



COLORADO
Office of Early Childhood
Division of Community & Family Support

Early Intervention Colorado Fiscal Management and Accountability Procedures

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Section I: Overview of the Early Intervention Colorado Program

The Colorado Department of Human Services, Office of Early Childhood, Division of Community and Family Support (CDHS) administers a statewide, comprehensive, coordinated, multidisciplinary interagency system of early intervention (EI) services, known as the Early Intervention Colorado program (EI Colorado). The CDHS provides leadership for the direction, funding and operation of services for infants and toddlers with developmental delays or disabilities, and their families, through community based services.

The CDHS contracts with twenty Community Centered Boards (CCBs), as the Certified Early Intervention Service Broker (broker), defined under 27-10.5-702(3) C.R.S. to purchase or provide community-based services to infants and toddlers with developmental disabilities.

The CDHS contracts with Community Centered Boards (CCBs), as the Certified Early Intervention Service Broker (Broker), defined under 27-10.5-102(3) C.R.S, to purchase or provide community-based services to infants and toddlers with developmental disabilities.

The functions of a Broker include:

1. Establishing a registry of EI service providers in order to inform families of their choices and verify the qualifications of all providers with whom it contracts;
2. Accepting and processing claims;
3. Negotiating for payment of EI services;
4. Ensuring payment for services rendered;
5. Using procedures and forms determined by the CDHS to document the provision or purchase of EI services;
6. Participating in ongoing reviews of funding practices; and
7. Providing the CDHS with information necessary for reporting purposes for the legislature or other funding sources.

EI services are provided to infants and toddlers, birth through two years of age, who have been determined to have a developmental delay or disability, who have been diagnosed with a physical or mental condition that has a high probability of resulting in a significant delay in development or who are living with a parent who has a developmental disability as determined by a CCB in accordance with 12 CCR 2509-10, Section 7.920 (F). The CDHS provides eligible infants and toddlers and their families with services and supports to enhance child development in the areas of adaptive skills, cognition, communication, physical development, including vision and hearing, and social and emotional development (12 CCR 2509-10, Section 7.900 (B)).

Funding for EI services comes from private pay, private health insurance, TRICARE, Medicaid (Title XIX or Home and Community Based Services (HCBS) Waiver), Child Health Plan Plus Program (CHP+), Child Welfare and Temporary Assistance to Needy Families (TANF), other state and federal sources, non-profit local funds, General Funds, mill levy funds and federal Part C Funds (12 CCR 2509-10, Section 7.912)). In order for the CDHS and Brokers to fully document implementation of the funding hierarchy, data is collected within the Early

Intervention Program Data System regarding available funding sources. Actual expenditures for the Early Intervention Services Trust (EIST), General Funds and federal Part C Funds are recorded within the Early Intervention Program Data System. Any funds from other sources may be recorded in the Early Intervention Program Data System and are reflected in the “Early Intervention Services Revenue and Expenditure Report,” Appendix A, for a Broker (12 CCR 2509-10, Section 7.911 (A)).

Section II: Coordinated System of Payment Policies and Procedures

Coordinated System of Payment Legislation

The Coordinated System of Payment Legislation, 27-10.5-706 C.R.S., was enacted to ensure use of all available funding sources and to coordinate and streamline administrative procedures. In accordance with 12 CCR 2509-10, Section 7.912, a funding hierarchy was established to facilitate access to multiple funding sources for allowable EI services for eligible infants and toddlers.

Overview of Federal Requirements

The CDHS, as the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA) (34 C.F.R. Section 303.202) and EI services in Colorado, is responsible for ensuring the following federal fiscal requirements:

1. Federal Part C Funds are used in accordance with the requirements of the IDEA (20 U.S.C. 1437(b)(1) and 1438 and 34 C.F.R. Sections 303.500 through 303.521);
2. Identification and coordination of all available resources for EI services statewide, including those from private, local, state and federal sources (34 C.F.R. Sections 303.120(b), 303.203(b) and 303.500);
3. Federal Part C Funds are used as payor of last resort, not commingled with General Fund, used to supplement the level of local and state funds expended for eligible infants and toddlers and their families and, in no case, used to supplant those local and state funds (20 U.S.C. 1437(b) and 1440(a) and 34 C.F.R. Sections 303.225, 303.500, 303.501 and 303.510);
4. Fiscal control and fund accounting procedures to ensure proper disbursement and accounting of federal funds (20 U.S.C. 1443 and 1437(b)(3), 34 C.F.R. Sections 76.702, 80.20, 303.120 through 303.122, 303.221 through 303.226, 303.510 and 303.511);
5. Procedures are in place to ensure that federal funds are timely obligated and liquidated (34 C.F.R. Section 80.23; Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards: 2 CFR, Chapters I and II, Part 200, Subparts (E) and (F);
6. Federal audit requirements are followed, as outlined in the Uniform Administrative Requirements, Cost Principals, and Audit Requirements for Federal Awards: 2 CFR, Chapters I and II, Part 200, Subparts (E) and (F);

7. Contracts are developed to ensure that service provision requirements are met and services are provided in a timely manner (20 U.S.C. 1435(a)(11) and (12), 1440(a) and (b)(2) and 34 C.F.R. Section 303.511); and,
8. EI services are provided at no cost to the family except where federal and state law provides for a system of payments by families, including a schedule of sliding fees (20 U.S.C. 1432(4)(B) and 34 C.F.R. Section 303.12(a)(e)(iv), 303.520(b) and 303.521(a)).

Office of Management and Budget

The United States (U.S.) Office of Management and Budget (OMB) issues circulars that pertain to operating and accounting principles which entities receiving federal funds must follow. The guidance for the circulars that govern activities pertaining to early intervention services is found in 2 CFR, Chapters I and II, Part 200, Subparts (E) and (F). This guidance has consolidated Circulars A-87, A-122 and A-133 (among others).

Additional information about the OMB is located at the following website: <http://www.ecfr.gov>, Title 2 – Grants and Agreements, Chapter 2.

The Education Department General Administrative Regulations

The Education Department General Administrative Regulations (EDGAR) consists of 34 C.F.R. Sections 74-99. The regulations in the EDGAR govern virtually all grant programs administered by the U.S. Department of Education. Hence, every federal grant administrator at the school district, college or state level will have cause to consult the EDGAR on a regular basis.

The EDGAR establishes cross-cutting rules that apply to all programs unless a given program is exempted specifically by its own statute or regulations. These rules cover such over-arching issues as application procedures, financial administration, property management, record retention, protection of human subjects, lobbying and program oversight, among others.

Additional information about the EDGAR is located at the following website: <http://www2.ed.gov/policy/fund/reg/edgarReg/edgar.html>.

Overview of State Requirements

Statutes

There are three different Colorado Statutes that directly impact EI services:

1. 10-16-104(1.3) C.R.S. (Private Health Insurance) requires carriers offering insurance plans, under the authority of the Division of Insurance (DOI) and 10-1-109 and 27-10.5-706 C.R.S, hereafter referred to as Qualifying Health Insurance Plans, to make payment for EI services for infants and toddlers eligible for benefits under the federal Part C Regulations of the IDEA (34 C.F.R. Part 303). This mandate applies to all individual and group sickness and accident insurance policies and all service or indemnity contracts issued or renewed by entities subject to 10-16-104 C.R.S., which provide coverage for health care services and are required to provide fiscal protections to families under this statute;
2. 25.5 (CHP+ and Medicaid (Title XIX)) C.R.S. allows families who are eligible for CHP+ or Medicaid Title XIX to access therapy services for their infants and toddlers who are

determined to be eligible for the EI Colorado program. Families continue to have access to other CHP+ and Medicaid (Title XIX) benefits, as appropriate, as well; and,

3. 27-10.5 -706 C.R.S. requires the CDHS to:
 - a. Develop a statewide plan for a comprehensive system of EI services;
 - b. Establish interagency operating agreements with the Colorado Departments of Education (CDE), Health Care Policy and Financing (HCPF) and Public Health and Environment (CDPHE);
 - c. Develop a coordinated system of payment, in cooperation with the CDE, HCPF, CDPHE, Department of Regulatory Agencies (DORA), Division of Insurance (DOI), private health insurance carriers and Brokers;
 - d. Designate Brokers; and,
 - e. Ensure appropriate allocation of payment responsibilities for EI services among private, local, state and federal sources, including medical assistance and private health insurance coverage.

State Regulations

State regulations (26-1-107, 26-1-109, and 26-1-111 C.R.S.) grant authority to the State Board of Human Services to promulgate rules and coordinate with federal programs.

State rules assist in the implementation of provisions of 27-10.5-701 C.R.S. for supports and services for infants and toddlers with significant developmental delays or disabilities and their families. As required by 27-10.5-703(3)(a) C.R.S., rules are developed in a manner consistent with the federal Part C Regulations for the IDEA (34 C.F.R. Part 303) and to implement the full range of activities for the EI Colorado program, 12 CCR 2509-10, Sections 7.900 – 7.994. With the promulgation of 12 CCR 2509-10, Sections 7.900 – 7.994, the CDHS is able to provide guidance and direction to Brokers that provide EI services, to meet federal assurances that are part of the annual grant application for the federal Part C Funds, and to support local programs in the implementation of EI services in a consistent and effective manner statewide.

Additional information regarding state statutes and rules is located on the Michie’s Legal Resources website at the following location: <http://www.michie.com/colorado>.

Early Intervention Colorado State Plan under Part C of the Individuals with Disabilities Education Act

The “Early Intervention Colorado State Plan” is the compilation of policies and procedures used by the CDHS to fully comply with federal Part C Regulations of the IDEA (34 C.F.R. Part 303). The document contains content required by the Office of Special Education Programs (OSEP) to meet the annual grant application criteria for the federal Part C Funds. It also provides a unified compilation of state rules, procedures to support those rules and other guidance documents and required forms for local programs. The “Early Intervention Colorado State Plan” is reviewed annually and revised when needed. Under the requirements of 34 C.F.R. 303.208, this document is reviewed by the public when policy or procedural changes are made.

Non-regulatory Guidance

Early Intervention Colorado General Supervision and Monitoring Procedures

The “Early Intervention Colorado General Supervision and Monitoring Procedures” details the descriptors for the nine general supervision and monitoring components for the EI Colorado program. These include:

1. Rules, policies and procedures;
2. The “Early Intervention Colorado State Performance Plan” and strategic planning;
3. The “Early Intervention Colorado Annual Performance Report”;
4. Local “Early Intervention Program Performance Profiles”;
5. Data collection and verification;
6. Focused monitoring;
7. Fiscal management and monitoring;
8. Dispute resolution; and,
9. Training and technical assistance.

Early Intervention Program Data System Instruction Manual

The "Early Intervention Program Data System Instruction Manual" provides guidance to the Brokers for data entry into the Early Intervention Program Data System. This manual provides data entry instructions for the following topic areas:

1. Child and family demographics;
2. Program enrollment;
3. Individualized Family Services Plan (IFSP);
4. Transition;
5. Program exit; and,
6. Claim procedures for:
 - a. Early Intervention Services Trust (EIST);
 - b. General Funds; and,
 - c. Federal Part C Funds.

Section III: Program Allocations and Fiscal Accountability

Early Intervention Services Allocations

The CDHS utilizes a funding formula that is reviewed with stakeholders annually and revised, if needed, to ensure equitable distribution of funds. Data from the Early Intervention Program Data System, including the average monthly enrolled child count data for at least six months of the current fiscal year, is used to determine the distribution of available funds. Projections of the

percentage of children expected to be covered by Qualifying Health Insurance Plans under the EIST and Medicaid (Title XIX) are included in the formula¹.

Service Coordination, as defined in 12 CCR 2509-10, Section 7.901, is funded by General Funds and federal Part C Funds. The annual rate paid by General Funds and federal Part C Funds for service coordination is distributed to a Broker in one-twelfth payments.

Pending available federal Part C Funds, a flat annual rate is paid per child for service coordination for children who are referred, evaluated and not eligible for EI services. This rate is based on the previous year's child count of those children evaluated and not eligible and assumes an average of three hours of service coordination per child.

Funding for EI services by the General Funds and federal Part C Funds is based on actual monthly expenditures submitted for payment through the Early Intervention Program Data System.

Funding for the management fee by the General Funds and federal Part C Funds is distributed to a Broker in one-twelfth payments. The management fee provides funding for meeting all state and federal assurances which include, but are not limited to the following:

1. Developing and implementing interagency agreements with Administrative Units (AU), Head Start and Child Welfare offices;
2. Facilitating a local interagency council;
3. Fulfilling the requirements of a Certified Broker under Section 27-10.5-708 C.R.S. and 12 CCR 2509-10, Section 7.915;
4. Providing procedural safeguards to families;
5. Ensuring timely, valid and reliable data collection;
6. Conducting public awareness to ensure the identification of potentially eligible infants and toddlers;
7. Quality assurance activities under 12 CCR 2509-10, Section 7.915;
8. Activities necessary for financial and corporate administration, such as billing for State and Part C covered services through the Early Intervention Program Data System, training, executive director and board of directors activities, accounting and bookkeeping and budget development and tracking;
9. Overhead costs, which may include the management of office space, utilities, telephone, purchasing and distributing materials, receptionist and switchboard activities and postage;
10. Corporate legal services;
11. Administrative overview reporting;

¹ Programs that are not meeting the combined minimum percentage of children who are expected to utilize private health insurance and Medicaid as their funding source per the annual allocation formula by mid-year may result in a change in the payment methodology for the General Fund and/or federal Part C Funds for EI services, and may be subject to fiscal monitoring, or required to access technical assistance.

12. The purchase and maintenance of current published versions of the necessary instruments for use by employed staff for initial and ongoing evaluations and assessments²; and,
13. Other related activities indispensable to the organization's corporate existence pursuant to 27-10.5, Sections 105 and 708 C.R.S.

Record Keeping

A Broker shall maintain a complete file of all records, documents, communications and other materials which pertain to the operation of programs or the delivery of services, and shall maintain such records for a period of six years from the date of final payment or submission of the final expenditure report for a fiscal year.

Timely Data and Submission of Claims

Under 12 CCR 2509-10, Section 7.914, a Broker shall submit claims through the Early Intervention Program Data System to the CDHS for EI services funded by the EIST, General Funds, federal Part C Funds, and all other funding sources, no later than the 30th day of each month for all activities completed in the previous month³. Expenditures shall be accounted for each funding source and service type, including service coordination and management fee.

End of Year Reporting

Brokers shall ensure that Federal Part C Funds are not co-mingled with any other funds and shall adhere to the CDHS accounting guidelines. Any necessary cost accounting systems shall be established by a Broker to properly record and allocate separately the revenue and expenses for private health insurance funds, local funds (mill levy or other county funds), private donations, and any other funds used for the purchase of EI services. All of these expenses shall be captured in the Early Intervention Program Data System, as described in the "Early Intervention Program Data System Instruction Manual".

Procedure to Request Additional Payor of Last Resort Federal Part C Funds

If a Broker projects it cannot meet the assurance to serve all eligible children that are referred and eligible for EI services, it shall provide written notice to the EI Colorado program staff at the CDHS at least 30 days in advance of any action on the part of the Broker, but no later than May 31. Included in the written notice must be a completed "Payor of Last Resort federal Part C Funds Request Form," Appendix A, and a financial projection of the estimated additional funds needed for the remainder of the fiscal year. The Broker must continue to serve all eligible children during the review of the submitted "Payor of Last Resort federal Part C Funds Request Form" by the EI Colorado program staff at the CDHS.

A Broker requesting additional federal Part C Funds shall:

² The Broker may, but is not required to, purchase instruments that are used by subcontractors in accordance with copyright laws.

³ The Broker shall not be held responsible for failure to meet deadlines caused by state processing or database difficulties that are beyond the control of the Broker.

1. Demonstrate through data or other appropriate means how it has implemented the funding hierarchy for all children enrolled in the EI Colorado program;
2. Assure the EI services provided meet the definitions in the EI Colorado State Plan and are provided in accordance with the Individualized Family Service Plan (IFSP);
3. Assure that no General Funds or federal Part C Funds are utilized to cover the cost of EI services beyond a child's third birthday; and,
4. Assure that the data in the Early Intervention Program Data System are valid and reliable through the end of the previous month of the request.

Upon review and approval of the request for additional federal Part C Funds, the EI Colorado program staff at the CDHS will notify the Broker in writing and issue a revised allocation. The Broker shall adhere to the funding hierarchy and to the CDHS accounting guidelines for additional federal Part C Funds and ensure that they are used strictly as the payor of last resort.

Section IV: Claim Procedures for Initial Evaluation, and Assessment

Claim Procedure for Initial Multidisciplinary Evaluation

If a Broker becomes aware of a child who has been referred to an AU for a multidisciplinary evaluation that will not be completed within 45 calendar days of the date of the referral, and no alternative arrangements can be made between the Broker and AU, the Broker may perform or contract with other qualified professionals to perform the evaluation, pending available funds.

Once the evaluation has been completed, a Broker may access State or federal Part C Funds to cover the cost of the evaluation by following the instructions in the "Early Intervention Program Data System Instruction Manual" for billing under EI: Evaluation/45. In order to qualify for reimbursement, the Broker shall:

1. Ensure that appropriate qualified professionals, as defined in the "Early Intervention Colorado Part C State Plan," from at least two disciplines, which may include one individual who is qualified in more than one area, complete the evaluation, and,
2. Ensure that all five areas of development are assessed, including vision and hearing.

Should the evaluation be conducted past the 45th day, an explanation must be entered into the Early Intervention Program Data System under the "Comments" field in the batch billing page.

Claim Procedure for Initial Assessment

A Broker may access funds through the EIST, General Funds or federal Part C Funds to cover the cost of an initial assessment when a referral is received for a child who has:

1. Been diagnosed with an established condition; or,

2. Moved to Colorado from another state with an IFSP developed within the last six months that substantiates the child meets the EI Colorado definition for developmental delay; or,
3. Medical documentation submitted with the referral that substantiates the child meets the EI Colorado definition for developmental delay; or,
4. Had an evaluation by the AU and the CCB has determined eligibility, but the family assessment and/or the initial IFSP have not been completed.

Once the initial assessment has been completed, a Broker may submit a claim using a “one time” unit designation through the Early Intervention Program Data System following the instructions outlined within the “Early Intervention Program Data System Instruction Manual” for billing under EI: Assessment-Initial.

To be reimbursed for an initial assessment, a Broker shall:

1. Ensure that appropriate qualified professionals, as defined in the “Early Intervention Colorado Part C State Plan,” from at least two separate disciplines, which may include one individual who is qualified in more than one area, complete the assessment; and,
2. Ensure that all five areas of development are assessed, including vision and hearing; and,
3. Ensure that a family assessment is conducted, if the family consents.

Claim Procedure for a Reentry Assessment

A Broker may access funding through the EIST, State General Funds or Federal Part C Funds to cover the cost of a reentry assessment when an eligible infant or toddler:

1. Moved from another CCB service area with an existing IFSP; or,
2. Exited the EI Colorado program prior to the child’s third birthday and the family has requested an assessment because of a new developmental concern.

Once the reentry assessment has been completed, a Broker may submit a claim using a “one time” unit designation through the Early Intervention Program Data System following the instructions outlined within the “Early Intervention Program Data System Instruction Manual” for billing under EI: Assessment-Reentry.

To be reimbursed for a reentry assessment, a Broker shall:

1. Ensure that appropriate qualified professionals, as defined in the “Early Intervention Colorado Part C State Plan,” from at least two separate disciplines, which may include one individual who is qualified in more than one area, complete the assessment; and,

Ensure that all five areas of development are assessed, including vision and hearing.

Claim Procedure for Annual Assessment

Once the annual assessment has been completed, a Broker may submit a claim using a “one time” unit designation through the Early Intervention Program Data System following the instructions outlined within the “Early Intervention Program Data System Instruction Manual” for billing under EI: Assessment-Annual.

To be reimbursed for an annual assessment, a Broker shall ensure:

1. The annual assessment is completed at least nine months after the date documented on the child's initial or prior annual IFSP;
2. All areas of development are assessed; and,
3. Qualified professionals complete the appropriate child and family assessment(s).

Claim Procedure for IFSP Review

Once the IFSP review has been completed and the assessment does not result in a new EI service on the child's IFSP, a Broker may submit a direct service claim for the EI service for which the provider conducted the assessment using an "EI: IFSP review" unit designation through the Early Intervention Program Data System following the instructions outlined within the "Early Intervention Program Data System Instruction Manual" for billing under EI: IFSP Review.

Section V: Targeted Case Management

Targeted Case Management Services

Targeted Case Management (TCM) is a Colorado Medicaid State Plan Benefit that is available for specific target populations. One of the target populations is children who are actively enrolled in the EI Colorado Program. Brokers shall provide TCM services for a child eligible for Medicaid (Title XIX or HCBS Waiver) who is enrolled in the EI Colorado program with an active IFSP, regardless of the funding source being used to pay for the EI services.

In accordance with 10 CCR 2505-10, Section 8.760, a Community Centered Board, as the Certified Early Intervention Broker, is the only qualified provider for the TCM service for a child enrolled in EI Services. A Broker shall ensure that:

1. A child has a single service coordinator of record; and,
2. Personnel hired to provide TCM services have at least a bachelor's level degree of education, five years of experience in the field of developmental disabilities or some combination of education and experience appropriate to the requirements of the position; and,
3. Personnel hired to provide TCM services complete all training outlined in 12 CCR 2509-10, Section 7.930 (B)(2); and,
4. The service coordinator and other personnel providing TCM services document the activity within the case notes⁴ in the child's EI record.

To ensure that a parent understands the TCM services that are available for his or her child, the service coordinator shall inform the parent about TCM services. This conversation shall be documented within the child's case notes, including statements that demonstrate the parent received an explanation of the provision and expectation of TCM services, prior to the parent

⁴ These activities may include participation in onsite monitoring, scheduling of meetings and services during a service coordinator's leave, such as medical or maternity. A service coordinator of record may not document TCM Services provided by another employee.

signing the IFSP for his or her child. The service coordinator shall address the following key talking points with the parent:

1. Service coordination is an entitlement for every child and family referred to the EI Colorado Program, no matter the funding resources available to each child and family; and,
2. EI Colorado adheres to the Coordinated System of Payment Legislation and accesses all available resources to cover the costs of EI services; and,
3. TCM services allows the EI Colorado program to access Medicaid State Plan Benefits to support service coordination activities; and,
4. If Medicaid (Title XIX or HCBS Waiver) coverage is discontinued for a child, service coordination supports will continue to be provided throughout the child's eligibility for the EI Colorado Program; and,
5. The document, "A Family Guide to the Coordinated System of Payment for Early Intervention Services", Appendix H, provides further information regarding the funding of EI services.

Reimbursable Targeted Case Management Services

An activity must meet the definition of TCM services in order to be reimbursed as a Medicaid State Plan Benefit. TCM service activities, as defined in the Medical Assistance Rule concerning TCM services, 10 CCR 2505-10, Section 8.760, consist of the following:

1. Facilitating enrollment;
2. Locating, coordinating and monitoring needed services; and,
3. Coordinating with other non-developmental disabilities funded services, such as medical, social, educational and other services to ensure non-duplication of services and monitor the effective and efficient provision of services across multiple funding sources.

TCM service activities include the following:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for any medical, educational, social or other services and completed annually or when the child experiences significant change in need or level of support. These assessment activities include:
 - a. Taking child/family history; and,
 - b. Identifying the child's needs and completing related documentation; and gathering information from other sources such as family members, medical providers, social workers, and educators as necessary to form a complete assessment of the child.
2. Development and periodic review of a specific care plan that:
 - a. Is based on the information collected through the assessment; and,
 - b. Specifies the goals and actions to address the medical, social, educational and other services needed by the child; and,

- c. Includes activities such as ensuring the active participation of the child, and working with the child (or the family member) and others to develop those goals; and,
 - d. Identifies a course of action to respond to the assessed needs of the child.
3. Referral and related activities to help a child obtain needed services including activities that help link the child with:
 - a. Medical, social, and education providers; and/or,
 - b. Other programs and services including making referrals to providers for needed services and scheduling appointments, as needed.

Non-Reimbursable Targeted Case Management Services

Activities that may be a service coordination responsibility, but are not reimbursed as TCM services are those activities either paid through the “Early Intervention Contract,” personnel costs, indirect costs, a service to be paid by third party or activities that are built into the rate structure for TCM services. The list below is not exhaustive:

1. Intake and initial eligibility determination for the EI Colorado Program; and/or,
2. Preparation for and participation in the dispute resolution processes in accordance with Federal Part C Regulations of the IDEA (34 C.F.R. Part 303) procedural safeguards; and/or,
3. Mass e-mail announcements not targeted to a specific child’s needs; and/or,
4. Service coordination staff meetings not related to individual child and family reviews; and/or,
5. Service coordination training and personnel development; and/or,
6. Recreational events provided by the Broker when no service coordination activity is provided; and/or,
7. Fund raising activities for the Broker.

Documentation of Targeted Case Management Services

TCM services activities shall be documented in the child’s case notes. Documentation of TCM services shall include at least the following:

1. The name of the child; and,
2. The date of the activity; and,
3. The nature of the activity, including whether it is a direct or indirect contact; and,
4. The content of the activity including the relevant observations, assessments, findings; and,
5. Outcomes achieved, and as appropriate, follow-up action; and,
6. The total number of units associated with the activity; and,
7. The name of the person completing the activity.

TCM services performed on behalf of a child and family and the number of corresponding units required shall be documented in a child's case notes. All service coordination activities shall be documented within ten business days of the activity.

Reimbursement for Targeted Case Management Services

A Broker shall not exceed 240 units per child per state fiscal year. This unit limitation is child-specific, and in cases where a child is receiving EI services through the EI Colorado Program and is also enrolled in a Medicaid Waiver, the Broker shall ensure that the total units (unit = 15 minutes) claimed for TCM services do not exceed the 240 units limit per child per state fiscal year.

The Broker shall apply the following guidelines when determining the number of units to record for reimbursement purposes:

1. Activities performed that are less than 15 minutes are claimed as one unit when the activity has a specifically defined and purposeful outcome;
2. TCM activities that involve indirect contact, such as documentation, mailing or data entry into the Early Intervention Program Data System shall be considered in the units appropriate to the primary TCM activity whenever possible⁵;
3. The number of units claimed by a service coordinator in a given time period cannot exceed the total amount of time worked; and
4. The primary intent of the TCM service shall always be related in some manner to the development, implementation, amendment, coordination or monitoring of a child's IFSP.

Claim Procedures

To provide and receive reimbursement for TCM services, the Broker shall ensure:

1. The child:
 - a. Is eligible for Medicaid (Title XIX or HCBS Waiver) in the month for which a claim for TCM services is made;
 - b. Is actively enrolled in the EI Colorado Program, which is defined as eligible for EI services with an active EI Program in the Early Intervention Program Data System; and,
 - c. Has a Medicaid number entered in the Early Intervention Program Data System.
2. The provision of TCM services and the corresponding number of units associated with the activity are documented in the month for which a claim is submitted for payment;
3. Ensure TCM services activities documented and claims submitted are for an allowable activity provided by a qualified individual; and,
4. Submit a claim when a child has received TCM services using the EI modifier code (TL)⁶.

⁵ For example, if 25 minutes is spent to write a letter, and five minutes is spent to mail the letter on the following day, the entire activity is claimed as two units.

⁶ See the HCPF website for instructions

The Broker shall not submit claims for TCM services in any month where the service was not provided and documented, even though the child may have received EI services, or for any month in which the child is not eligible for Medicaid (Title XIX or HCBS Waiver).

Section VI: General Information

EI services mean developmental services that are provided by an EI Colorado program under the supervision of a Broker. These services are designed to meet the developmental needs of a child with a disability and the needs of the family to assist appropriately in the child's development, as identified by the IFSP Team, in any one or more of the following developmental domains: adaptive, cognitive, communication, physical or social and emotional. EI services shall be:

1. Provided only after the development of an IFSP and written parental consent is obtained for those services identified in the IFSP;
2. Provided to meet the developmental needs of an eligible infant or toddler, and the needs of a parent or other caregivers, to achieve the outcomes identified in the IFSP;
3. Based on appropriate peer-reviewed, evidence-based practices, to the extent practical;
4. Related to functional outcomes and developmentally appropriate practices to support participation in everyday routines, activities and places;
5. Provided by qualified providers who meet the state personnel standards for each EI service;
6. Provided in a culturally relevant manner, including use of an interpreter, if needed;
7. Provided in the natural environments of the child and family to the maximum extent appropriate. If there is a determination that an EI service cannot be provided in a natural environment, written justification shall be provided in the IFSP; and,
8. Provided in physical settings where community-based EI services are accessed that meet all fire, building, licensing and health regulations, as applicable.

Early Intervention Services Rates

The minimum, maximum and most frequently used rates are on file with the CDHS. These rates are provided by each Broker through a self-report survey process. Pursuant to 12 CCR 2509-10, Sections 7.911 and 7.913 (B), each Broker shall:

1. Not exceed the maximum rate limit on file for EI services unless a waiver for that specific service for an individual child has been approved by state EI Colorado staff; and,
2. Notify the EI Colorado Program staff at the CDHS of any proposed change of reimbursement rates for all EI services at least fifteen (15) calendar days prior to the proposed use of such rates, and upon request, its rate-setting methodology. The revised rates are effective on the date that written approval from the CDHS is granted.

The maximum reimbursement rate for EI services shall be subject to restriction by the CDHS.

Guidelines for the Reimbursement of EI Services

A description of all EI services is in Appendix B, Service Descriptions. The definitions may be found in 12 CCR 2509-10 Section 7.950. Data shall be entered into the Early Intervention Program Data System by the 30th of each month for activities completed in the previous month. When submitting claims data for EI services or a related cost for service provision, a Broker shall ensure the following criteria are met:

1. The service is documented on a child’s IFSP, including signed parent consent, and authorized by the Broker;
2. The service claimed is consistent with the service description and EI services procedures defined in the EI Colorado State Plan;
3. The service provider meets the “Early Intervention Colorado Qualified Personnel Standards”, Appendix G, for claimed EI services or has a personnel waiver from EI Colorado to provide services;
4. The activities submitted for reimbursement are allowable for the EI services claimed;
5. All documentation for supervision meets the guidelines of the relevant professional organization under which the supervision is occurring (ASHA, OTA, PTA, UCD, CDE); and,
6. The billing is consistent with the “Early Intervention Program Data System Instruction Manual”.

Assistive Technology Services

Reimbursable Activities for Assistive Technology Services

The table below includes the reimbursable activities for Assistive Technology Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation (functional evaluation of developmental needs in the child’s environment for purposes of the selection, acquisition, modification, customization, or maintenance of assistive technology devices). Required prior to the purchase of an assistive technology device. ⁷
Assessment of ongoing procedures used by qualified personnel to identify the child’s unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child’s eligibility.
Teaming through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Assistive Technology Device (actual cost of device).

⁷ Information about assistive technology devices may be found at <http://www.techfortykes.org/index.html>.

Audiology Services

Reimbursable Activities for Audiology Services

The table below includes the reimbursable activities for Audiology Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Evaluation - for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.

Developmental Intervention Services

Reimbursable Activities for Developmental Intervention Services

The table below includes the reimbursable activities for Developmental Intervention Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Evaluation for the purpose of determining eligibility.
Co-visit - joint visit with another provider.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Supervision of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).

Health Services

Reimbursable Activities for Health Services

The table below includes the reimbursable activities for Health Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.

Medical Services

Reimbursable Activities for Medical Services

The table below includes the reimbursable activity for the Medical Services with the appropriate authorization from the Broker.

Description
Evaluation for diagnosis or eligibility purposes.

Nursing Services

Reimbursable Activities for Nursing Services

The table below includes the reimbursable activities for Nursing Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation - for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.

Nutrition Services

Reimbursable Activities for Nutrition Services

The table below includes the reimbursable activities for the Nutrition Service with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.

Occupational Therapy Services

Reimbursable Activities for Occupational Therapy Services

The table below includes the reimbursable activities for Occupational Therapy Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation - for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Supervision - of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).

Physical Therapy Services

Reimbursable Activities for Physical Therapy Services

The table below includes the reimbursable activities for Physical Therapy Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation - for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Supervision - of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).

Psychological Services

Reimbursable Activities for Psychological Services

The table below includes the reimbursable activities for Psychological Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Supervision - of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).

Sign Language and Cued Language Services

Reimbursable Activities for Sign Language and Cued Language Services

The table below includes the reimbursable activities for Sign Language and Cued Language Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation - for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Supervision - of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).

Social and Emotional Services

Reimbursable Activities for Social and Emotional Services

The table below includes the reimbursable activities for Social and Emotional Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation - or the purpose of determining eligibility.
Assessment of ongoing procedures used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Supervision - of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).

Speech Language Pathology Services

Reimbursable Activities for Speech Language Pathology Services

The table below includes the reimbursable activities for Speech Language Pathology Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.
Supervision - of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).

Transportation Services

Reimbursable Activities for Transportation Services

The table below includes the reimbursable activities for Transportation Services with the appropriate authorization from the Broker.

Description
Reimbursement for the actual cost of reasonable and most appropriate travel expenses identified on the IFSP to enable an infant or toddler and his or her parent to travel to and from the location where another EI service as documented on the IFSP is provided.

Vision Services

Reimbursable Activities for Vision Services

The table below includes the reimbursable activities for Vision Services with the appropriate authorization from the Broker.

Description
Individual - services provided by a single provider only (with the child and caregiver present, and may be either in person or through telehealth).
Co-visit - joint visit with another provider.
Evaluation - for the purpose of determining eligibility.
Assessment - used by qualified personnel to identify the child's unique strengths and needs and the early intervention services appropriate to meet those needs throughout the period of the child's eligibility.
Teaming - through regularly scheduled meetings as the formal time for provider-to-provider information sharing and support in order to develop strategies designed to build the capacity of parents and other caregivers to meet child and family outcomes.

Description

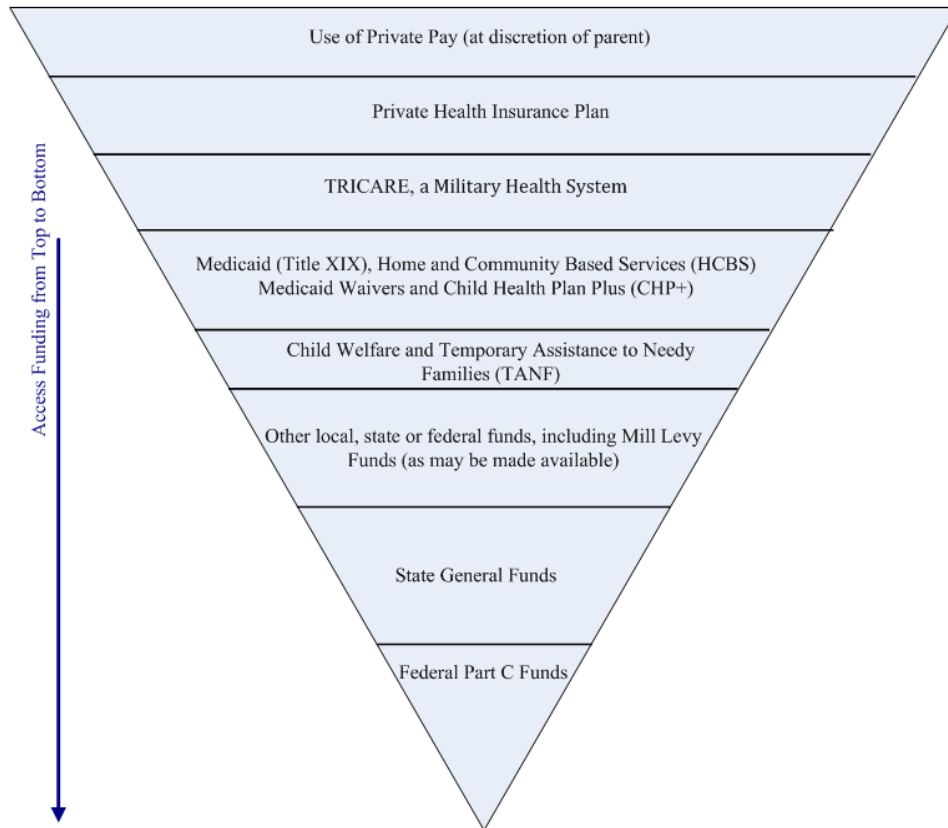
Supervision - of a paraprofessional provider, clinical fellow, or practicum student (must be conducted by a qualified licensed professional for this service and in adherence to the supervision guidelines of the related professional organization).
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Section VII: Administrative Requirements for Funding Hierarchy Resources

Implementing the Funding Hierarchy

During the IFSP development process, the service coordinator is responsible to facilitate discussion among team members regarding available funding sources to pay for necessary EI services documented in the IFSP. A funding hierarchy is followed to ensure appropriate payment for those services to assure General Funds and federal Part C Funds are used for payment only when other funds are not available.

COORDINATED SYSTEM OF PAYMENT: FUNDING HIERARCHY



Funding Hierarchy Levels

Funding Hierarchy Level: Use of Private Pay

The EI Colorado program does not charge family fees for EI services. However, a family can voluntarily pay for the cost of the EI services. The amount a family pays towards the cost of the EI services must be documented on the IFSP Agreement Page.

Funding Hierarchy Level: Private Health Insurance Plans

The family's insurance should first be explored as an option for payment of EI services. A family may agree to have EI services paid for by their private health insurance plan. The process for accessing private health insurance plans will vary depending on whether the insurance plan is a qualified plan (Qualifying Health Insurance Plan) under 10-16-104(1.3) C.R.S. or not. In cases where 10-16-104(1.3) C.R.S. is not applicable, the health insurance plan is referred to as a Non-qualifying Health Insurance Plan.

Qualifying Health Insurance Plans

Under the authority of the Division of Insurance (DOI) and 10-16-104(1.3) and 27-10.5-706(2) C.R.S. carriers who offer Qualifying Health Insurance Plans are required to make payment for Early Intervention Services as documented on an IFSP for infants and toddlers eligible for benefits under Part C of the IDEA. This amended statute applies to all individual and group sickness and accident insurance policies and all service or indemnity contracts issued or renewed by entities subject to 10-16-104(1.3) C.R.S., which provide coverage for health care services. The code "CO-DOI" is printed on the insurance card for Qualifying Health Insurance Plans.

Qualifying Health Insurance Plans include the following protections for families:

1. No requirement to pay copayments;
2. No requirement to meet an annual deductible before EI services will be paid for in full⁸; and,
3. EI services are not included in the total annual or lifetime benefit maximum for the child.

Regulating Agency

DORA, DOI

Eligibility

Eligibility for coverage varies by health insurance carrier.

Services

EI services specified in an eligible child's IFSP shall qualify as meeting the standard for medically necessary health care services as used by private health insurance plans. All services listed in Appendix B, excluding Assistive Technology and transportation, are covered benefits through the EIST. Services not covered through the EIST may be covered by other funding sources.

Flow of Funds

The Broker shall notify the Qualifying Health Insurance Plan using the "Health Insurance Authorization Form", Appendix C. In order to verify continued coverage, this form shall be submitted to the insurance company on an annual basis. Once an insurance carrier has been notified that a child covered under a Qualifying Health Insurance Plan has been determined eligible, the maximum annual benefit amount for EI services will be deposited into the EIST and accessed by following the claim procedures.

⁸ For HSA tax-qualified plans only, the deductible must be met prior to insurance being used for EI services.

Claim Procedures

EI services claim data shall be entered into the Early Intervention Program Data System by the 30th of each month for all activities completed in the previous month. In order to submit a claim to the EIST, the Broker shall complete the following steps:

1. Obtain informed written consent from the parent using the “Health Insurance Authorization Form” when a child is covered by a qualifying health insurance plan. The code “CO-DOI” is printed on the insurance card for these plans;
2. Fax the completed “Health Insurance Authorization Form” with a copy of the child’s IFSP (if required by the specific insurance company) to the designated EIST contact to notify the insurance carrier about the child’s eligibility for the EI Colorado program and request confirmation of eligibility under 10-16-104(1.3) C.R.S. for the listed insurance carrier. This confirmation should occur within five business days;
3. Once it is verified that 10-16-104(1.3) C.R.S. applies to the child’s health insurance plan and the child is covered under the plan, a second EI Colorado program record must be created within the Early Intervention Program Data System. See the "Early Intervention Program Data System Instruction Manual" for data entry instructions for creating an EIST program.

Other Required Forms

A Broker shall use the “Early Intervention Services Trust Transfer Form,” Appendix E, when facilitating a transfer of a child enrolled in the EIST from one service area to another service area within Colorado. The sending Broker shall initiate the transfer by sending the completed form to the receiving Broker. Once the child has moved, the receiving Broker shall send the completed form to the State Accounting Office so that the EIST account information for the child can be transferred to the new program.

Additional Information

Additional information regarding 10-16-104(1.3), 10-1-109 and 27-10.5-704(2) C.R.S. and the requirements of qualifying health insurance plans are located on the Michie’s Legal Resources website at the following location: <http://www.michie.com/colorado>.

Non-qualifying Health Insurance Plans

Non-qualifying Health Insurance Plans will have many different restrictions. Families are responsible for any health insurance premiums, but the EI Colorado program will pay co-pays and deductibles up to the cost of the EI service(s). The service coordinator shall provide a copy of the Family Guide and inform the family of potential costs that may be incurred and obtain consent to access the family’s insurance. In cases where an eligible child is insured by a non-qualifying health insurance plan, the service coordinator shall assist the family to determine whether the services identified on the IFSP can be paid for with insurance. The service coordinator shall assist and encourage the family to understand the insurance benefits, not only for the purpose of helping to cover the costs of EI services, but to help access the benefits to which the family is entitled during the period of time the child is covered by the health insurance plan.

When utilizing a non-qualifying health insurance plan, payment for EI services will be factored

into the total annual or lifetime benefit maximum for the child. Also, families may be subject to the following costs:

1. The parent is responsible for any health insurance premiums, but the EI Colorado program may pay co-pays and deductibles up to the cost of the EI service(s); and,
2. A requirement to meet an annual deductible before EI services will be paid for in part or in full.

A broker may reimburse a family for copayments or deductibles for EI services documented on the child's IFSP. However, if the copayment or deductible for a non-qualifying health insurance plan is more costly to the EI Colorado program than not accessing the insurance plan for payment for a service, then other funding sources shall be utilized.

Regulating Agency

Regulating agency varies by health insurance carrier.

Eligibility

Eligibility for coverage varies by health insurance carrier.

Services

Non-qualifying Health Insurance Plans may reimburse for some EI services, such as Occupational Therapy Services, Physical Therapy Services and Speech Language Pathology Services for covered children. Each family's insurance plan may offer benefits other than those required by Colorado law.

Flow of Funds

Payment for approved EI services will be made by the health insurance carrier directly to the provider or Broker.

Claim Procedures

A service coordinator shall obtain informed written consent to access private insurance from the parent using the "Health Insurance Authorization Form". Claim procedures will vary by health insurance carrier.

Funding Hierarchy Level: TRICARE, a Military Health System

TRICARE is the health care program serving active duty service members, National Guard and Reserve members, retirees, their families, survivors and certain former spouses worldwide. As a major component of the Military Health System, TRICARE brings together the health care resources of the uniformed services and supplements them with networks of civilian health care professionals, institutions, pharmacies and suppliers to provide access to high-quality health care services while maintaining the capability to support military operations.

When utilizing TRICARE, families who are not active in the military may be subject to the following costs:

1. Co-payments for EI services provided; or

2. A requirement to meet an annual deductible before EI services will be paid for in full.

A Broker may reimburse a family for co-payments or deductibles for allowable EI services documented on a child's IFSP. However, if the co-payment or deductible for TRICARE is more costly to the EI Colorado Program than not using the insurance, then other funding sources shall be utilized.

Regulating Agency

U.S. Department of Defense

Eligibility

TRICARE is available to active duty service members and retirees of the seven uniformed services, their family members, survivors and others who are registered in the Defense Enrollment Eligibility Reporting System (DEERS). The uniformed services include the:

- U.S. Army
- U.S. Air Force
- U.S. Navy
- U.S. Marine Corps
- U.S. Coast Guard
- Commissioned Corps of the Public Health Service
- Commissioned Corps of the National Oceanic and Atmospheric Association

TRICARE is also available to members of the National Guard and Reserves.

Services

TRICARE covers the following EI services: Occupational Therapy Services, Physical Therapy Services and Speech Language Pathology Services. In cases where an infant or toddler is diagnosed with certain mental health conditions, such as a condition that meets the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition" (DSM-V) criteria, TRICARE may cover the costs for Psychological Services and Social and Emotional Services. Special instruction associated with EI services is covered by TRICARE when a child is enrolled in the Extended Care Health Option (ECHO). A child must have at least one of the following qualifying conditions to be enrolled in the ECHO:

1. Moderate or severe intellectual disability;
2. A serious physical disability; or
3. A physical or psychological condition that causes the beneficiary to be homebound.

All EI services must be determined to be medically necessary in order to be covered by TRICARE.

Flow of Funds

Services funded by TRICARE are paid directly to a network provider through a contractual agreement with the managed care support contractor or a certified non-network provider.

Claim Procedures

As defined by TRICARE.

Additional Information

The Federal Interagency Coordinating Council has created the resource “TRICARE and IDEA Part C: A Guide to Services” to address questions about the interface between the Department of Defense military health system and the EI services offered under Part C of the IDEA. This guide is posted on the EI Colorado website:

<http://www.eicolorado.org>. Type “Tricare” into the search.

Specific information regarding TRICARE is located at the following website: <http://www.tricare.mil/>.

Funding Hierarchy Level: Medicaid (Title XIX), Home and Community Based Services (HCBS) Medicaid Waivers and Child Health Plan Plus Program (CHP+)

There are two public insurance programs in Colorado: Medicaid (Title XIX) and CHP+. Both of these insurance programs are administered by HCPF. Medicaid (Title XIX) has comprehensive benefits that can potentially cover many EI services. CHP+ has more limited benefits. An infant or toddler may be eligible for Medicaid (Title XIX) because of his or her family’s income level, Medicaid Buy-in Program for children with disabilities or through a HCBS Medicaid Waiver.

Medicaid (Title XIX)

Title XIX of the Social Security Act provides for federal grants to the states for medical assistance programs. Title XIX, popularly known as Medicaid, enables states to furnish:

1. Medical assistance to those who have insufficient incomes and resources to meet the costs of necessary medical services; and
2. Rehabilitation and other services to help these families and individuals become or remain independent and able to care for themselves.

Medicaid is a joint federal-state program. Each state operates its own Medicaid system, but this system must conform to federal guidelines in order for a state to receive matching funds and grants. The matching rate provided to states is determined using a federal matching formula, Federal Medical Assistance Percentages, which generates payment rates that vary from state to state, depending on each state's respective per capita income. People served by Medicaid (Title XIX) are U.S. citizens or legal permanent residents.

Regulating Agency

HCPF

Eligibility

Medicaid (Title XIX) eligibility for family and children’s programs are detailed on the following location on the HCPF website: <http://www.colorado.gov/HCPF>.

Services

Medicaid (XIX) may cover all or part of the following EI services:

1. Assistive Technology Services (also referred to as durable medical equipment)
2. Audiology Services
3. Medical Services
4. Occupational Therapy Services
5. Physical Therapy Services
6. Psychological Services
7. Social and Emotional Services
8. Speech Language Pathology Services

EI services must be determined to be medically necessary and provided by a qualified Medicaid provider in order to be covered as a Medicaid State Plan Benefit.

Flow of Funds

HCPF is designated as the single state agency to administer Colorado's Medicaid Program. This department approves and generates payment for all Medicaid State Plan services. HCPF contracts with Denver Health for the purpose of serving children through a Health Management Organization (HMO) type of structure. HCPF also contracts with Behavioral Health Organizations (BHOs) for the purpose of managing the provision of Behavioral Health Services.

Options for Accessing Medicaid Payment

There are three ways a Broker may access the Medicaid State Plan to cover the costs of EI services: a qualified Medicaid provider submits claims directly to the Medicaid Management Information System (MMIS); a Broker acts as a billing agent; or a Broker submits claims as the Medicaid provider.

For HMO services, the provider must be contracted with Denver Health and submit billing directly to them. For Behavioral Health Services (psychological and social and emotional services), the provider must be contracted with the local Behavioral Health Organization (BHO), and submit billing directly to that organization.

When a qualified Medicaid provider is identified in the IFSP to meet a specific developmental need, the provider may submit claims directly to the MMIS using the EI modifier code (TL). Under this situation, there is no contract required between the Broker and the Medicaid provider. The IFSP serves as the coordinating document to ensure that the needed EI services are delivered and monitored by the service coordinator.

A Broker may act as a billing agent in cases where a qualified Medicaid provider voluntarily elects this option. In this case, the Broker submits a claim on behalf of the Medicaid provider using the following procedures:

1. The Broker submits a claim using the agency's Trading Partner Identification (TPID) Number and the Medicaid provider's identification number;
2. The full reimbursement amount is paid directly to the Medicaid provider;
3. The Broker may charge a fee to the Medicaid provider for the billing function (12 CCR 2509-10, Section 7.913 (B)(7)); and
4. The Broker may not require a Medicaid provider who is providing EI services to use the Broker as his or her billing agent.

Finally, a Broker may directly employ qualified staff to provide EI services included as a Medicaid State Plan Benefit. In order for a Broker to receive payment for EI services that are provided by staff, the agency must be an approved Medicaid agency, a rehabilitation agency, or a non-physician practitioner. When a claim is submitted to Medicaid in this way, the Broker shall:

1. Have a separate National Provider Identifier (NPI);
2. Have a separate Medicaid provider number;
3. Ensure each staff member has a Medicaid provider identification number;
4. Submit claims to MMIS using each staff's Medicaid identification number;
5. Collect funds from Medicaid for EI services provided by staff; and
6. Pay the employed staff his or her normal salary.

Claim Procedures

A service coordinator shall obtain informed written consent to share PII from the parent using the "Health Insurance Authorization Form". Private Health Insurance shall be accessed prior to submitting a Medicaid (Title XIX) PAR or claim for EI services. If a family has Medicaid as a secondary insurance and the family declines access to their primary insurance, Medicaid may not be accessed for direct services and the next available funding source shall be used to pay for EI services.

For billing rules, please reference the billing manual located on the HCPF website at the following location: <http://www.colorado.gov/hcpf>. To locate the Billing Manual section from the main page, click on Provider Services - Billing Manuals. Once you are in the Billing Manual section, click on the CMS 1500, and select the appropriate manual by service.

Prior authorizations are not required for Speech Language Pathology. PARs are required for either Physical Therapy Services or Occupational Therapy Services after the first 24 units have been billed within a 365 day period.

For any EI service on the IFSP that is being billed to Medicaid, the provider shall use the EI modifier code (TL).

Additional Information

Additional information regarding the Medicaid State Plan is located on the HCPF website at the following location: <http://www.colorado.gov/HCPF>.

Home and Community Based Services (HCBS) Medicaid Waivers

HCBS Medicaid Waivers are intended to minimize the risk of institutionalization or placement in a nursing facility, hospital or Intermediate Care Facility for the Intellectually Disabled (ICF/ID). To utilize waiver benefits, a child must receive services in his/her home or community.

Regulating Agency

HCPF

Eligibility

HCBS Medicaid Waivers have different enrollment limits and eligibility criteria.

Services

Specific services offered through HCBS Medicaid Waivers will vary; however, children who receive services through a waiver are also eligible for all Medicaid State Plan Benefits except nursing facility and long-term hospital care. In no case shall the cost of HCBS Medicaid Waiver services exceed the cost of placement in a nursing facility, hospital or ICF/ID.

Flow of Funds

HCPF approves and generates payment for all HCBS Medicaid Waivers.

Claim Procedures

A service coordinator shall obtain informed written consent to share PII from the parent using the “Health Insurance Authorization Form”. When a child receives services under a HCBS Medicaid Waiver, the services must be provided by certified Medicaid providers or by a Medicaid contracting managed care organization. A PAR shall be submitted to the appropriate HCBS Medicaid Waiver Coordinator. Once the PAR is approved the Broker shall submit a claim following the HCPF Medicaid claims procedures.

Additional Information

A list of HCBS Medicaid Waivers is located at the following location on the HCPF website: <http://www.colorado.gov/HCPF> “Program Fact Sheets”

Child Health Plan Plus Program (CHP+)

CHP+ is a program administered by the U.S. Department of Health and Human Services that provides matching funds to states for health insurance for children. The program is a low-cost health insurance program for uninsured children ages 18 and under for families whose income does not meet the guidelines for Medicaid (Title XIX), but do not have private health insurance. The coverage has limitations and is provided through a managed care model administered by five HMOs (Colorado Access, Colorado Choice, Denver Health Medical Plan, Kaiser Permanente

and Rocky Mountain Health Plan) and the State Managed Care Network, which is the state funded fee for service plan for the CHP+ program.

If the child's CHP+ program is administered by Colorado Access or is part of the State Managed Care Network the Broker may reimburse a family for copayments. In order to bill for services rendered, a provider must be contracted with Colorado Access. If a provider is not contracted with Colorado Access, the next available funding source shall be used to pay for EI services.

If the child's CHP+ program is administered by Colorado Choice, Denver Health Medical Plan, Kaiser Permanente and Rocky Mountain Health Plan, the protections of the Coordinated System of Payment law apply and the family will not have to pay copayments for the IFSP documented EI services.

Regulating Agency

HCPF

Eligibility

CHP+ eligibility is detailed on the CHP+ website: <http://www.chpplus.org>

Services

CHP+ may cover the following EI services:

1. Audiology Services
2. Developmental Intervention Services
3. Health Services
4. Medical Services
5. Nursing services
6. Nutrition Services
7. Occupational Therapy Services
8. Physical Therapy Services
9. Psychological Services
10. Sign Language and Cued Language Services
11. Social and Emotional Services
12. Speech Language Pathology Services
13. Vision Services

Flow of Funds

The following HMOs participate in the EIST: Colorado Choice, Denver Health Medical Plan, Kaiser Permanente and Rocky Mountain Health Plan.

Colorado Access and the State Managed Care Network generate payment for all CHP+ covered services to providers who are contracted with Colorado Access.

Claim Procedures

CHP+ HMOs participating in the EIST are considered Qualifying Health Insurance Plans, required to pay into the EIST and cover the corresponding EI services for Qualifying Health Insurance Plans. The Broker shall follow the claims procedures for Qualifying Health Insurance Plans in cases where a child's CHP+ program is managed by Colorado Choice, Denver Health Medical Plan, Kaiser Permanente and Rocky Mountain Health Plan:

1. On an annual basis, obtain informed written consent from the parent using the "Health Insurance Authorization Form," Appendix C;
2. The service coordinator shall notify the appropriate CHP+ program contact in its service area that a child has been determined eligible for EI services and shall fax to the HMO the completed "Health Insurance Authorization Form," Appendix C, with a copy of the child's IFSP (if required by the particular insurance company) to notify the insurance carrier about the child's eligibility for the EI Colorado program and request confirmation of enrollment for the listed insurance carrier. This notification and request for confirmation shall be conducted on an annual basis. This confirmation should occur within five business days;

If the child's CHP+ program is managed by Colorado Access or the State Managed Care Network, the Broker may access the CHP+ program to cover the costs of EI services by following the steps below:

1. Using the "CHP+ Health Authorization Form", Appendix F, the Broker will verify coverage of the child, then authorize payment for EI services and return the authorization form to the service coordinator within five working days of receipt of the request. The Colorado Access or the State Managed Care Network must provide written authorization using the "Child Health Plan Plus Program Individualized Family Service Plan Authorization Form" for all EI services on the IFSP that will be paid for through CHP+;
2. Upon receipt, the Broker shall review the Authorization Form to determine what EI services on the IFSP, if any, were not authorized by the Colorado Access or the State Managed Care Network;
3. The Broker shall notify the EI Colorado Program staff at the CDHS using the "Insurance Exemption/Declination Form," Appendix D, of those EI services documented on the IFSP that were not covered by Colorado Access or the State Managed Care Network; and
4. The Broker shall authorize, using the next available funding source, payment for any EI services identified in the IFSP that were denied by Colorado Access or the State Managed Care Network.

Additional Information

Additional information is located on the CHP+ website: <http://www.chpplus.org/>.

Funding Hierarchy Level: Child Welfare and Temporary Assistance to Needy Families (TANF)

Colorado Works is Colorado's TANF Program and provides public assistance to families in need. Colorado Works Program is designed to assist customers in becoming self-sufficient by

strengthening the economic and social stability of families. The Colorado Works Program is designed to support the following federal and state purposes as specified in statute at 26-2-705 C.R.S.:

1. Assist participants to terminate their dependence on government benefits by promoting job preparation, work and marriage;
2. Provide assistance to needy families so that children may be cared for in their homes or in the homes of family members;
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and to establish annual numerical goals for preventing and reducing the incidences of these pregnancies;
4. Encourage the formation and maintenance of two-parent families;
5. Develop strategies and policies that focus on ensuring that participants are in work activities as soon as possible so that the state is able to meet or exceed work participation rates specified in the federal law; and
6. Allow counties increased responsibility for the administration of the Colorado Works Program.

Children in the Child Welfare system may have access to federal or county direct service dollars through Title IV-A or IV-B of the Social Security Act. If the family is involved in either Child Welfare or TANF, the service coordinator shall work in collaboration with the caseworker at the County Department of Human Services to see if funds are available to help pay for EI services needed by the child or family.

Regulating Agency

CDHS, Colorado Works Division

Eligibility

Eligibility requirements for the Colorado Works Program are detailed at the following website: <http://www.colorado.gov/coloradoworks>. The application for assistance is located at the following location on the State Colorado Works website: <http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251575232507>.

Services

The Colorado Works Program provides many types of assistance to children and families in need. “The Colorado Guide 2: TANF for Local Communities Guide” is intended to provide a range of ideas to help those enhancing and developing services and integrating service delivery models with the support of TANF Funds. This guide is located at the following location on the Center for Systems Integration website: <http://www.csi-policy.org/blendandbraid/financing.htm>.

Flow of Funds

Funds are allocated through the County Department of Human Services offices and the numerous Colorado Works TANF funded projects. The following link provides contact information for all County Service offices in the State of Colorado:

<http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251575352172>. Contact information for the Colorado Works TANF Funded Projects is summarized in a resource book posted at the following link:

<http://www.colorado.gov/cs/Satellite/CDHS-ColoradoWorks/CCW/1251582353250>.

Additional Information

Additional information regarding the Colorado Works TANF funded projects is located at the following website State Colorado Works website (<http://www.colorado.gov/coloradoworks>) and the Centers for System Integration Blend and Braid website: (<http://www.csi-policy.org/blendandbraid/understand.htm>).

Funding Hierarchy Level: Other Local, State or Federal Funds, including Mill Levy Funds

Local, state or federal funds from a variety of sources, including mill levy funds, as may be made available, can be used to pay for EI services documented on an IFSP. Several counties in Colorado have obtained voter approval for local tax initiatives that are earmarked for services for people with developmental disabilities, and may include earmarks for infants and toddlers with developmental delays. Other local private sources of funding include service organizations, donations, foundation grants, Friends of Man, the Red Cross and other local service and charitable organizations.

Funding Hierarchy Level: State-General Funds

State appropriations for EI services are used to purchase services through contracts with Brokers. General Funds may be used to pay for services identified on an IFSP when there is no funding source higher on the funding hierarchy that can pay for the service(s).

Regulating Agency

CDHS

Purpose

Used as payment for EI services documented on an IFSP and not paid for by a higher level on the funding hierarchy.

Eligibility

As defined in 12 CCR 2509-10, Section 7.901.

Services

All services listed in Appendix B are covered.

Flow of Funds

General Fund is allocated by the CDHS to Brokers for the purchase of EI services to eligible children in cases where no funding source higher on the funding hierarchy can pay for the service.

Claim Procedures

All EI services claims data shall be entered into the Early Intervention Program Data System by the 30th of each month for all activities completed in the previous month. To submit a claim for General Funds the Broker shall complete the following steps:

1. Complete the “Insurance Exemption/Declination Form”, Appendix D, for all services where General Funds are used for a child that has another funding source, and fax, or scan and send electronically, to the EI Colorado program staff at the CDHS;
2. Ensure that EI services information is entered within the IFSP Record for the child. See the "Early Intervention Program Data System Instruction Manual" for data entry instructions when submitting a claim for General Funds;

Funding Hierarchy Level: Federal Part C Funds

Federal Part C Funds assist states in implementing and maintaining their statewide system of EI services. These funds may also be used to provide direct services for infants and toddlers with disabilities and their families that are not otherwise provided by other public or private sources, to expand and improve on services for infants and toddlers with disabilities that are otherwise available and for transition to preschool (Part B) special education services.

Agency

CDHS

Purpose

Under the IDEA, Federal Part C Funds can be used to pay for EI services that “are not otherwise funded through other public or private sources.”

Eligibility

As defined in 12 CCR 2509-10, Section 7.901, with the exception of an infant or toddler who lives with a parent who has a developmental disability.

Services

All services listed in Appendix B are covered.

Flow of Funds

Federal Part C Funds are allocated by the CDHS to Brokers for the purchase of EI services to eligible children in cases where no funding source higher on the funding hierarchy can be accessed for payment.

Claim Procedures

EI services claim data shall be entered into the Early Intervention Program Data System by the 30th of each month for all activities completed in the previous month. To submit a claim for federal Part C Funds, the Broker shall complete the following steps:

1. Complete the “Insurance Exemption/Declination Form”, Appendix D, for all services billed to federal Part C funds where a child that has another funding source, and fax, or scan and send electronically, to the EI Colorado program staff at the CDHS;

2. Ensure that the EI services information is entered within the IFSP record for the child. See the "Early Intervention Program Data System Instruction Manual" for data entry instructions when submitting a claim for federal Part C Funds;

Use of Local, State and Federal Funds as an Interim Source of Payment

If necessary, to prevent a delay in the timely provision of EI services identified on a child's IFSP, General Funds and federal Part C Funds or other available funds may be used to pay for EI services pending reimbursement from the private or public insurance plan that has primary responsibility for payment.

Steps in Determining the Funding Source for Early Intervention Services

Step 1: Provide Written Notification to the Family and Determine Type of Health Insurance Coverage or Benefits

Each time the Early Intervention (EI) Colorado program gets parental consent to provide Early Intervention (EI) services, in accordance with 34 C.F.R., Section 303.520, the Broker shall provide the family with a copy of "**A Family Guide to the Coordinated System of Payments for Early Intervention Services**", Appendix H, to provide written notification regarding the EI Colorado Program system of payment policies related to the use of public benefits or insurance or private insurance to pay for EI services.

The "Health Insurance Authorization Form," Appendix C, is used to obtain the written authorization from a parent that his or her child's health insurance plan will be accessed in order to pay for the cost of EI services. This form must be accompanied by a copy of the child's insurance card, when possible, and must be updated annually. By signing this form, the parent:

1. Authorizes the personally identifiable information to be released by the Broker to the health insurance carrier to process claims; and
2. Requests payment of benefits to the Broker for EI services provided and claimed.

The form is also used to request confirmation of eligibility under 10-16-104(1.3) C.R.S. for the listed health insurance carrier.

To determine the type of health insurance coverage, the Broker shall gather the following information:

1. Name of the health insurance carrier for all health insurance policies that may cover the child;
2. Name of the insured;
3. Subscriber ID;
4. Policy or group number;
5. A copy of the insurance card; and,
6. Whether the insurance is a Qualifying Health Insurance Plan.

In accordance with 34 C.F.R., Section 303.520(a)(2)(i), in cases where a family does not have private or public health insurance, the Broker may provide assistance to apply for health insurance to the family, but shall not require the family to do so in order to receive EI services.

Step 2: Determine the Funding Source

A Broker shall follow the IFSP process, as described in the “Instruction Manual: Completing Colorado’s Individualized Family Service Plan Form”. When the IFSP Team has identified the necessary EI services, the service coordinator shall use the health insurance information that has been gathered from the family to determine if private or public health insurance can be used to pay for any or all of the EI services documented on the IFSP.

If private or public health insurance can be utilized for some or all of the EI services documented on the IFSP, the service coordinator shall assist the family in accessing the EI services and follow the requirements outlined in the health insurance plan for prior authorization to submit a claim. In cases where a Non-qualifying Health Insurance Plan is being utilized to cover the costs for EI services, benefits may be limited in terms of number of sessions. In this case, the provider identified for the EI services shall also be approved to access other funding sources to ensure continuity of service provision once any insurance limit has been reached.

When accessing public or private health insurance a Broker shall follow one of the following options:

1. If a child has Medicaid (Title XIX) or is covered under a private health insurance plan subject to 10-16-104(1.3) C.R.S., a Broker shall obtain consent to share personally identifiable information with the public or private health insurance carrier. For public insurance, parent consent is not required for the processing of claims and rendering of payment to the Broker for the initial provision of EI services or in cases where there is an increase in frequency, length, duration or intensity for any EI services documented on the IFSP; or,
2. The service coordinator shall ensure that the family is informed of the protections as outlined in the Family Guide pages 1 and 2.

Then the Broker shall obtain written parental consent using the “Health Insurance Authorization Form,” Appendix C, when the following occur:

- a. The initial provision of EI services; and,
- b. For a child whose private health coverage plan is not covered under 10-16-104(1.3) C.R.S. any time there is an increase in frequency, duration or intensity of a service on the child’s IFSP; or,
- c. When private health insurance shall be accessed prior to accessing public benefits or public insurance.

A Broker may reimburse a parent for copayments or deductibles for EI services documented on his or her child’s IFSP. However, if the copayment or deductible for a Non-qualifying Health Insurance Plan is more costly to the EI Colorado program than not accessing the health insurance plan for payment for a service, then other funding sources shall be utilized.

System Exceptions to the use of Private or Public Health Insurance Plans

The IFSP always takes precedence over the requirements of the funding source. If the family has private or public health insurance and the insurance plan cannot be utilized to pay for EI services documented on the child's IFSP due to a system reason, the "Insurance Exemption/Declination Form", Appendix D, shall be completed, documenting the specific reason insurance is not being accessed. A copy of the form shall be sent to the EI Colorado staff at the CDHS and filed within the child's record for the EI Colorado program. The Broker shall then determine the next appropriate funding source from the funding hierarchy. The use of private or public health insurance shall not be required in the following circumstances:

1. A claim was submitted and the health insurance carrier has denied coverage for the EI services documented on the IFSP;
2. The service as defined by the EI Colorado program is not a covered benefit;
3. There are no service providers who will provide the EI services in accordance with the IFSP, for example in the home or community settings identified by the family as their natural environment;
4. There are no providers available who are enrolled or networked with the child's health insurance carrier;
5. The cost of the co-payment or the deductible is more costly than using other funding sources;
6. The Broker is utilizing General Funds or federal Part C Funds until the deductible required by the child's health insurance carrier is met;
7. The EIST maximum annual benefit has been reached;
8. The family has chosen a provider who is not enrolled or networked with the child's health insurance carrier;
9. The Broker or contracted provider does not submit claims to the child's public health insurance (Medicaid or CHP+ (managed by Colorado Access or the State Managed Care Network));
10. The health insurance carrier does not allow for out-of-network benefits; or
11. The Broker and/or contract provider missed billing insurance because adequate prior authorization was not obtained;

Family Exceptions to the use of Private or Public Health Insurance Plans

The Broker shall complete the "Insurance Exemption/Declination Form," Appendix D, if public or private health insurance is not accessed for any of the family related circumstances:

1. The child does not have health insurance;
2. The family declines to provide health insurance information to the EI Colorado program;
3. The family was asked and could not or did not provide documentation from the health insurance carrier; or,

4. The family declines to give consent to access insurance benefits for the child because the use of the public or private health insurance would result in one of the system exceptions to the use of private or public health insurance plans.

The completed form shall be filed in the child's EI Colorado program record and a copy submitted to the EI Colorado program staff at the CDHS.

In those circumstances where a parent does not provide parental consent for the use of the child's or parent's public or private health insurance when such consent is required pursuant to the procedures noted under the second family related circumstance noted above, the Broker shall make all EI services documented in the IFSP available to the child and family at no cost.

Appendices

Appendix A – Payor of Last Resort Federal Part C Funds Request Form

Appendix B – Service Descriptions

Appendix C – Health Insurance Authorization Form

Appendix D – Insurance Exemption/Declination Form

Appendix E – Early Intervention Services State Trust Fund Transfer Form

Appendix F – Child Health Plan Plus Program Individualized Family Service Plan Authorization Form

Appendix G – Qualified Personnel Standards

Appendix H – A Family Guide to the Coordinated System of Payments for Early Intervention Services