

Category/Activity/Issue	Question or Statement	Response	Issue Discussion
Ability to Pay Policy and Procedures	Includes what resources? Only Part C or other federal and state interagency resources?	Right now, only incorporates Part C funds/services.	IFSP is the determining document. Fund sources supporting IFSP services need to be included in the ATP under the Part C "inability to pay" criteria if accessing them would result in a cost to the family.
	Does the policy meet the intent of the developers?	Response here is NO.	Policy language is confusing; lacks definitions and common terms. Additionally state or local level monitoring of ATP is minimal.
	Does documentation support the process to ensure standardized administration?		
APPLICATION of the ATP P&P			
		Not consistently applied	
	What % of the total Part C population ATP are or would be affected?	Have no data to know this.	Could do some speculation based upon general demographics
	Is there parity and equity statewide (the reason for ATP in the first place) in the administration of these P&P (application with families, determining fee, collection of fee)	Know that the ATP process is not consistently implemented. Stakeholders confirmed various approaches to ATP including various degrees of fee determination, assignment or collection. Local provider contracts have different reimbursement approaches, further complicating the ATP policies, procedures and practices.	Revise ATP Policies and Procedures; provide statewide training, and enhance local monitoring activities to closely track compliance, statewide consistency, parity and equity. These revisions need to be made functionally so as to ensure statewide consistency in practice and reporting capabilities.
COLLECTION of ATP			
	How much revenue does ATP generate at the local level? How much could it generate?	Have no data on fee assignment or funds collected	

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	How much revenue do other third party resources generate at the local level?	Have no data on other third party revenue collected	
EDGAR	Are federal regulations properly implemented with respect to generated revenue?	Have no knowledge or assurance that appropriate 3 rd party generated revenues revert back to support Part C/EI (EDGAR)	Family fee income is subject to EDGAR; insurance and Medicaid revenue is not. State could establish a higher standard to include these funds as dedicated to EI.
Provider parity	Is ATP policy implementation "fair" to all providers?	First provider to bill receives the fee; second and subsequent providers can't access ATP.	Determined that there are many issues related to parity for providers re: ATP – collection of fees, different "cost" amount used to bill families for their CAP, split CAPs when families have more than one child enrolled, etc.
Procedural safeguards	Do families fully understand the Commonwealth's ATP and their rights and obligations?	General consensus is No. There are varying degrees of ability and understanding demonstrated by the Service Coordinators, who are the primary individuals who explain ATP to families and make the initial judgment and arrangements with them.	Training is key here as is clear and concise documentation.
	What happens when a family doesn't pay their cost share under ATP?	Not known for sure Provider likely applies the "3 strikes/out" policy – questionable protections of due process/procedural safeguards	This is a tremendous issue for DMHMRSAS as the lead agency. Failure to delivery IFSP services, or to follow the IFSP and intervene when problems like service delivery arise, can result in

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	Families may find the ATP burdensome and terminate some/all services as a way to manage their resources.	Families may just stop participating in services as a way to save money.	due process hearings, compensatory services, etc. Some providers talked about sending the family "back" to the local lead agency to find another provider.
	Families may decline services and seek them "outside" the public system if they don't understand the ATP, access to their resources, etc. ATP is believed to "drive" service decisions in advance of the team recommendations at the IFSP.		
Collection Efforts	What happens when a family doesn't pay the ATP?	In many instances (probably most), collection agencies are brought in. Concern re: Inability to Pay rights of families, as well as the considerable delays reported by local providers in fee collection (>one year, past time period of child/family enrollment, etc.) and the funds that are not successfully collected.	If this is a practice that the state lead agency condones, it should be included on all family materials and in the state's regulations, P&P, etc. Also does DMHMRSAS have to deal/have a policy on what recourse, if any, providers have when collection fails? Can they return to the local lead agency and bill for more \$\$?
REPORTING/ACCOUNTABILITY			
DMHMRSAS has considerable reporting requirements regarding the whole Part C/EI program which will grow exponentially with the new state general funds	General Assembly Report: (1) Total revenues used to support Part C services; (2) Total expenses for all Part C services; (3) Total numbers of infants and toddlers and families served using all Part C revenues; and (4) Services provided to those infants and toddlers and families.	No data How will new state general fund be distributed to the local lead agencies? What about maintenance of effort?	Currently revisiting what to do with ITOTs system; hopefully there is resolution on the horizon so that data will be collected, reported and analyzed for these and other purposes. There will be challenges to the local lead agencies as

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			<p>to obtaining this information depending upon the organization of the state's system of payments. This includes particularly "delivered service" information which is key to state and federal reporting requirements.</p> <p>Maintenance of effort needs further investigation – is this inclusive of state and local/state funds? x</p>
	<p>Office of Special Education Programs (OSEP)</p> <ul style="list-style-type: none"> • Part C "payor of last resort" • Total costs of the system • EDGAR assurances 	No data	As above
	<p>What is the state's position re: ensuring general accountability and enforcement of the ATP policies and procedures?</p>	<p>Likely there is none although all agreed there should be. (local control reference)</p>	<p>ATP should be included in the state's monitoring of local lead agencies and providers, and in formal interviews with families.</p>