

Search Q

About Families Providers Data and Monitoring Advisory Council

System of Payments

System of Payments

SOP Training and Guidance

For prospective El service providers

For service coordinators



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.

Ohioearlyintervention.org

How comfortable are you explaining EME to the family?

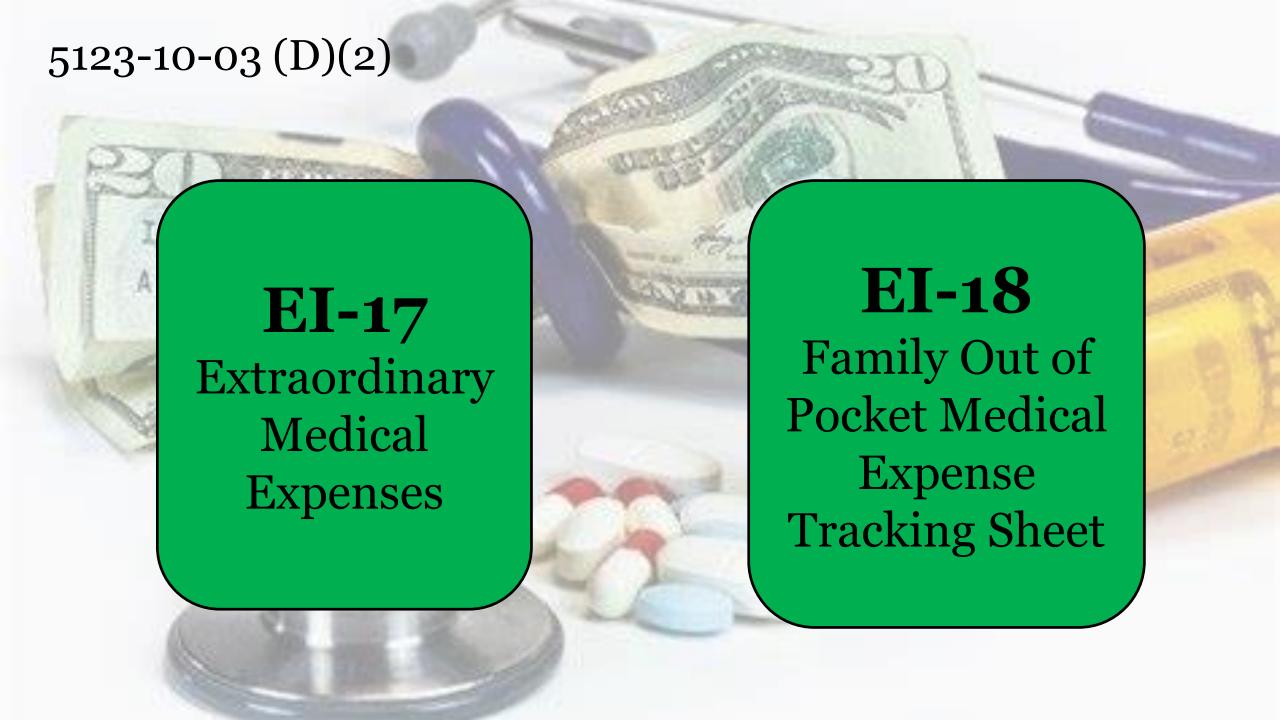
A. Very comfortable

B. Somewhat comfortable

C. Not comfortable at all

Use the chat box and type in your thoughts about this question: How do you introduce the EME to families that are able to pay?





Form EI-17 **Extraordinary Medical Expenses Worksheet**

Rules: 02 Eligibility and services: (K)(5)(c) Content of an individualized family service plan. 03: System of payments: (B)(7) definition of extraordinary medical expenses; (D)(2)(d) Determination of a parent's ability to pay for early intervention services

Today's date	Child's name	Child's DOB
Parent name(s)		EIDS number
Extraordinary	Medical Expenses Wor	ksheet
Parent income: week	kly (52) bi-weekly (26) month	nly (12) bi-monthly (24) family size:
Pay stub date(s)		
Gross amount(s)		
Parent income: week	kly (52) 🔲 bi-weekly (26) 🔲 montl	hly (12) bi-monthly (24) family size:
Pay stub date(s)		
Gross amount(s)		
Total annual income		
annonnesse water and a second		
Calculations for family in		al Poverty Level (FPL) may be found at https://
, ,		
Annual income	x	Out-of-pocket medical expense
have calculated the ant	ticipated out-of-pocket medical expe	enses based on the most recent federal poverty leve
as determined by the US	Department of Health and Human	Services and published in the Federal register, and this information to make the final determination of
the family's extraordinar		this mornation to make the inial determination of
FI Coming Consultant		Data
El Service Coordinator nan	ne	Date
El Service Coordinator nan		Date
El Service Coordinator sigr		Date







When can the family start collecting their medical expenses?

A. 12 months prior to the signing of their IFSP

B. After the initial 55 hours have been exhausted

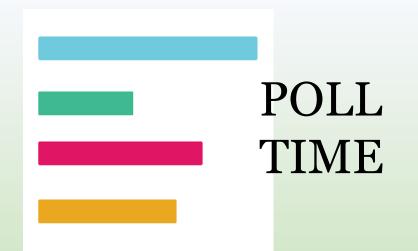
C. After the initial or annual IFSP is signed

EI-18 Family Out-of-Pocket Medical Expenses Tracking Sheet

Child's name FSP year		Child's DOB	Family yearly income				
		Out-of-pocket medical exper	es from form E-17				
	ce coordinator sub ention forms EI-15, E	mission to DODD: El-16, El-17 attached with IFSP?	Yes No				
Receipt number	Date payment was made	Payment was for	Amount of Amount paid by you medical expense (Attach receipts for amounts over \$100				







True or False:

I do not have to worry about the EME until my family has been determined ABLE to pay and has exhausted all of their 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

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

Form EI-16

Payment for Early **Intervention Services**

							Service coordinator use only				
Today's date Child's name EIDS number Child's Di							On (date/within 30 days				
							signed IFSP), this form submitted to DODD				
				OB			with for	h forms EI-04 EI-05 EI-15			
Payment for E	arly Inte	erver	ntion Se	rvice	<u> </u>						
Parent name	y			Parent i							
Address			Address								
City		State	ZIP	City					State	ZIP	
Social security number				Social security number							
Hama ahaaa	IM/a-d-	h		Hame: :	haua			TMade:	hana		
Home phone Work phone			Home phone			Work phone					
Email	1			Email							
Child's address				1	Count	у					
City		State	ZIP	Sex							
City		State	ZIP	sex		Male	Γ	Fem	ale		
Service coordinator's signati	ure		Date Agency na		rvice coor	dinator's	email		Teleph	none number	
			1.5								
Address			City					S	tate	ZIP	
hereby authorize the ser Disabilities for payment o						n to the	Ohio D	epartm	ent of [Developmenta	
Parent name(s)	Parent signature(s)				(s) Date						
								F(():			
The state of the s	EE Unite	Additic	al comiicae #	act Mat						Eveniuntion -1-	
Approved Initial	55 Units Yes No		al services requ		_	nary med		Effective	date	Expiration da	
Approved Initial :	55 Units Yes No	Additiona Y			Yes	□ No)	Епестіче	date	Expiration da	
					_	□ No		Епестіче	date	Expiration da	
Approved Initial Yes No DODD Staff Departmen	Yes No	Y			_	□ No)	Effective	date	Expiration d	

July 2019



POLL TIME

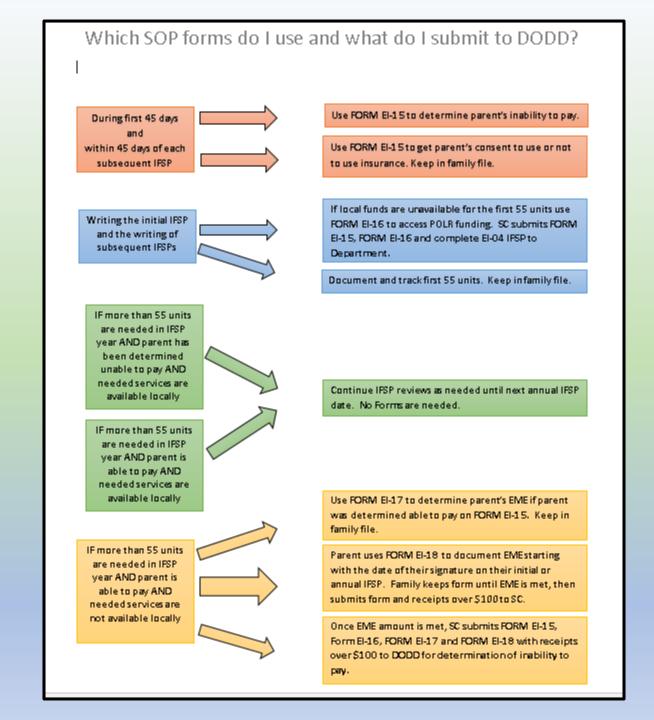
I need to send in the following forms to the department when the team has identified POLR as the funding source:

A. EI-05, EI-15, EI-16

B. EI-05, EI-15, EI-16, EI-04

C. EI-17, EI-18

SOP Form and Form Submission Chart



System of Payment Form Changes



- EI-1701 page 1
- El-1701 page 2
- EI-1702
- EI-1703
- EI-1704

NEW RULE

- EI- 15
- EI-05
- EI-16
- EI-17
- EI-18

All of these forms will be available under the Forms tile of the Providers tab of the EI website:

https://ohioearlyintervention.org/forms

IFSP and SOP process and timeline

