention or for managing provider contracts. The ITP will share this information with the Bureau of Medical Care, EPSDT Coordinator, for cases involving Medicaid participants.

IX. Quality Management

As the lead agency for the administration of Part C of IDEA, the ITP is responsible for quality management of all early intervention services. ITP utilizes a Quality Improvement (QI) Committee to monitor quality assurance activities statewide. The QI Committee ensures quality assurance activities occur at the regional level, and that findings are appropriately reported and addressed to leadership and administration.

X. Agency Dispute Resolution Process

The Division of Family and Community Services and Division of Medicaid agree to keep communication open and frequent at both informal and formal levels. Both divisions, are responsible to maintain open, on-going communication and resolve disputes regarding early intervention services in Idaho.

Procedures for timely resolution of disputes include the following:

- When disputes involve various divisions within a single agency, the internal administrative dispute resolution procedures shall be utilized
- If this meeting process does not resolve the dispute in a timely manner, the ITP, will assemble a meeting with the representatives of Medicaid and Family and Community Services. As the lead agency for early intervention services, ITP may identify and pay for an independent and objective mediator to help facilitate the process to make a final determination
- Disputes shall be resolved within sixty (60) days of identification

XI. IDEA Part C Fiscal Accountability

Consistent with 34 CFR Section 303.500, each division will ensure that the use of IDEA, Part C funds are not used to satisfy any financial commitment for services that would otherwise have been paid for from another public or private source. Both divisions agree to coordinate available resources to pay for early intervention services. In accordance with 34 CFR Section 303.225(b), both divisions will annually account for all state and local funds used for the provision of early intervention services so that the Infant Toddler Program may report expenditures to assure non-supplanting of funds.

Both divisions agree to resolve disputes that arise in the provision or payment of early intervention services in a non-adversarial manner and to ensure that services to children and families are not delayed or disrupted. Disputes related to fiscal accountability must be completed no later than 45 calendar days after the issue is referred to ITP.

XII. Reporting and Evaluation

As lead agency for Part C, ITP submits an Annual Performance Report to the Secretary of the United States Department of Education and the public on the status towards meeting the target measurements in the State Performance Plan during the grant year. Both the State Performance Plan and the Annual Performance Report are posted on the Infant Toddler Program website at www.infanttoddler.idaho.gov.

The ITP compiles data on a statewide basis using:

- Child Count data and measurements that are collected for the State Performance Plan Indicators from regional programs; and
- Data that is required to be reported under Part C, and other information that the Secretary may require, including:
  - The requirement to disaggregate the data;
  - Reporting of data by gender, age and race/ethnicity;
  - Reporting the number of due process hearing requests filed and hearings conducted; and, mediations held and settlement agreements reached through mediation.

- Data is evaluated by the ITP to:
  - Report required information to the Office of Special Education Programs;
  - Inform the Department in order to carry out the general supervision and monitoring requirements;
  - Identify trends and needs, by individual community and statewide, in the areas of public awareness, identification, evaluation, service delivery and transition;
  - Identify the types, timeliness, settings and availability of early intervention services and track trends statewide;
  - Identify trends related to funding mechanisms; and
  - Identify needs for qualified personnel.

The ITP will access Medicaid billing reports as needed, either through a Medicaid report request or through direct access. This reporting ensures ITP has the ability to track Medicaid billable services under the early intervention specialty.

The ITP will share appropriate ITP data and/or quality assurance findings, including reporting the quality of the collaboration with primary care physicians, upon request from Medicaid.

XIII. Review, Modification, or Termination of the Intra Agency Agreement

The Intra Agency Agreement may be reviewed upon request by either the Division of Medicaid or the Division of FACS. Reviews shall be for the purpose of developing, modifying, clarifying or terminating the operating agreement. This agreement may be extended, modified, or changed upon a written amendment signed by all parties, and such amendment, when so signed, will become a part of this agreement.

This agreement shall be effective from the date it is fully executed and shall continue indefinitely, unless terminated in writing by either party with three (3) days written notice to the other party.

XIV. Signatures

This Intra Agency Agreement is effective on this day forward {June 28, 2018} through {June 28, 2019}. This agreement becomes effective on the data signed by all parties. The agreement is automatically renewed on June 28th of each year unless any party requests a review of the agreement prior to June 1st of the same year. In Witness Whereof, The Division of Family and Community Services and the Division of Medicaid have caused this Agreement to be executed by their respective authorized officers:

Division of Family and Community Services

(Authorized Signatory) — ~~June 28, 2018~~ 8/9/15 (Date)

Administrator

(Title)

Division of Medicaid

Matt Wimmer

(Authorized Signatory) — June 28, 2018 (Date)

Administrator

(Title)

State of Idaho, Department of Health and Welfare:

Russell S. Barron

(Authorized Signatory) — June 28, 2018 (Date)

Director

(Title)