



## August 2013 System of Payment and Fees (SOPAF) Policy Frequently Asked Questions (FAQs)

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**Q: What happens if a child receives OT, PT and ST, and the public funds do not cover the cost of services?**

A: Because there is not enough public funding to cover all early intervention costs, not all early intervention services can be provided at public expense. If a family agrees to access their public or private insurance and is paying co-pays, co-insurance and deductibles, they have met their responsibility for Family Cost Participation (FCP). The procedures in the SOPAF Policy and Family Cost Participation Guidelines will assist in utilizing all available funds to pay for services.

**Q: How do Elks therapists fit into SOPAF when they can't or won't bill insurance?**

A: If Elks therapy services are not provided under the supervision of the Local Lead Agency and have not agreed to provide services as a Part C provider under IDEA, Part C regulations and ESIT policies and procedures, they are not required to follow SOPAF Policy. Under this circumstance, Elks therapy would be recorded on the IFSP as an "other" service. If the Elks therapist agrees to provide therapy under the supervision of the Local Lead Agency through an interagency agreement or memorandum of understanding (MOU), she would be required to follow the SOPAF policy, just as any other Part C provider.

**Q: Do we need to complete the Income and Expense Verification Form if the child does not receive services subject to Family Cost Participation?**

A: No, but all families must still be given the Family Cost Participation (FCP) brochure and receive an explanation of how Part C services are paid for as they enter the program. If the family's Individualized Family Service Plan (IFSP) changes to include services subject to FCP, the family will need to complete the Income and Expense Verification section of the Prior Written Notice, Consent, and Income and Expense Verification Form. It is important for families to understand service costs. For example, school districts who are currently unable to bill private insurance or Medicaid may provide all services during the school year with district funds, but a families' insurance may be needed to help pay for services provided during the summer months when district staff may not be available to provide needed services.

**Q: How will school districts bill Medicaid and private insurances? What mechanism will be in place for billing?**

A: Currently there are no mechanisms in place for school districts to bill Medicaid or private insurances. The Medicaid program excluded early intervention from the School Based Health Care Services program during its

last authorization. ESIT is in conversation with the Health Care Authority about this issue and plans to work toward developing Medicaid policy that will allow all appropriately licensed and certified early intervention providers increased access to Medicaid funding for the provision of services.

**Q: Districts have heard that they don't have to provide services during the summer. Is that true?**

A: In the past, ESIT did not provide consistent guidance to serving school districts regarding the requirement to provide year round services. Because of ESIT's requirement to "supervise" the statewide system of early intervention services provided by all providers, ESIT is required to provide clearer and consistent guidance on important early intervention services implementation requirements. One of these implementation requirements has to do with the need for school districts to provide a year round "12 month" program. In an effort to provide consistent guidance, ESIT has developed a considerations paper for school districts titled "Early Intervention Services According to IDEA, Part C – Considerations for School Districts". This document outlines and clarifies the year round service requirement and other important Part C implementation requirements.

**Q: Who pays the fees for therapists (OT, PT, ST) to get state required licensure from the Department of Health in order to practice in Washington state and bill private insurance and Medicaid?**

A: It depends. An employing early intervention program may help to pay the fee, or, a therapist in private practice will pay the fee. Determining who pays the fee may be negotiated at the local level.

**Q: What if a school district decides not to provide billable services or go to single service providers?**

A: The school district needs to work with their LLA to ensure comprehensive services are provided by multidisciplinary teams that meet Part C of IDEA requirements and ESIT policies and procedures. It is expected that school districts will work with LLAs to develop a plan for service provision that moves towards meeting the requirements described in the "Considerations" paper.

**Q: How long would a suspension of service last if there is no payment received for 90 days? In this case, does a new IFSP need to be written?**

A: The SOPAF requires the services subject to Family Cost Participation (FCP) be suspended until a payment plan is developed between the provider and the family. It is expected that a payment plan would be developed in a timely manner. If a payment plan is not developed in a timely manner, and that results in FCP services not being provided, a new IFSP will need to be developed. The new IFSP will reflect the discontinuation of services subject to FCP and will reflect the services that will continue because they are not subject to FCP.

**Q: Can services be back billed if all insurance documentation is not in place by the initial IFSP?**

A: All early intervention programs or early intervention providers that bill public or private insurance for the payment of services must comply with each plan's billing requirements. Since ESIT cannot bill public or private insurance for the provision of services, this question must be answered by the programs or providers that bill public or private insurance.