

**Early Intervention  
Program  
System of Payments  
(5123-10-03)  
Part 1  
June 2019**




# System of Payments

## System of Payments

SOP Training and Guidance

For prospective EI service providers

For service coordinators



*“Early Intervention actually cares about not only the child, but the family.”*

Payor of Last Resort (POLR) is used when no other funding source is available to pay for an identified Early Intervention service that is needed to meet an outcome on the Individualized Family Service Plan (IFSP). Other funding sources that should be reviewed with the family include Medicaid or private insurance and any local funds, such as county boards of developmental disabilities. With parent consent, public benefits and/or private insurance may be used in conjunction with POLR.



How comfortable do you feel talking with families about their income and insurance?

- A: Very comfortable
- B. Somewhat comfortable
- C. Not comfortable at all




**Use the chat box and type in the “go to phrase” that you use when talking about the family’s income or insurance.**



# Why is System of Payments an important part of Early Intervention?



This rule establishes a structure to pay for activities and expenses that are reasonable and necessary for implementing Ohio's early intervention program for eligible children and their families.

A man with a goatee, wearing a grey and red jacket over a striped shirt, is sitting on a bench and looking down at a young girl. The girl is wearing a bright pink jacket and has her hair in two braids with orange and pink hair ties. They are outdoors, with a chain-link fence and a green field in the background.

## Definitions

5123-10-02

**“Assistive technology device” does not include a medical device that is surgically implanted, nor the maintenance for these devices.**

**“Early Intervention Service Coordinator (EISC)” re-affirms that a Service Coordinator in Ohio must be credentialed by the department.**

**“Early Intervention Services” includes reference to new rule 5123-10-02. Refers to the 18 early intervention services that must be reviewed and offered, if needed to eligible EI families.**

# Definitions

5123-10-02

**“Extraordinary Medical Expenses (EME)”**:  
the term “medically necessary” has been added to this  
definition



# “Medically Necessary Care”

Definitions  
5123-10-02

Procedure  
item or  
service

Prevents,  
diagnoses,  
evaluates,  
corrects,  
ameliorates  
or treats

Illness, injury,  
disease  
or symptoms,  
emotional or  
behavioral  
dysfunction,  
intellectual deficit,  
cognitive  
impairment or  
developmental delay



Definitions  
5123-10-02

## “Medically Necessary Care”

Meets generally accepted standards of medical practice

Clinically appropriate in type, frequency, extent, duration, delivery setting

Appropriate to the health condition and expected to produce the desired outcome

Lowest cost alternative

Provides unique, essential and appropriate information if used for diagnostic purposes

Not provided primarily for economic benefit of provider or convenience of anyone other than the parent

5123-10-03 (C) (1)

Provision of and payment for early intervention services  
Services provided at no cost to eligible families

Child Find

Activities related to IFSP  
Development

Evaluation and Assessment

Procedural Safeguards

Service Coordination

55 Units of EI services per  
plan span

5123-10-03 (C) (2)

Provision of  
and payment  
for early  
intervention  
services:  
**Funding**



## New Forms

- EI-05** (Consent to Use Insurance for Early Intervention Services)
- EI-15** (Determination of Parent Ability to Pay for Early Intervention Services)
- EI-16** (Payment for Early Intervention Services)
- EI-17** (Extraordinary Medical Expenses Worksheet)
- EI-18** (Family Out-of-Pocket Medical Expenses Tracking Sheet)

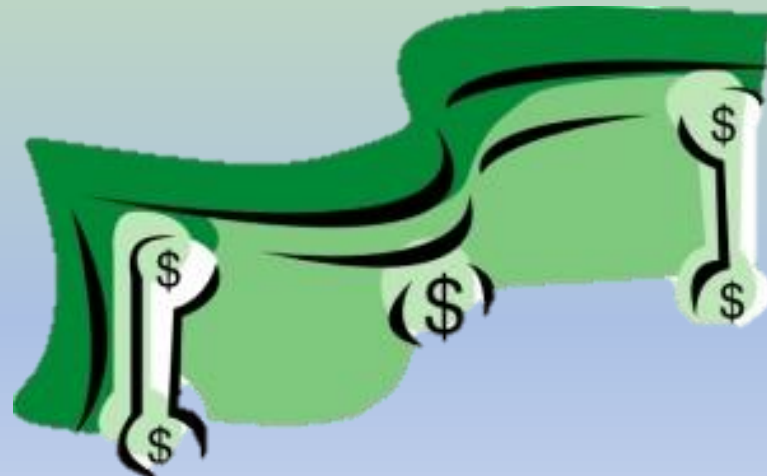
5123-10-03 (C) (3)

Who pays for the first 55 units of services?

County Board?  
OR  
Private  
Insurance?  
OR  
Public  
Insurance?

None available or denied

The  
Department  
(POLR)



# 5123-10-03 (D) Determining Ability to Pay

## Form EI-15

Today's date \_\_\_\_\_ Child's name \_\_\_\_\_ Child's DOB \_\_\_\_\_  
Parent name(s) \_\_\_\_\_ EIDS number \_\_\_\_\_

### Determination of Parent Ability to Pay for Early Intervention Services

Documentation (only one is required)

(A) Ohio Medicaid Card     (B) Ohio WIC Card     (C) Parent income

Parent income:  weekly (52)     bi-weekly (26)     monthly (12)     bi-monthly (24)    family size: \_\_\_\_\_

Pay stub date(s) \_\_\_\_\_

Gross amount(s) \_\_\_\_\_

Parent income:  weekly (52)     bi-weekly (26)     monthly (12)     bi-monthly (24)    family size: \_\_\_\_\_

Pay stub date(s) \_\_\_\_\_

Gross amount(s) \_\_\_\_\_

Total annual income \_\_\_\_\_

Family income less than or equal to Healthy Start Eligibility for uninsured children? (206% FPL)    Yes     No   
<https://ohioearlyintervention.org/system-of-payments>

\_\_\_\_\_ I have chosen not to share my financial information and understand that according to OAC 5123:10-03 (D), I will be responsible for paying the cost of early intervention services beyond the first publicly funded 55 units.

Parent initials \_\_\_\_\_

I have seen and reviewed the documentation provided by the parent per OAC 5123:2-10-03 (D) and have determined the parent is  unable     able to pay for Early Intervention services.

\_\_\_\_\_    \_\_\_\_\_  
EI Service Coordinator name    Date

\_\_\_\_\_  
EI Service Coordinator signature

I have reviewed the information used to complete this form and my service coordinator has explained to me the determination of whether I am able or unable to pay for EI services.

\_\_\_\_\_  
Parent Signature    \_\_\_\_\_  
Date



True or False: As an EISC, I can have the family initial the statement, “I have chosen not to share my financial information and understand that according to OAC 5123:10-03 (D) I will be responsible for paying the cost of early intervention services beyond the first publicly funded 55 units” if the family is using county board services or won’t come close to the 55 hours of EI services in their IFSP plan span, and this won’t affect the family during later participation in EI.

5123-10-03 (D)(3)

What happens if a parent chooses not to share financial information?

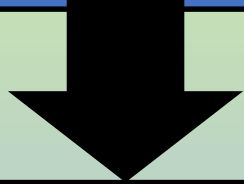
If a parent does not wish to disclose financial information requested by the Service Coordinator, they will be determined able to pay and will be responsible for payment for EI services over 55 units.



5123-10-03 (E)

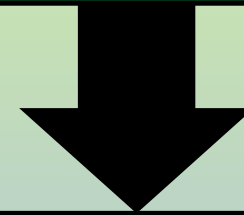
## Parent cost participation

Unable to pay



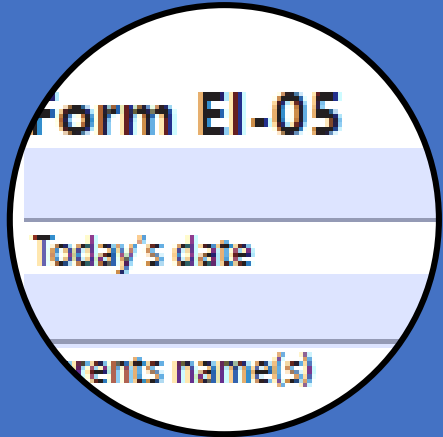
EI services identified as needed provided at no cost to the family, including those exceeding 55 units

Able to pay



Parent is responsible for cost of EI services exceeding 55 units





EI-05 Consent to Use Insurance for Early Intervention Services



Prior to getting consent, EISC give SOP brochure, explains rule, explains potential costs



Review and new signature on EI-05 needed upon every IFSP review

**5123-10-03 (F) Using private insurance to pay for early intervention services**

5123-10-03 (G)

Using private  
insurance  
to pay for early  
intervention  
services

**Form EI-05**

Today's date	Child's name	Child's DOB
Parents name(s)	EIDS number	

**Consent to Use Insurance for Early Intervention Services**

**Use of Private Insurance**

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.

I give my consent to bill my private insurance for Early Intervention (EI) services  Yes  No  I do not have private insurance

Primary insurance policy number	Begin date	End date
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Health insurance company name	Name of insured
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Secondary insurance policy number	Begin date	End date
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Health insurance company name	Name of insured
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Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Use of Public Insurance**

My service coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

Yes  No  My child does not have Medicaid insurance

Medicaid recipient/billing number \_\_\_\_\_

Parent signature(s) \_\_\_\_\_ Date \_\_\_\_\_

5123-10-03 (G)

Using **public**  
insurance  
to pay for early  
intervention services

## Written Notification to the Parent Shall Include:

Child's PII disclosed to public insurance  
program

Parent may withdraw consent at any time

Parent not charged co-pays, deductibles or  
premiums

Children covered by both public and private  
insurance must use private insurance to  
access public insurance

5123-10-03 (G)

# Using **public** insurance to pay for early intervention services

## Form EI-05

Today's date

Child's name

Child's DOB

Parents name(s)

EIDS number

### Consent to Use Insurance for Early Intervention Services

#### Use of Private Insurance

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.

I give my consent to bill my private insurance for Early Intervention (EI) services  Yes  No  I do not have private insurance

Primary insurance policy number

Begin date

End date

Health insurance company name

Name of insured

Secondary insurance policy number

Begin date

End date

Health insurance company name

Name of insured

**Signature**

Parent signature(s)

Date

#### Use of Public Insurance

My service coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

Yes  No  My child does not have Medicaid insurance

Medicaid recipient/billing number

**Signature**  
Parent signature(s)

Date

# Questions about EI-05

Question: Will there always be two parent signatures on this form? One on each half of the page?

Question: There are two sections. It is assumed a yes/no/child does not have insurance would be checked for both sections. Is it necessary for the parent to sign on both sections or can the parent not sign on the section if the box “my child does not have public/private insurance” is checked?

Question: Where can we access instructions for completion of this form?

**Form EI-05**

Today's date Child's name Child's DOB

Parents name(s) EIDS number

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**Consent to Use Insurance for Early Intervention Services**

**Use of Private Insurance**

My service coordinator has explained the "system of payments" rule and any potential costs that I may incur when using my private insurance to pay for Early Intervention services, such as co-payments, deductibles, premiums or long term costs such as the loss of benefits because of annual or lifetime health insurance coverage caps of the insurance policy. I have received written notification of these potential costs and my rights. I understand that when I consent to the use of my private insurance, the state will pay the co-pays and deductibles for the first 55 units of Early Intervention services in an IFSP year if I am determined able to pay. The state will pay co-pays and deductibles for all units of Early Intervention services if I am determined unable to pay.

I give my consent to bill my private insurance for Early Intervention (EI) services  Yes  No  I do not have private insurance

Primary insurance policy number	Begin date	End date
Health insurance company name	Name of insured	
Secondary insurance policy number	Begin date	End date
Health insurance company name	Name of insured	

Parent signature(s) Date

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**Use of Public Insurance**

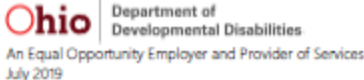

My service coordinator has explained the Early Intervention system of payments rule. I have received written notification of my rights and understand that there are no potential costs for using my Medicaid benefits for EI services.

I give my consent to share my child's personally-identifiable information (information used to identify my child) to the Early Intervention service provider on the IFSP and state Medicaid agency for billing purposes

Yes  No  My child does not have Medicaid insurance

Medicaid recipient/billing number

Parent signature(s) Date



**Peer**

**Suggestions**

5123-10-03 (H)

## Procedural Safeguards

Dispute  
Resolution:

**State complaint**

**Mediation**

**Due process hearing**

**Informal Review by  
the department**

EI services shall not  
be delayed/denied if:


**Parent unable to pay**

**Parent does not consent to  
use private insurance**

**Parent/child is not enrolled  
in public insurance**

**Parent does not consent to  
share PII to use public  
insurance**

Parent notified of  
procedural safeguards  
at time of ability to  
pay determination  
and before signing  
IFSP



**Next up:  
SOP Part 2  
June 13  
8:30-10:00  
a.m.**

**IFSP Form  
(EI-04)  
June 18  
8:30-10:30  
a.m.**

**Thank  
you!!**

**Rule Webinar  
registration links**  
[Ohioearlyintervention.org](http://Ohioearlyintervention.org)  
EI Rules 2019:  
Rules Training Schedule