

**Proposed New Rule 5123:2-10-01
(Early Intervention Services - System of Payment)
Clearance Period: December 31, 2016 - January 17, 2017
Comments Received with Department's Responses**

Comment	By Whom	Department's Response
(B)(8)(a) - (B)(8)(h): Will there be a formula provided for determining extraordinary medical expenses? Will there be guidelines on the documentation needed for this? Do the expenses of only the eligible child count toward meeting extraordinary medical expenses or is it the expenses of the entire family? Are these income levels gross income levels?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	The parameters for determining extraordinary medical expenses (EME) are detailed in the paragraph (B)(8). As specified in that paragraph, determination of EME will consider the expenses of the family. Paragraph (D)(2)(d) sets forth that the Department determines if the family has EME. We will provide desk aides and training for Service Coordinators so they are prepared to assist families in submitting documentation required to establish EME. Throughout paragraphs (B)(8)(a) through (B)(8)(h), "family's income" was changed to "family's gross income."
(B)(8)(f) - (B)(8)(g): It appears there is a gap in income levels outlined. (8)(f) goes from 270-300% FPL and (8)(g) begins at 318%. What about 300-318%?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Thank you for catching this. Paragraph (B)(8)(g) was revised as indicated: At least seven per cent of the family's <u>gross</u> income when the family's <u>gross</u> income is greater than three hundred eighteen per cent of the federal poverty level and less than or equal to four hundred per cent of the federal poverty level; or
(B)(14): "Plan span" does not take into consideration leap year with only having a max of 365 days.	Michael Proulx, Assistant Superintendent and CFO, Montgomery County Board of Developmental Disabilities	Paragraph (B)(14) was revised as indicated: "Plan span" means the period, not to exceed three hundred sixty-five <u>sixty-six</u> calendar days or extend beyond the child's third birthday...
(B)(17)(a): Regarding "unit" of service, can two separate 30-minute sessions be combined to be only one 60-minute unit or is a session of less than 60 minutes considered one unit of service for this definition?	Michael Proulx, Assistant Superintendent and CFO, Montgomery County Board of Developmental Disabilities	Yes; a unit of service may consist of multiple sessions (e.g., two 30-minute sessions constitute one 60-minute unit).
(B)(17)(a): Can partial units be used/billed? What is the cost per unit and who determines this? Is the Department actually paying someone for the first 55 units or is this general funding to cover this? How are units accounted for when more than one provider is in attendance for a visit? Does each professional/specialist use a unit? Example: A Developmental Specialist and Speech Therapist are both in the home for a 60-minute Early Intervention session. Does this use two units?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Yes; partial units may be billed and multiple providers may bill as specified in the Individualized Family Service Plan (IFSP). The cost per unit will depend on the provider. Rates paid for providers under contract with the Department are established by the Department.

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(B)(17)(b): Should there be a limit on the number of units that can be used for assistive technology devices?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	As currently required by the <i>Individuals with Disabilities Education Act</i> , any Early Intervention service needed to meet an approved IFSP must be provided. Assistive technology costs will count toward each child's 55 units provided at no cost to the family.
(C)(1)(a): What will the funding for child find look like?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Child Find funding continues through the Ohio Department of Health Central Coordination grant.
(C)(1)(d): Will any compensation be provided for providers who are attending Individualized Family Service Plan meetings? Since this time is not service provision, it is assumed units would not be used for this time.	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	At this time, there is no funding mechanism to pay providers for attending IFSP meetings. IFSP meetings do not count toward a child's 55 units provided at no cost to the family.
(C)(1)(f): Which services are considered in the guaranteed 55 units of service per plan span? Does this include the home visits by primary service providers?	Margie Alexander, Trumbull County Family and Children First Council Coordinator	Any Early Intervention service identified by the IFSP team as needed to meet an identified IFSP outcome.
(C)(1)(f): It needs to be clarified if ALL eligible children have 55 units of Early Intervention services available to them at no cost. Do these initial 55 units have to be provided by the county board of developmental disabilities or can a parent choose which provider to use for these initial 55 units, assuming they choose a provider who has a contractual relationship with the Department?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Each eligible child will receive as many as 55 units of Early Intervention services at no cost to the family. Depending on the individual situation, these units may be provided exclusively by the county board of developmental disabilities, by the county board of developmental disabilities and another provider(s), or exclusively by another provider(s).
(C)(3): What is a plan span; is it the length of time an Individualized Family Service Plan covers?	Margie Alexander, Trumbull County Family and Children First Council Coordinator	Please see paragraph (B)(14) which defines "plan span."
(C)(3): How is "not available" defined? Does this include the county board not being able to provide a service at the frequency listed in the Individualized Family Service Plan? Likewise, what are the criteria for being able to deny a service? Does this include the county board of developmental disabilities and private insurance denying payment or implementation of a service?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	The availability or denying of a service in paragraph (C)(3) refers to any funding sources listed in paragraphs (C)(2)(a) through (C)(2)(c).
(C)(4)(a): What scale is used to determine ability to pay? Is it the federal poverty guidelines? Is it a sliding fee scale?	Margie Alexander, Trumbull County Family and Children First Council Coordinator	Please see paragraph (D)(2) which sets forth that a parent shall be determined able to pay for Early Intervention services unless a specified criterion is met.
(C)(4)(a): How would a parent pay? Would they be billed from the county board of developmental disabilities or the Department?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Parents who are able to pay will be responsible for payment for any Early Intervention services that exceed 55 units in the IFSP plan span, including publically-funded county board Early Intervention services. The family will work with their providers to make billing arrangements.
(C)(5): There is a need to define what the contractual relationship will include with providers. Will this be the same as Payor of Last Resort providers? Will Payor of Last Resort providers automatically be set up as contractual providers?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Department staff will work with all providers interested in renewing their contracts.
(D)(1): What methods will the Service Coordinator use to determine ability to pay?	Margie Alexander, Trumbull County Family and Children First Council Coordinator	Service Coordinators will be provided with training and desk aides, including a document used with parents to determine whether the family meets one or more criterion set forth in paragraphs (D)(2)(a) through (D)(2)(d).

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(D)(2)(c): Include a link to the Ohio's Healthy Start website.	Brenda Wilkins, U.S. Department of Education, Office of Special Education and Rehabilitation Programs, Monitoring and State Improvement Planning Division	A link was added as requested.
(D)(2)(d): If a Service Coordinator submits information regarding extraordinary medical expenses to the Department, does the Department then have to make a determination regarding this and what is that timeframe?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Yes; the Department will determine whether the family has extraordinary medical expenses. Paragraph (D)(2)(d) was revised to require the Department to make the determination within 30 calendar days.
(E): If services are provided by a county board of developmental disabilities, e.g. primary service provider, would parents be expected to pay the board? Or, are board-provided services always free beyond the 55 units of service? Would private or public insurance pay for primary service provider services?	Margie Alexander, Trumbull County Family and Children First Council Coordinator	Parents who have been determined "able to pay" would be responsible for payment for any Early Intervention services that exceed 55 units in the IFSP "plan span," including publically-funded county board Early Intervention services. The level of support for Early Intervention services provided by county boards of developmental disabilities will continue to be a local decision and addressed in each board's strategic plan and written policy.
(E)(1): Again, are the first 55 units of Early Intervention services always provided at no cost to a family?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Yes.
(E)(2): Parents will need a written record of how Early Intervention units are billed and accounted for. This would apply to both the initial 55 units and also any units following this.	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	We agree. Early Intervention Service Coordinators will be responsible for tracking service units.
(F)(3): If a parent is utilizing their private or public insurance to access services that are not Early Intervention services, would also billing Early Intervention services to private or public insurance be a duplication of billing? Example: A child is receiving physical therapy funded by private/public insurance through a provider that is not an Early Intervention provider, would it be duplication for Early Intervention to bill physical therapy as well?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	The rule applies only to Early Intervention services provided through the IFSP. It is possible that an insurer would deny a service if it were perceived to be duplicative of a service already being provided.
(F)(3): Special instruction is the most common Early Intervention service families in our county receive. Is this a service that is billable to private and public insurance?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Not to our knowledge.
(F)(3)(a): The rule must acknowledge that federal Part C funds are permitted but not required to be used by the Department to pay costs such as premiums, deductibles, and co-payments.	Brenda Wilkins, U.S. Department of Education, Office of Special Education and Rehabilitation Programs, Monitoring and State Improvement Planning Division	Paragraph (F)(3)(a) was revised to acknowledge that federal Part C funds may be used to pay co-payments and deductibles.
(F)(3)(a): This says the Early Intervention system would pay for the cost of co-payments and deductibles for the first 55 units. Why wouldn't the cost be fully covered? Will parents be expected to utilize private or public insurance for the first 55 units?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Public insurance is a "public fund" and parents incur no costs when using public insurance. When parents provide consent for the use of private insurance, the payment by the State of the co-payments and deductibles means that the family also incurs no cost for the Early Intervention services.

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(F)(3)(c): Include a requirement to inform the parent about this rule.	Brenda Wilkins, U.S. Department of Education, Office of Special Education and Rehabilitation Programs, Monitoring and State Improvement Planning Division	The requirement was added as requested.
(F)(4): How does being on a waiver affect a family's ability to pay, their accessibility to 55 units at no cost to them, or the hierarchy of billing?	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	A child enrolled in a Medicaid Home and Community-Based Services waiver will continue to receive needed waiver services as well as all needed Early Intervention services. Payment for the Early Intervention services will be guided by this rule.
(F)(4): Add a statement that all parental consent requirements apply.	Brenda Wilkins, U.S. Department of Education, Office of Special Education and Rehabilitation Programs, Monitoring and State Improvement Planning Division	The statement was added as requested.
(G)(2): Can a family enroll in public insurance while receiving Early Intervention services? The wording that the Early Intervention system "shall not enroll" is confusing.	Cecilia Hammond, Home Visit Coordinator, Help Me Grow Brighter Futures	Yes. Paragraphs (G)(1) and (G)(2) set forth that, in accordance with the <i>Individuals with Disabilities Education Act</i> , a child or parent shall not be enrolled or be required to enroll in Medicaid by the Early Intervention system. Paragraph (G)(1) sets forth that the Early Intervention system (typically the Early Intervention Service Coordinator) will share information about enrollment with the parent. The parent may enroll if he or she is so inclined.
(G)(3)(c)(iii): Clarify that use of public insurance will not require the family to pay co-payments or deductibles.	Brenda Wilkins, U.S. Department of Education, Office of Special Education and Rehabilitation Programs, Monitoring and State Improvement Planning Division	The paragraph was revised as requested.
(G)(3)(c)(v)(d): Add a statement to make clear that use of public insurance will not cause a decrease in lifetime coverage or any other insured benefit.	Brenda Wilkins, U.S. Department of Education, Office of Special Education and Rehabilitation Programs, Monitoring and State Improvement Planning Division	The statement was added as requested.