

To: All Early Intervention contract managers and FCFC coordinators
From: Nathan DeDino
Date: October 14, 2016
Subject: Help Me Grow Early Intervention Program Updates, #1621

MESSAGE FROM THE PART C COORDINATOR

Thank you to everyone who attended the evidence-based Early Intervention (EBEI) training in Fayette county earlier this week. It is the implementation of evidence-based practices that will best allow us to move Early Intervention forward in Ohio. Nearly every county in the state has now attended the EBEI training and participated in the six months of coaching logs. Your commitment to EBEI is commendable. I am also pleased to let you know that all state staff, including data and monitoring staff, have now also attended the EBEI training. We all look forward to supporting you in your EBEI journey.

I always invite your feedback. Do not hesitate to contact me at nathan.dedino@dodd.ohio.gov. I look forward to hearing from you.

PROGRAM UPDATES

Vision and Hearing Service Providers as PSP/SSP

Please remember that the new providers funded by DODD to provide EI vision services or family training for families with a child who is deaf or hard of hearing, are able to serve as either the primary service provider (PSP) or secondary service provider (SSP) as determined by the IFSP team. For more details, please see communications #1614 and 1618.

November 1 Quarterly LEA Reports

Please be reminded that the November 1 LEA quarterly report requirement is approaching. The report may be run no earlier than October 22 and must be sent to the LEAs no later than November 1. Please do not submit copies to DODD, but you are encouraged to maintain copies on file.

SFY16 Transition Baseline

Activities related to the SFY16 Transition baseline analysis are underway. County inquiries, including Steps Self-Assessments, and missing data and verification requests (as applicable) were due back to DODD by September 27. Results are expected to be finalized and memos to be sent in early November. If you have any questions, please contact Melissa Courts at melissa.courts@dodd.ohio.gov.

2016 Family Questionnaire

The 2016 Family Questionnaire has been mailed to all families who had an active IFSP on July 1. A list of families in the county who received the survey was sent to each FCFC Coordinator and Contract Manager. We ask that you encourage families to respond, as their feedback is very helpful in ensuring EI is the best it can be in Ohio. The survey has a due date of October 28.

Early Track Data Entry: Previous Low-birth Weight Question

With the most recent release of Early Track on September 30, the following question was added to the Demographics page in the “Additional demographic data collection for Home Visiting participants” section: “Did the mother have previous low-birth weight child(ren)?” Although this question is displayed in red text, which typically indicates an item that is always required, it is required *only* for children who are eligible for Home Visiting.

Documenting Service Frequency in Early Track

In regard to documenting frequency with which services are delivered, the IFSP guidance document states the following:

“**How Often.** The number of sessions that will be provided within a specific time to meet this outcome as determined by the IFSP team. All timelines should be six calendar months unless a shorter timeline is more appropriate.”

However, in Early Track, options for documenting how often a service is planned to be delivered are limited to the number of times (with 1 through 32 as drop down options) within a certain time period (with “Week,” “Month,” “60 Days,” “90 Days,” “120 Days,” and “180 Days” as dropdown options). See below screenshot. Although we intend to ensure the data system options more closely reflect the paper IFSP with future Early Track development, we ask that you choose the option that most closely matches the service frequency documented on the physical IFSP in the meantime.

Please update the selected service's information.

*EI Service Type:	Speech-language pathology services
*Location/Setting:	Home
**Service is needed to meet the following outcome:	We want her to use words at meal times and playtimes with others
**Justification is provided on the IFSP:	Yes
Method:	Joint/In-Person
*How Often:	3 Times/
*Session Length:	0 Hours
*Provider Agency:	Geauga County B
*Funding Source:	CBDD

180 Days
Week
Month
60 Days
90 Days
120 Days
180 Days

Save Service Cancel

* Indicates required field.
** Indicates conditionally required field.

New Early Intervention Services Report

We are happy to announce that, with the September 30 release of Early Track, a new EI Services Report is now available. This report, called “EI Services,” includes all services for all IFSPs that occurred within the user-specified time range, encompassing a broad array of information about the EI services listed on these IFSPs. You can read more about the report in communication #1620.

RESOURCES AND TRAINING OPPORTUNITIES

Resources for Professionals in the Deafblind Education

The Ohio Center for Deafblind Education (OCDBE), a federal project with the Office of Special Education Programs (OSEP) and the Ohio Department of Education (ODE) have two booklets available to personnel in early childhood and school-age programs. The two booklets are the “Annual Ohio Deafblind Census: How to Register a Child, Update a Child’s Record, or Report No Children with Deafblindness” and “A School Psychologist’s Guide to Deafblindness: Identifying and Supporting Students with Combined Vision-Hearing Loss.”

You can order these booklets for free by contacting Dr. Lynne Hamelberg, Family Specialist, at lhamelberg1@udayton.edu or 614-785-1163. Be sure to let Dr. Hamelberg know how many copies of each resource you need.

Developmental Milestones

CDC’s “Learn the Signs. Act Early” program offers free, research-based, parent-friendly tools to make it easy and fun to track developmental milestones from age two months through five years. You can access the program here:

<http://www.cdc.gov/features/developmental-milestones-matter/index.html>

Down Syndrome Awareness Month

The Office of Special Education Programs is partnering with the Association of University Centers on Disabilities to celebrate Down Syndrome Awareness Month. You can check out many resources here:

http://www.aucd.org/template/news.cfm?news_id=12183&parent=16&parent_title=Home&url=%2Ftemplate%2Findex.cfm&utm_content=&utm_medium=email&utm_name=&utm_source=govdelivery&utm_term=

New Training: “The IFSP: It’s All about the Process”

This new self-paced webinar, as discussed in communication #1620, incorporates information from two previous facilitated webinars: “Functional Assessment: Beyond the Bayley and Battelle” and “The Key to Writing Functional IFSP Outcomes.” The webinar is available on OhioTRAIN

(#1066899). This new webinar satisfies the Service Coordinator II requirement for “eligibility and determination of needs process training” in OAC 3701-8-03(D)(3)(b).

Data and Monitoring Road Show

The EI Data and Monitoring Road Show has begun. This series of trainings is targeted for EI Contract Managers and Data staff and will include information about the Early Track Data System, compliance monitoring practices and protocols, and how to better use and share data. Be sure to register soon to ensure that you can attend your preferred location. The Data and Monitoring team is excited to get on the road. See you there!

Dates	Location	Registration Link
10/18/16	Allen County Board of DD	http://www.planetreg.com/E822125255133758
10/26/16	Highland County Board of DD	http://www.planetreg.com/E822132635133513
11/2/16	State Library, Franklin County	http://www.planetreg.com/E82213313513372
11/17/16	Wood County Board of DD	http://www.planetreg.com/E822133917133938

Introduction to Early Intervention Video

The Introduction to EI video is a useful and concise resource you may wish to use when orienting new staff or introducing EI to new families. You can access the video here:

<http://dodd.ohio.gov/IndividualFamilies/MYday/Pages/Education-and-Development.aspx>

State-Sponsored Training Opportunities

Ongoing trainings available through OhioTRAIN:

- Coaching in Early Intervention self-paced webinar (1063890)
- Early Intervention Mission and Key Principles self-paced webinar (1061264)
- Family-Centered Practices self-paced webinar (1064739)
- IFSP Form self-paced webinar (1028661)
- The IFSP: It’s All about the Process self-paced webinar (1066899)
- Introduction to Early Intervention self-paced webinar (1061260)
- Natural Learning Environments self-paced webinar (1063888)
- Principles of Service Coordination in-person training (1047684)
- Using a Primary Service Provider Approach to Teaming self-paced webinar (1064737)

Other Trainings:

- Child Outcomes Summary: Your state team encourages county teams to use the online COS modules developed by the DaSy Center. Each participant must register for the online modules. You will then receive an email with a direct link to access the online modules.

There are six modules. Here is the link: <http://dasycenter.org/child-outcomes-summary-cos-process-module-collecting-using-data-to-improve-programs/> If your team needs additional support after completing the COS modules, please contact your program consultant. NB: Credentialing hours are not available for these trainings since there is no way currently to verify attendance.

- Overview of Evidence Based EI: This training is accessed through your program consultant, and is designed to support teams with learning about the key components of EB EI practices including a review of the Mission and Key Principles, Coaching, Teaming, and Natural Learning Environment practices.
- Documentation: This training is available through your program consultant and supports teams with learning what type of activities need to be documented.

5th
**PEDIATRIC FEEDING
CONFERENCE 2017**

creating order for pediatric feeding disorders

January 19-21, 2017 - Phoenix, AZ



REGISTER TODAY: FEEDINGMATTERSCONFERENCE.ORG
virtual and in-person options available

ABOUT THE PEDIATRIC FEEDING CONFERENCE

The Pediatric Feeding Conference was created to provide much-needed education for healthcare professionals who treat children struggling to eat, as well as the families who care for them. The 5th Pediatric Feeding Conference in Phoenix, AZ will feature more than 20 internationally renowned speakers. At the most recent conference, the over 600 participants represented 37 American states and 10 countries.

EVENT PLAN

Thursday, January 19: Welcome reception + concert

Friday, January 20: Full-day conference + the Poster Session: Igniting Research

Saturday, January 21: Half-day conference + the Symposium on Pediatric Feeding Disorders

CONFERENCE RATES: IN-PERSON

In-person registration includes an electronic syllabus, a printed program, breakfast both days, refreshments during breaks, and lunch on Friday.

Early-bird pricing - before October 1

Healthcare Professional	\$275
Family/Student	\$100

Standard pricing

Healthcare Professional	\$325
Family/Student	\$150

CONFERENCE RATES: LIVE WEBCAST

The real-time live webcast includes an electronic syllabus, all three keynote presentations, select breakout sessions, one workshop on Saturday, and a digital program.

Early-bird pricing - before October 1

Healthcare Professional	\$225
Family/Student	\$50

Standard pricing

Healthcare Professional	\$275
Family/Student	\$100

CREDIT DESIGNATION

Feeding Matters is in the process of applying for accreditation from a few organizations. Once approved, these accreditations will be announced on the organization's website. For any discipline where accreditations is not offered, Feeding Matters will provide a general Certificate of Attendance, which can be submitted to state boards along with the conference program. For questions please call 623.242.5234.

“There was great value in the collaboration of all the professionals. Having a large group of leaders in the field is an amazing resource!”

- 2015 Conference Attendee

ABOUT FEEDING MATTERS

Feeding Matters plays a vital role in furthering the field of pediatric feeding. This biennial conference has grown exponentially in the past years, propelling Feeding Matters forward as a leader in providing education for the evaluation and treatment of children suffering from pediatric feeding disorders.



feeding matters



SPEAKERS

- Rachel Anderson, MA, BCBA
- Joan C. Arvedson, PhD, CCC-SLP, BCS-S, ASHA Fellow
- Julie Barkmeier-Kraemer, PhD, CCC-SLP
- Joy V. Browne, PhD, PCNS-BC, IMH-E
- Bruno P. Chumpitazi, MD, MPH
- Elizabeth Clawson, PhD, HSPP
- Amy L. Delaney, PhD, CCC-SLP
- Pamela Dodrill, PhD, CCC-SLP
- Marsha Dunn-Klein, MEd, OTR/L, FAOTA
- Mary Beth Feuling, MS, RD, CSP, CD
- Elizabeth Fischer, PhD
- Praveen S. Goday, MD
- Susanna Y. Huh, MD MPH
- Catherine Larson-Nath, MD, CNSC
- Chris Linn, Executive Director of Feeding Matters
- Colleen Taylor Lukens, PhD
- Richard Noel, MD, PhD
- James A “Jaime” Phalen, MD, FAAP
- Erin Sundseth Ross, PhD, CCC-SLP
- Ronald Serbin, MD
- Kay A. Toomey, PhD
- Michelle Trumpy, MPH, RD, LD
- Sarah Vermilyea, MS, RD, CSP, LD, CNSC
- Dana I. Williams, MD

CONFERENCE TOPICS * denotes a keynote presentation.

- Case Studies On Feeding Disorders And Weight Faltering: A Gastroenterologist’s Perspective
- Development, Emotion, and Learning: A Triumvirate for Successful Feeding*
- Expanding the Focus: What Happens After “Graduating” From Feeding Treatment?
- Feeding: It Takes A Village
- “Forget the Fries” And Other Strategies For Overcoming Feeding Disorders In Children with Autism
- Gut Microbiome: Its Development And Role In Energy Metabolism
- Instrumental Swallowing Assessment: Considerations For Standardized Protocols And On-Line Decision-Making
- Nurturing The Parent And Infant: Supporting Early Feedings
- Partnering With Families To Find Individualized Solutions For Safe Tube Weaning*
- PFD: A Consensus Definition And Practical Considerations*
- The Lived Family Experience Of Nourishing And Nurturing Children
- Too Little And Sometimes Too Late: Understanding Pediatric Malnutrition

SPECIAL IN-PERSON EVENTS

Welcome Reception and Concert (\$25)

Thursday, January 19, 5:30 - 7:30 pm MT

Mingle with fellow attendees at the Welcome Reception and Concert to kick-off the 5th Pediatric Feeding Conference. Registration is separate from general conference registration and includes two drink tickets as well as hors d’oeuvres.

Included in Registration

The Poster Session: Igniting Research

Friday, January 20, 4:30 - 6:30 pm MT

The Poster Session: Igniting Research is a forum for presenters to share their work in the field of pediatric feeding with healthcare professionals and families from around the world. It will be an opportunity for in-person attendees to quickly and easily become acquainted with the work being done to further the field as well as a chance to network with each other.

Symposium on Pediatric Feeding Disorders

Saturday, January 21, 1:00 - 2:30 pm MT

This facilitated event will allow parents and professionals the ability to separately share their opinions on potential growth opportunities to move the field of pediatric feeding forward. Participants are invited to stay for some or all of the event.

REGISTER TODAY: FEEDINGMATTERSCONFERENCE.ORG

CALL FOR POSTER ABSTRACTS

The topic of all posters needs to relate to work in the field of pediatric feeding. Any discipline working within this field may apply. Qualifying posters include research studies, quality-improvement efforts, literature reviews, and case studies. Abstracts may be submitted on work that is in progress at the time of abstract submission, but data collection and analysis must be complete at the time of the conference presentation.

TIMELINE

- June 1, 2016 – Call for poster abstracts open
- August 12, 2016 – Submissions due by 11:59 pm MT
- September 26, 2016 – Accepted posters announced

INFORMATION ON SUBMISSION

When submitting your research for consideration, please include:

- Title
- Author(s)
- Affiliation(s)
- Abstract with a partial reference list (limited to 350 words, list not included in word count)
- Short biography of lead author (discipline and relevant prior publications, limited to one page)

Submissions will be reviewed by a committee. Accepted submissions will be notified via email by September 26, 2016. You may only submit one abstract as the lead author. There is no limit to the number of submissions as co-author. If your poster is accepted, you are committing to attend the conference and present the poster. You will be responsible for your transportation, lodging, and conference registration fees. More details will be available once acceptance notices have been provided.

Submissions are due by 11:59 MT on August 12, 2016.

Thank You To Our Sponsors



FIRST THINGS FIRST

Epic Medical Solutions

**FOR MORE INFORMATION ON SPONSORSHIP,
PLEASE CALL 623.242.5234**



Advocacy 101

Communicating Effectively to Make a Difference

Does your child or loved one have special needs?

Do you want to learn how to be an effective advocate?

Do you want to speak up on issues important to you or a loved one?

Join us for this unique training event where attendees will receive practical tips on education, medical and community integration advocacy strategies that can be used across the lifespan!

October 18, 2016

10:00am-Noon

North Royalton Branch of Cuyahoga County Public Library
5071 Wallings Road
North Royalton, OH 44133

The event is FREE. Light refreshments will be served.

Speakers:

Celia Schloemer, Family Support Coordinator, UC University
Center for Excellence in Developmental Disabilities

and

Amy Clawson, Northern Ohio Family Specialist, Ohio Family 2
Family Health Information



This training is a collaboration of:

Ohio

Department of
Developmental Disabilities

Click here to register:

[Advocacy 101 Event](#)

Questions:

Email: Amy.Clawson@cchmc.org

Phone: 844-644-6323

www.facebook.com/OhioFamily2Family

www.ucucedd.org



THE OHIO STATE
UNIVERSITY
NISONGER CENTER

ucedd





1. You have the right to informed consent.

You must grant written permission before:

Your child is screened, assessed, or evaluated.

Early Intervention services begin or are changed.

Anyone can share information about your child with anyone outside of the EI system.

You can change your mind about any of the services at any time. You can do this by contacting your service coordinator.

2. You have the right to request a new eligibility determination if your child was found ineligible for EI.

You must submit this in writing to DODD (ei@dodd.ohio.gov) within 45 days.

You must also include the reasons you believe the decision was incorrect.

3. You have the right to have information about your child's EI services in writing.

You will get written information from your EI team before any screenings, evaluations, or assessments take place; anytime there is an IFSP; and any time services change.

4. You have the right to an Individualized Family Service Plan (IFSP).

A written plan is called an IFSP and is developed by you and your team to record your priorities and concerns about your child's development within your everyday activities and routines.

An IFSP lists the services that will best help reach desired outcomes and it describes when, where, and how services will be given and paid for.

You can choose to reject some services without affecting other early intervention services.

You may invite anyone you wish to your family's IFSP meeting (for example, another family member or trusted friend).

An IFSP meeting cannot take place without you.

The IFSP is reviewed every six months, or sooner if needed.

IFSP meetings occur at a time and place that works for you.

You will receive a written or electronic copy of your IFSP.

5. You have the right to have EI services in natural environments.

Natural environments are places where children live, learn and play, and also include children's routines, or what children do, as they participate in their everyday life at home and in their community.

6. You have the right to keep information about your family private.

You have the right to see your child's records at any time.

Personally identifiable information that would identify you or your family will not be shared with people outside of the EI system unless you say it is ok.

Early Intervention is sometimes called EI.

As a parent of a child connected with EI services, you have rights listed in the Individuals with Disabilities Education Act or IDEA.

7. You have the right to file a written complaint.

The quickest way to resolve a concern is to talk with your EI Service Coordinator or their supervisor. If that does not work, you can contact EI staff at the Ohio Department of Developmental Disabilities at (614) 466-6879 or EI@dodd.ohio.gov.

You can file a signed written complaint. Complaints should be mailed to:

Early Intervention
Ohio Department of
Developmental Disabilities
30 East Broad Street, 12th Floor
Columbus, Ohio 43215

The complaint will be investigated and you will get a response within 60 calendar days. While the complaint is being investigated, your child can continue to receive EI services.

8. You have the right to mediation or a due process hearing.

Another way to settle disagreements is to ask for mediation or a due process hearing.

Mediation lets you and EI program staff talk about the details of your disagreement with a neutral, trained mediator. The mediator will work with you and your program to find a solution that works for both of you. The State will pay the cost of the mediator.

A due process hearing is a more formal process conducted in front of an impartial hearing officer. Parents can hire an attorney to represent them at a due process hearing, but this is not required. The State will pay the cost of the hearing officer.

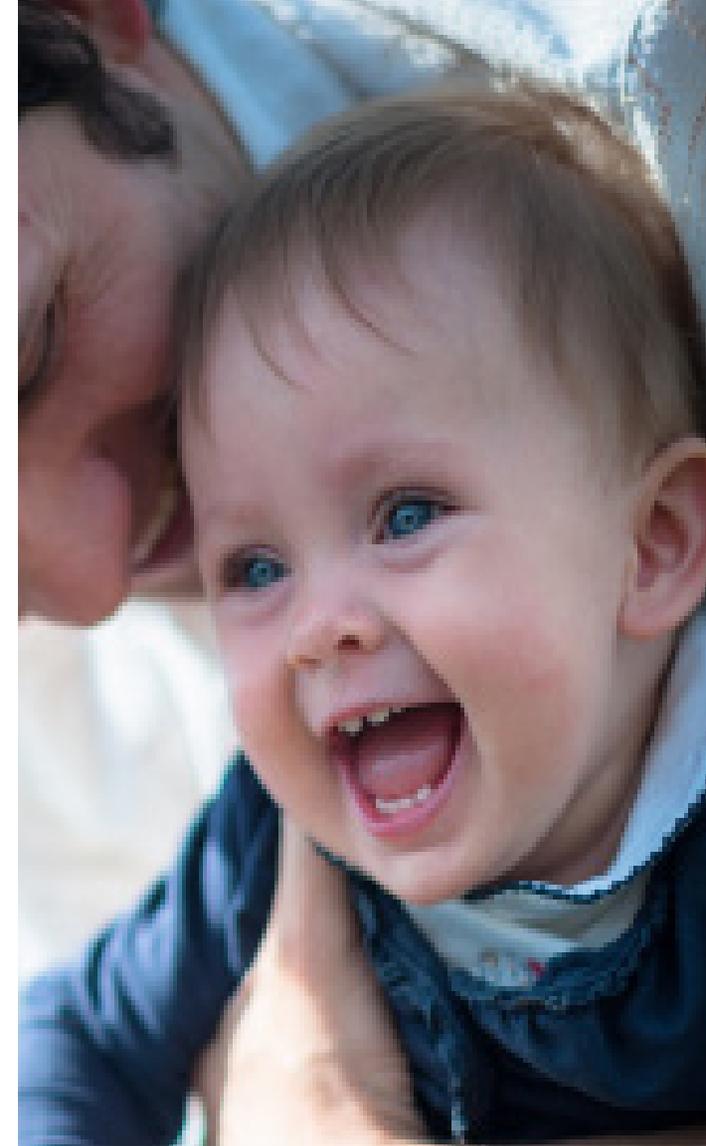
My Service Coordinator:

Email/Phone:

Early Intervention is a program that supports families with children from birth through age two.

EI teams work with families to identify possible areas of delay in their child's development.

EI teams help families to enhance their child's learning and development through everyday routines familiar to their child.



Early Intervention Parent Rights

Questions and Answers

Regarding the Emerald Consulting EI Financing Report

Context of EI services:

Q: When you talk about EI services and/or providers, are you talking about those currently available through hospitals and clinics and other medical practices?

- A. EI services, by definition, are those provided by qualified personnel (as determined by the state EI lead agency) through the IFSP and IFSP process. Ideally, as financing is diversified, providers who are already highly qualified to provide EI services will also be able to have their services paid for through private and public insurance AND other providers who already are financed through the insurance system will be able to become qualified EI providers.

Recommendation #1 (“review the cost of maintaining 88 coordination structures”):

Q: Do you have a summary of the actual dollars that support the central coordination sites?

- A. DODD spends approximately \$21.2 million in grants to counties to perform service coordination and evaluation and assessment. In addition, ODH and DODD spend approximately \$5.5 million in contracts with counties to coordinate child find and central intake activities for both early intervention and home visiting.

Q: Per the recommendation for combining the 88 units – this sounds like regionalization when the funding is primarily levy dollars.

- A. The recommendation in the fiscal report is for restructuring of the central coordination and service coordination contracts which are funded by state and federal dollars.

Q. What will be the minimum number of children served that is needed in order to have a separate unit? What number was discussed?

- A. No decisions have been made whether we will have a “threshold.” Stakeholder feedback will be sought prior to making any decision.

Q. How will the role of the HMG Contract Managers in the each county be defined? Who will serve locally as the “lead agency?”

- A. The reference in the report to lead agency is to the STATE EI Lead agency; there is not a “lead agency” at the local level. DODD assuming the state lead agency requirement has no impact on the operations at the local level. The recommendation #1 in the report reflects only a consideration for efficiencies of scarce resources. Feedback from stakeholders will be a critical in discussing this recommendation, including questions about the role of the EI contract manager.

Recommendation #2 (Monthly report to be completed by providers for tracking service types provided....):

Q. Adding new fiscal reporting requirements will not go over well. ODE doesn't even require monthly fiscal monitoring.

A. This recommendation will require conversations with stakeholders to determine how best to develop meaningful reporting requirements that are the least burdensome to the provider field, and simultaneously are set up to meet any future billing systems (e.g. Medicaid).

Recommendation #3 (Family Ability to Pay):

Q: Does family ability to pay cover service coordination as well as other services like primary service provider service?

A. The services listed in Federal Part C regulations and current HMG EI rule that are at "no cost" will continue to be provided at no cost to families. These "no cost" services include Service coordination. Some of the services that may incur a cost to families include what we think of as interventions. But any EI service that MAY include a cost to families, must be applied based on a policy or rule that clearly states how that family's ability to pay is determined and how the family cost share is applied (consistently and statewide).

Q. Will the SOP rule include requirements for CBDDs to provide additional or different services?

A. No. The SOP rule, as are all EI rules, is a rule governing the EI system as a whole. CBDD are governed by separate, CBDD specific rules and statutes.

Q: When developing the rules for the "family's share" component, please keep in mind the tracking and information sharing that would be needed in order to prove these costs were actually paid.

A. We share our local partners' goals of keeping any reporting as targeted, streamlined, and simple as possible. We must balance this with the need for the data necessary to meet our obligations for a statewide system under IDEA. We will certainly continue to engage with stakeholders to ensure we consider all implications of any burdens from additional reporting.

Q: If families are charged a monthly fee, who determines how much service the family receives for that fee? Can providers say they will only provide a minimal amount even if the assessment and IFSP process outlines the need for more services? What happens when services don't occur during a month when a parent is paying a monthly fee? (e.g., child is sick, provider is off) It seems the monthly fee for parents would be the least desirable option.

- A. Families are required to receive all EI services as determined needed by the IFSP team, currently and in the future. Family fees are one means of families participating in the cost of the EI service provision. Whether families pay a fee or not, all EI services have to be provided. **However, there is no plan at this time to charge family fees.**

Recommendation #4 (Conversations with Ohio Department of Medicaid):

Q: Will DODD ever provide County Boards a mechanism to bill insurance or Medicaid for EI services?

- A. This is part of the conversation that DODD is having with ODM as well as the Ohio Department of Insurance.

Q: When you talk about CBs being reimbursed for services do you mean beyond Medicaid?

- A. We hope to develop statewide rule for how services are funded, including hierarchy of funding that will include coverage of the service by Medicaid for EI services for Medicaid enrolled children. The local contributions through CBDDs and others will continue to be an important funding source. How CBDDs and other providers will be "reimbursed" and for what services is still to be determined.

Q: Would County Boards of DD have to become a Medicaid card provider or just a Medicaid provider that would bill through a system, like MITS? We currently have Medicaid provider agreements with ODM but they are for other services (Targeted Case Management and Waiver services). I don't believe any CB's are currently Medicaid "card" providers because this process too is costly and proven to be not worth the effort administratively.

- A. At this time, because we expect the services to be covered through the Medicaid Managed Care system (rather than "fee for service"), we do not know how the billing (by CBDDs or private providers) would actually work.

Q: For enrollment as Part C providers – would this be each therapist would have to enroll separately or would this be the CBDD as a whole?

- A. We suspect that the system that is set up for the state wide EI program will have to be one that applies to any agency or provider, and the requirements will have to be consistently applied to all. We will be sure to discuss that with ODM.

Q: You mentioned that rates were to be developed for Assessments/Service Coordination/Home Visits – where will this money come from and how would billing for this be done? If the CB was to contract for these services could we still bill for these services or would the contractor bill?

- A. Again, our discussions are still very much at a “statewide” level of what EI practices should be funded under Medicaid (as “concepts”). The recommendations are still only recommendations. The actual specifics about Medicaid billing have not yet been discussed. This question is important to be addressed in future planning.

Q: is the plan to have the Medicaid coverage based on disability or continue with family income guidelines?

- A. Medicaid eligibility nationwide is based on “federal poverty levels.” This is true in Ohio as well.

Q: How will EI funding through Medicaid fit within the Managed Care system?

- A. Infants and toddlers who meet eligibility requirements for Medicaid are already enrolling in a Medicaid Managed Care plan. Conversations between DODD and ODM are ongoing to determine how the Managed Care Organizations will work with EI providers, including CBDDs, to cover evidence based EI services.

Recommendation #5 (Pursue use of Private Insurance):

Q. There are several private insurances that don't cover therapy services for children. Medicaid and managed care seems to cover these, but private doesn't. These families traditionally wouldn't be eligible for Medicaid. Would they have to pay out of pocket?

- A. The system of payment policy/rule that is being developed will have to address the hierarchy of payment and be applied consistently statewide. The use of private insurance will be addressed. When private insurance does not cover the service, the established funding hierarchy will be applied, including “family ability to pay” guidelines.

Q: From experience at the CBDD, the administrative effort required to bill private insurance prior to billing Medicaid is enormous, with typically little to no reimbursement. This will probably be true even with any legislation requiring private insurance companies to reimburse for EI services. This process includes having accounts with each insurance company and billing the claims in each system. And there are a lot of insurance companies.

- A. We recognize some of the difficulties involved with billing insurance, for CBDDs, and providers working as “POLR Contractors” as well as other providers. These concerns will be raised with representatives from Medicaid and the Department of Insurance, before drafting any “policy.”

Q: Why would families allow their private insurance to be used if they understand that with or without approval, the service must still be provided?

- A. We hope to have some language developed that Service coordinators can use to discuss with families the pros and cons of using their private insurance,). Although the EI system is obligated to coordinate all necessary EI services, families with an ability to pay may, under a system of

payment, potentially incur a cost to any of the 17 EI services other than service coordination. In addition, families may benefit from having the state paying their insurance co-pays as these payments will help a family reach its' out of pocket deductible faster.

Q: If a family's insurance is paying for an EI service will this limit the family's ability to use insurance to pay for additional therapy as currently billed under a medical model?

- A. Each insurance policy is different, but the goal is to provide services that are needed and effective for the child and family. The protections for families under IDEA related to consent for use of private insurance will always apply (now and in the future).

OTHER:

Q: Is there an implementation timeline for the recommendations in the report?

- A. The only current required timeline is that of the completion of the "System of Payment" rule, which must be approved by OSEP; OSEP has extended the deadline to February 2017. Some of the recommendations from the report would need to be addressed within the context of that rule, which must address the financing of the statewide, equitable system. DODD plans to work with the EI Advisory Council and Stakeholder group(s) to discuss other recommendations and timelines.

Q: Is there any guidance around the EI Service Coordination being employed by the county board who is or may be also providing IFSP services beyond SC?

- A. In the adult services funded by Medicaid arena, the federal Center for Medicare and Medicaid has issued requirements for "conflict free case management." Currently, because the SC functions (unlike the EI interventions that CBDDs provide) are preformed through the requirements of a contract, which provides some level of safeguards. However, as we pursue Medicaid funding, we will seek guidance from ODM regarding any issues related to "conflict free case management" as it relates to EI services.

Q: Is there anything County Boards of DD or others should start doing in relation to these changes? Or should we just wait until the policies and rules are developed?

- A. No changes to practices should be made at this time. However, familiarizing oneself with the federal requirements (some resources provided in this power point) and considering implications for statewide implementation would be extremely helpful. Proposed changes will necessitate stakeholder feedback.

Q: Is DODD planning to distribute funds to CBDDs differently?

- A. For the purposes of Early Intervention, the only funds DODD as Part C lead agency distributes are those Part C Federal Funds and the State GRFs that are line itemed specifically for EI. These state funds are those that were held at ODH previously and have transferred to DODD. DODD will be exploring adding greater flexibility to the service coordination/evaluation and assessment grants to allow holders of that grant to pay for EI services in some circumstances.

Q: If family support services funding (through the CBDD) is available, can families use this funding source to pay for the EI service instead of having to self-pay?

- A. The work currently being done is for the statewide system of EI funding that will assure an equitable funding system. Locally, there may be additional funding opportunities for families as determined by the agencies with additional revenue.

Q: Not a question, but a comment. THANK YOU for reaching out to education physicians and providers about the EI system (*in reference to a comment made about the information sessions developed already and under development*). We have needed that for several years.