

ITEIP Questions from the WASA conference

On August 6, 2008 one hundred and fifteen districts representatives as well as community early intervention providers and lead agencies attended a meeting to identify and discuss issues and challenges for districts in providing early intervention services to young children, ages birth through two. Participants were asked to write down questions for the state agencies (OSPI and DSHS/ITEIP) to respond to in order to provide clarification as to districts role and responsibilities in providing early intervention services. This document is provided to address the questions in a general format as opposed to responding to individual questions of which many were duplicative.

The following information is provided by the Department of Social and Health Services/Infant Toddler Early Intervention Program (ITEIP).

Can a local lead agency use funds generated from one district to provide services to children from another district?

A Local Lead Agency should use a resident school district's funds to assist in the provision of services to eligible infants and toddlers enrolled in their district **only**.

When a school district contracts with an early intervention provider or a Local Lead Agency for the provision of early intervention services, their contract should specify the conditions under which services are to be provided including any existing interlocal agreements between districts.

When we live in a district with both a county lead agency and a tribal lead agency, do we need two separate contracts for services and two Interagency Plans?

If ITEIP contracts with both a county and tribal lead agency in the same geographic region, two separate contracts, county plans and interagency agreements are required. Each county plan outlines the roles and responsibilities of each lead agency to assure the local system is coordinated.

I heard a panel member say something about families having to travel to access therapy providers. How does that fit with requirements for natural environments?

Providing services in natural environments continues to be a challenge for many Local Lead Agencies and systems.

Providers continue to work on increasing capacity to provide services in natural environments because IDEA, Part C requires it and because it benefits children and families.

The natural environment in which early intervention services will be provided must be identified on each child's IFSP and a justification provided when a service is not provided in a natural environment.

Families may seek out services from a provider who does not offer services in a natural environment. When this occurs, those services should not be considered early intervention and are documented as "other" services on the child's IFSP.

Families have a right to accept or reject any service without jeopardizing the other services they may want. 34 CFR Ch. III, 303.167 Individualized Family Service Plans (c) (1) (2) states,

- (1) To the maximum extent appropriate, early intervention services are provided in natural environments; and
- (2) The provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

Implementing services in natural environments is an important provision in IDEA, Part C. All geographic areas of the state continue to make progress in providing services in natural environments.

Who should we talk to at insurance companies when we want to include them in the IFSP process?

The Family Resources Coordinator, not the insurance company, should be called when there are questions about an individual family's private insurance. Private insurance may be a funding source for some IFSP services when the service provider meets certain criteria. Some of the criteria include that the early intervention service provider must be appropriately licensed or board certified by Washington State's Department of Health. The early intervention provider must also be a preferred provider for the family's health plan. After the early intervention provider receives their DOH license and after the early intervention provider has been approved to be part of a health plan preferred provider network, only then, if the service has been pre-approved, can insurance be used to pay for some early intervention services.

Can school districts or educational entities bill insurance or Medicaid? Is it legal?

School districts are already required to bill Medicaid and have created the infrastructure to do so. Washington school districts do not have a history of billing private insurance for medically necessary therapy services provided through special education. The cost-benefit would have to be determined for creating the additional district infrastructure needed to bill private insurance.

Who is responsible to bill insurance and who should be communicating with parents to pay deductibles? What if parents refuse service because they don't want their insurance billed, or don't want to pay the deductible?

Each child and family has a Family Resources Coordinator who has the responsibility to assist them in coordinating access to services and funding sources including private insurance. Service providers and/or programs are responsible for billing and receiving private insurance co-pays and deductibles. Parents must provide informed consent before their insurance can be billed for early intervention services.

For ITEIP staff: Is there any talk about changing IFSP forms to be less cumbersome and more user-friendly for parents and other agencies who may review the IFSP?

In the future, modifications to the ITEIP approved IFSP form may occur as funds are available.

How do we help Family Resources Coordinators understand that speech therapists do not teach English to ELL students? Many of these children cannot/do not qualify for services at age three.

Early intervention service providers must work closely with the Family Resources Coordinator. When questions arise, through open communication between service providers and Family Resources Coordinators, needed clarification can occur. All early intervention providers and Family Resources Coordinators must learn about the differences and similarities between early intervention and special education eligibility criteria and processes. Establishing effective transition practices between early intervention and school districts can also be of assistance.