

## Section 8: Financial Resources

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### Introduction

The Regional Grantee (AEA) implements procedures for provision of services to eligible children and their families with payment arrangements in compliance with *Iowa Code* and the *Iowa Administrative Rules for Early ACCESS, 2003*.

- Evaluation and needed early interventions services are provided for children birth to 21 at no cost to families since Iowa is a birth mandate state (256B.2(1)).
  - Available federal, state and local funds are to be used and coordinated to fund Early ACCESS services (e.g. Medicaid; special education; state allocations; Title V; etc.).
  - Federal Part C funds are considered as *payer of last resort* and utilized when all other funding options are exhausted.
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### Use of private insurance

Since evaluation and needed early intervention services are provided at no cost to families, [281—120.12], Early ACCESS cannot require payment of services by billing of insurance. Use of private insurance often involves costs to the family through deductibles, co-pays or life time limits. AEAs currently do not have a system of procedures that ensures families do not incur these costs, so Service Coordinators do not access the family's private insurance to pay for needed early intervention services.

**Note.** Some Signatory Agencies may bill insurance for some services. These are services parents may seek at their discretion and do not have to meet IDEA Part C requirements. These services are labeled “Other” services and should be documented on the IFSP if the service contributes to an IFSP outcome. If these types of services are not directly connected to an IFSP outcome, they still remain considered agencies or programs that family is involved with, and should be documented with the Family Information.

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### **Infant and toddler Medicaid**

AEAs participate in Medicaid reimbursement under IDEA - Part C for services that include:

- audiology
- developmental services (same as special instruction)
- family training
- health and nursing
- medical transportation and escort
- nutrition counseling
- occupational therapy
- physical therapy
- psychological services
- speech-language therapy
- social work services
- vision services including orientation and mobility
- service coordination (Medicaid refers to this service as targeted case management in its Rules and other documents)

See *INFANT-TODDLER MEDICAID PROGRAM* for more details of services.

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### Medicaid provider qualification requirements

Service Coordinators and providers must meet provider qualifications and/or licensure in order to bill Medicaid.

Only individuals licensed by their respective professional licensing boards can bill Medicaid for audiology, health and nursing, nutrition counseling, occupational therapy, physical therapy, psychological services, social work services, speech-language therapy, and vision services including orientation and mobility.

Licensed individuals or paraprofessionals supervised by licensed individuals can bill for developmental services, family training, and service coordination. Information about the required licensure for each of the Medicaid services can be found under each service listed in the DHS Policy Manual for Infant-Toddler Medicaid Program.

In addition, Service Coordinators must have completed the Early ACCESS Service Coordination Competency Module Training Program (see Section 3 Service Coordination for more information about the training program/qualifications).

The following table provides guidance about licensure and billing practices.

<b>If coordinator/provider...</b>	<b>Then ...</b>
Has appropriate license	Can bill Medicaid
Does not have appropriate license	<ul style="list-style-type: none"> <li>• Cannot bill Medicaid</li> <li style="text-align: center;">OR</li> <li>• Would be considered a paraprofessional and must be supervised by a licensed practitioner.</li> </ul>

### Infant and toddler Medicaid-eligible with an IFSP

All Infant-Toddler Medicaid services must be specific to an Early ACCESS eligible child under age three who is also Medicaid-eligible and has an IFSP.

- An IFSP is required for direct services, based on a multidisciplinary comprehensive evaluation.
- The child's IFSP is the document authorizing services for Medicaid billing.
- The IFSP must indicate measurable goals and the type and frequency of service provided.

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### **Medicaid record and documentation requirements**

AEA staff must maintain clinical records necessary to fully support the extent of services for a minimum of five years from the date service was billed.

Documentation for Medicaid billing shall be completed in ink and legible (may be typed or hand written), and contain the following information:

- The date, time, location, and description of each service provided and identification of the individual rendering the service by name and professional or paraprofessional designation.  
The professional or paraprofessional who provides the session must write notes summarizing the child's status and developmental progress as they relate to the IFSP goals, outcomes and actions.
- Weekly progress notes or block charting to reflect progress noted for each service date provided during that week. Each date of service must be noted and each entry must be signed and dated by the treating provider.
- Copies of the IFSP, including any changes or revisions to the IFSP.
- Progress notes on goals and outcomes for which the Service provider has primary responsibility.
- Documentation of Service Coordinator activities designed to:
  - Locate
  - Refer
  - Obtain and
  - Coordinate service outside and inside the agency, as needed by the child.
- Record-keeping necessary for IFSP planning, service implementation, monitoring, and coordination. This includes preparation of:
  - Reports
  - Service plan reviews
  - Notes about activities in the service record
  - Correspondence with the child and collateral contacts.

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### **Excluded services from service coordination reimbursement**

The reimbursable services of the Medicaid program are considered to be “medically necessary.” Federally, it has been determined that Medicaid will not reimburse providers for “education” related services. Those excluded services include a number of tasks/situations that providers may experience and that Service Coordinators are responsible for providing.

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**Excluded services from service coordination reimbursement**  
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Service Coordinators and providers are to document their services/tasks on their logs in enough detail in order to bill only for covered services.

Services excluded from Medicaid reimbursement include:

- All preparations and meetings for developing or revising IFSPs
  - Services that are provided but are not documented in the child's IFSP or linked to a service in the IFSP
  - Services provided to anyone other than the eligible child and/or the child's family on behalf of the eligible child
  - All preparations and activities related to evaluation and assessments
  - Canceled visits or appointments that are not kept
  - Sessions that are conducted for family support, education, recreational or custodial purposes, including respite or child care
  - Consultation services that are not specific to an eligible child or are not consistent with the IFSP
  - Two Medicaid services provide simultaneously
  - Child Find activities.
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**Consent to release information for Medicaid**

Families have the right to consent or not consent to the release of personally identified information on their child's IFSP to Iowa Department of Human Services Medicaid Program or their contractor. Early ACCESS services must still be provided at no cost to families whether or not parent/guardian sign consent for release of personally identifiable information to Medicaid.

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