

ACCESSING THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT
EARLY INTERVENTION SERVICES FUNDING
PROCESS REVISED

The following outlines the process local service areas may use to assist in determining payor of last resort and access to the Individuals with Disabilities Education Act (IDEA) early intervention services funds. These funds are provided through the Washington Infant Toddler Early Intervention Program (ITEIP). The Local Interagency Agreement and Early Intervention Services Plan for the geographic area, defined within the ITEIP contracts, should address the role of each local agency and service provider and the services they provide or fund.

1. In order for children and families to access early intervention services funded by IDEA, Part C the following needs to have occurred before billing payor of last resort:

- A registered Family Resources Coordinator (FRC) is assigned to and working with the family.
- The child has been evaluated and determined eligible for IDEA early intervention services.
- The FRC has explored with the family potential eligibility for other funding resources. (For example: public schools serving children, birth to three, private insurance, TRICARE, State Children's Health Insurance Program (SCHIP), Medicaid (Healthy Options), County Developmental Disabilities, and/or Children with Special Health Care Needs).
- The FRC has coordinated all available funding sources for early intervention services including federal, state, local, and private sources.
- The child and family have an Individualized Family Service Plan (IFSP), as defined in the IDEA, Part C and Washington State's Plan. Washington's Plan is available at <http://www1.dshs.wa.gov/iteip/>.
- The IFSP is a global plan coordinated across service agencies that outlines the outcomes needed, and identifies the funding sources, methods, frequency, intensity, and location for each early intervention service included in the plan.

2. IDEA early intervention funds may be used as payor of last resort to provide early intervention services related to the developmental needs of the child and the needs of the family related to enhancing the child's development as identified on the IFSP. Early intervention services include:

- Assistive Technology
- Audiology
- Family Resources Coordination
- Family training, counseling and home visits
- Health services *necessary to enable a child to benefit from the other early intervention services during the time the child is receiving the other early intervention services. Examples may include clean intermittent catheterization or tube feeding.*
- Medical services *only for diagnostic or evaluation purposes to determine a child's developmental status and the need for early intervention services.*
- Nursing services *necessary to enable a child to benefit from the other early intervention services.*
- Nutrition services
- Occupational Therapy
- Physical Therapy
- Psychological services
- Social Work services
- Special Instruction

- Speech-Language Pathology services
- Transportation and related costs
- Vision

(See Washington State’s Plan Section III for the definition of each service and Section IV – IFSP policy for details on the required documentation.)

The following questions may assist you in determining when it is appropriate to request IDEA, Part C funding and in identifying funding sources for each service listed on IFSPs. Please use the list of questions for the process. NOTE: The FRC should be assisting the family through this funding process and helping families to connect with all federal, state, local and private resources.

All sources of funds must be accessed and be specified on the IFSP for each service before IDEA, Part C may be used for services. Washington also provides many services to children and families such as First Steps, WIC, TANF, and others. These programs should also be accessed, if appropriate.

- **Does the child have private health care coverage?**
 - a. Some services are denied because it is not authorized under the correct benefit or is billed incorrectly. Even if the health care coverage carrier verbally denies a service, the provider should submit the bill to the health care coverage carrier. Sometimes the written decision varies from the verbal denial. The provider should resubmit the bill even if a claim is denied. Mistakes may occur and claims may be paid if resubmitted. If a claim is denied when it appears to have been valid or when a health care coverage carrier refuses to pay for services that appear to be valid, the family member in whose name the policy is carried has a right to appeal. Each health care coverage carrier has an appeal procedure. Assistance with handling denials may be sought from the Office of the Insurance Commissioner. FRCs may assist families with this contact.
 - b. If the health care coverage limits payment to specific service providers the child must access that service provider.
 - c. Parents are responsible for paying their private or public health care coverage premium, deductible, co-pay and co-insurance.
 - d. Continue to the next question.
- **Are the child and family covered by TRICARE now known in Washington State as TRIWEST?**
This is the Military Health System managed health care program. If services are denied by TRIWEST the above process applies.
- **Does the child have or is the child/family eligible for any public health care coverage. Public health care coverage includes Medicaid and the State Children's Health Insurance Program (SCHIP)?**
 - a. If the family’s income falls within the Medicaid guidelines, they must apply. Two IDEA, Part C early intervention services are not covered by Medicaid. They are Family Resources Coordination and special instruction.

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member has a right to appeal. Public health care coverage has an appeal procedure. FRCs may assist the family with the appeal process with their local health care plan and/or the Medical Assistance Administration.

b. Continue to next question.

- **Does the child reside within a school district that directly provides or contracts for early intervention services for children, birth to three?**
 - a. If yes, the family must enroll in the school district and the Individualized Family Service Plan (IFSP) must include this funding source.
 - c. Continue to next question.
- **Does the child meet the eligibility criteria for the Division of Developmental Disabilities (DDD)?**
 - a. If yes, the family must apply at the local DDD office.
 - b. If the child is DDD eligible, does the family/child know their DDD case manager? This information needs to be documented on the IFSP.
 - c. If early intervention services are offered through the local County Developmental Disabilities programs and/or County Health and Human Services agencies, the IFSP must include this funding source, if available.
 - d. Are there other DDD state or local resources that the DDD case manager or staff can assist the family/child to access? If yes, include them on the IFSP.
 - e. Continue to the next question.
- **Does the child meet the Department of Health Children with Special Health Care Needs Program (CSHCN) eligibility criteria and is the family financially eligible?**
 - a. If yes, the family must apply. The CSHCN Program and the Medical Assistance Administration/Medicaid Program have the same financial eligibility. The family applies first for Medicaid. If families have access to one of 14 CSHCN Program supported Neuro-developmental Centers and the service is covered by MAA, those funding sources must be used first. The local CSHCN Program Coordinator at the local health jurisdiction will consider payment for additional medical services not covered by MAA, within the limits of available funding.
 - b. Continue through other funding sources as appropriate.
- **PART C EARLY INTERVENTION SERVICES FUNDS** may only be used as payor of last resort. To do so, the service must be is one of the 16 services, identified on the IFSP, and is not covered by another funding source. Part C funding may also be used to pay the provider of services pending reimbursement from the agency or entity that has ultimate responsibility for the payment (34CFR303.527). If so, upon receipt of payment from a responsible party, the Part C funding source must be reimbursed and the process documented.

ENHANCED FUNDING FOR EARLY INTERVENTION SERVICES
THROUGH THE EARLY INTERVENTION SECTION OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)

EXAMPLES

Communities have asked how best to fill unmet needs that are not funded by other sources (payor of last resort). IDEA early intervention funds to **enhance** early intervention services may be used for but not limited to:

- A child-specific early intervention service need identified on the child and family's IFSP. Early intervention services are designed to meet the developmental needs of the eligible child and the needs of the family related to enhancing the child's development. Services are to be provided by qualified personnel. The IFSP is based on the multidisciplinary evaluation and assessment. The IFSP team includes the family. The parents must give consent for the services to be delivered;
- A need that will increase services within an early intervention program;
- A need for additional qualified personnel or increased time for existing qualified personnel. Qualified personnel are defined in Washington State's plan Section IV Personnel Standards.

The following examples are not an inclusive list. The most reasonable, cost-effective method of meeting the need is to be considered first. Funding for services may differ from geographic service area and funding source. Family Resources Coordinators should be aware of local policies and resources.

1. **A Child or Family Specific Service** (All individual child or family services must be part of the IFSP):

- **Family Training** – Training, related to the child's development or the family's need to understand the child's delay, is identified by the parents or service provider and the need is documented on the IFSP.
 - Pay for sign language training for the parents or caregivers of a hearing impaired child.
 - Reimburse parents for transportation and registration to attend an in-state training or workshops on a topic related to their child's delay or disability.
 - Contract with qualified personnel to provide training identified by the family; e.g. grief and loss, behavior concerns.
- **Natural Environments** - Beginning July 1, 1998 any early intervention service **not** provided in a natural environment must have a written justification on the IFSP.
 - Reimburse qualified personnel for time and travel to increase services provided in a natural environment (e.g. home, child care, recreation center, public swimming pool). Note: Transportation is often included in service delivery expenses, such as an Elks Therapist providing in-home services. Many families are providing their own transportation without the need for financial assistance. When situations such as these occur, transportation for a specific service on the IFSP may not be a needed service.)
- **Vision Services**
 - Provide skills training for qualified personnel serving children with vision impairments.
 - Provide evaluation or assessment in vision or orientation mobility.

- **Nutrition Services**
 - Provide nutrition evaluation or assessment.
 - Provide training for existing qualified personnel.
- **Interpreters:**
Provide an interpreter for Family Resources Coordination services and FRC activities such as pre-IFSP meeting, conducting an IFSP meeting, reviewing the IFSP, or a transition conference (e.g. verbal, audio or written translations).

2. An Early Intervention Program Development

- **Programmatic**
 - Develop additional early intervention programs throughout the service area.
 - Provide for staff recruitment (national search) when qualified personnel are not available.
 - Offer topic-specific enhanced training to groups of parents/family members such as parenting, toilet training, feeding, or behavior management.
 - Provide enhanced services in natural environments.
 - Develop and enhance environments that include typically developing children to include children receiving early intervention services.
- **IFSP**
 - Pay qualified personnel for documented time to develop an IFSP.
 - Pay qualified personnel time and travel to attend IFSP meetings.
- **Multi-agency or Multidisciplinary Teams** (Evaluation and assessment teams or IFSP teams)
 - Reimburse qualified personnel for time and travel spent in team meetings.
 - Reimburse mileage and travel time for mobile evaluation and assessment teams.