

Task Force to Evaluate Virginia’s Early Intervention System Questions for “5 State Review Team” To Use in Securing Information

Central Billing

1. If the central agency bills Medicaid and other insurance for services provided by and paid to local providers, is the central agency liable for audits and meeting Medicaid, etc. standards? Who employs and pays for local interagency coordinator?
2. Of the total early intervention cost, i.e. \$58 million, how much is used by the lead central agency to cover operating cost? What do they see as advantages and disadvantages of system? What problem were they trying to solve?
3. What are the costs associated with central billing?
4. What is the cost of hiring a central financing system? Who does the central financing office collect from? What third parties are involved?
5. What is the infrastructure needed to support the centralized billing system?
6. Is there a way to get a per child cost for billing from the central financing office? How much does it cost to do this? Are they collecting co-pays and do they have the ability to pay systems?

Natural Environments/Clinic

1. How are the states documenting when a family chooses a clinic that the outcome cannot be met in natural environment? (I believe this is not in line with federal regulations!!!)
2. Federal regulations require services to be provided in the natural environment unless outcome cannot be met in a natural environments setting. If parents are making the choice of natural environments or clinic, how are the services in clinics being paid for?
3. What is their rate for clinic and natural environment in their state? What are providers in each setting consider family coordinator and providee? What ISFP system affects the state? What is/are role(s) for provider?
4. Has Indiana been monitored by OSEP related to natural environments? Have they been cited as being out of compliance?
5. If services are not provided in the natural environment and parents make that choice, how are services paid for?

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6. Federal regulations require services to be provided in natural environments. If a family is choosing a clinic, how?

Insurance/Medicaid

1. Is insurance accessed for Part C services in addition to Medicaid? If so, how is this done re need for authorization and getting therapists to have provider numbers with insurance companies? What problems have surfaced re private insurance billing?
2. Do any of these states use the ISFP as the medical plan of care?
3. Regarding Medicaid revenue, what role does EPSDT play vs. state plan option clinical services funding OT, SP, and PT?
4. What EI services are covered under the state's Medicaid plan? How does EPSDT figure in the funding equation?

General Finance

1. How is service coordination paid for? Is it reimbursed by child (like m/c) or by contact hour?
2. How much money is in the system, from what sources, and how many children are being served?
3. How "secure" is the system in each of these states – are they feeling that they can continue to fund their system?
4. What is the average cost per child in Louisiana?
5. Have they done any cost analysis? If so, what are the results?
6. Is the state accessing private insurance for the clients? If so, are families giving them access to their insurance? What is their success rate in accessing the insurance? Are families responsible for co-pays and deductibles? Is there an ATP?
7. Is local government making financial contributions to the Part C system? If so, is this counted and reported in the state budget for Part C?
8. Do the states have a system for assessment and collection of family fees? If so, how are they assessed and who collects these fees?

General Questions

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1. How have the changes impacted supports and services for families? Specifically, do the changes support teamwork? Do the changes support a primary service provider model of service provision?
2. 18,792 consumers in Indiana – what is the state population or incidence 0 – 2 years?
3. How is service coordination provided in the state? What are average caseloads?
4. Clarify whether hospitals and agencies can be considered providers?
5. What is the name of central point of entry in all nine regions?
6. Do the states allow their “service coordinators” to also provide services or is this kept as a separate service from other Part C services?
7. Have states collected trend data frequency, intensity, and location of services?
8. Need information on frequency and intensity of the early intervention services – number of services plus frequency and intensity of those services
9. Difference on initial IFSP and subsequent revisions to the IFSP regarding the EI services and frequency and intensity